

Voluntary Term Life Insurance

Benefits and Rates

Group term life insurance up to \$600,000 is available to you, your spouse and eligible dependents at cost-efficient rates. Discounts are available for non-smokers.

If your responsibilities have increased since you last purchased life insurance, now is an ideal time to review your current coverage. A larger home and bigger mortgage, a new job and higher salary, a child and future education costs ... as your life changes, so do your life insurance needs. That's why GCSAA makes this Voluntary Term Life Plan available to members and their families.

This Voluntary Term Life Plan offers flexible benefit amounts in \$10,000 increments, from as little as \$10,000 to as much as \$600,000 to meet your needs. You can use this Plan to supplement coverage you already have, or to build a primary base of insurance protection for you and your family.

Who is Eligible?

All active members of GCSAA are eligible to apply. Eligible applicants must be under age 60, actively at work on a full-time basis (minimum 30 hours per week), and a US citizen.

Coverage Options Up to \$600,000

You may apply for up to \$600,000 of life insurance, in \$10,000 increments. You may also request up to \$600,000 coverage for your spouse – an important feature in today's two income households. All your children between six months and age 21 (age 25 if a full-time student) may be insured for \$10,000 each, at one low semiannual premium. Coverage for children age 15 days to six months is \$1,000.

Satisfactory evidence of insurability must be provided on all applicants.

To be eligible for dependent coverage, spouses (legal spouses) must be under age 60 at time of application and reside in the United States. Dependent children must be between the ages of 15 days and 21 years (age 25 if a full-time student).

New Member Guaranteed Issue: A new member entering the Association under age 50 will be granted \$100,000 of life insurance coverage, regardless of physical condition or history, provided that all of the eligibility requirements are met (including actively at work) and application is made within 180 days of membership effective date.

Special Discounts Save You Money

Non-Smoker Rates Available

You can take advantage of preferred rates for non-smokers if you have not smoked or used tobacco products in the last year. Your spouse is also eligible for preferred rates, if he or she qualifies for non-smoker rates.

Volume Discounts

You can save even more money when you request benefit amounts of \$400,000 or more for member or spouse coverage. The cost per \$10,000 increments of coverage is reduced for these benefit amounts.

Other Plan Features

Waiver of Premium

Premiums for your life insurance benefit (and your dependent life insurance benefit, if any) will be waived in the event you become totally disabled. The disability must occur prior to age 60 and must be continuous for a period of six consecutive months.

Conversion Privilege

After coverage has been in force for five years, the insured person may elect to convert this life insurance to any individual life insurance policy regularly issued by the Insurance Company. This conversion feature is available if coverage ends because the insured is no longer a member of the GCSAA, or a spouse or dependent of such. The maximum amount that may be converted is the amount of coverage in force on the date of the request.

If coverage ends because the policy is ended or is amended to make a classification no longer eligible, the maximum amount available is \$5,000. The insured person must be insured for at least five years. This conversion will be made without evidence of insurability and the premium will be calculated at rates for the insured's then attained age.

Accelerated Death Benefit

If you or an insured dependent is diagnosed as terminally ill with a life expectancy of 12 months or less, you may elect to receive up to 50% of the face amount of this term life coverage to a maximum of \$250,000, reduced by any reduction scheduled to take place in the next 12 months.

Continuation During Layoff or Leave of Absence

Members may continue coverage if they cease to be actively at work due to a temporary lay off, a leave of absence, or a leave of absence required by state law or by the Family & Medical Leave Act of 1993. Ask your plan administrator or refer to your certificate for details.

Optional benefit available:

Accidental Death & Dismemberment Coverage

Eligible members and spouses applying for life insurance may elect an additional tier of insurance protection. Accidental Death & Dismemberment insurance provides an additional benefit for losses that may occur as a result of an accident. AD&D pays for loss of life, hands, sight, eyes, speech, hearing, or the combination of any of the above. Partial benefits are paid for loss of a single arm, leg, hand, foot, eye, and/or fingers.

Optional Accidental Death & Dismemberment is available in amounts equal to the applicant's life insurance amount; up to \$300,000.

Accidental Death & Dismemberment: \$0.48 per \$1,000 of benefit, semi-annually for members, spouse and dependent children.

Your Cost

The initial premium is determined by the primary insured's age at the time insurance becomes effective. When the primary insured enters a higher age bracket, the rate will increase on the next premium due date. The member must be insured, or applying for coverage in order to request spouse and child coverage.

How to Determine Your Semiannual Cost

- Decide on the amount of term life insurance coverage for which you and your spouse wish to apply.
- Determine the number of \$10,000 units you are requesting for yourself and your spouse.
- Use the first chart shown for benefit amounts that are less than \$400,000; use the second chart for coverage amounts of \$400,000 or more.
- Multiply by the applicable primary insured or spouse rate – based on primary insured's age and whether the person to be insured is a non-smoker or smoker.
- If you wish to cover all your children for one low semiannual premium, add \$12.00 to the cost of coverage for you (and your spouse, if applicable).



**Semi-Annual Premiums/No Volume Discount
Coverage Amounts Up To \$399,000**

Primary Insured's Age	\$10,000 Member Unit		\$10,000 Spouse Unit**	
	Non-Smoker	Smoker	Non-Smoker	Smoker
Under 30	\$ 4.40	\$ 4.80	\$ 4.84	\$ 5.28
30-34	4.60	5.10	5.06	5.61
35-39	6.10	7.00	6.71	7.70
40-44	9.70	10.90	10.67	11.99
45-49	16.10	19.60	17.71	21.56
50-54	25.40	30.50	27.94	33.55
55-59	41.60	48.20	45.76	53.02
60-64	64.80	71.40	71.28	78.54
65-69	108.00	118.60	118.80	130.46
70-74*	164.70	180.90	181.17	198.99
75 & over*	319.90	351.30	351.89	386.43

**Semi-Annual Premiums/Volume Discount
Coverage Amounts From \$400,000 Through \$600,000**

Primary Insured's Age	\$10,000 Member Unit		\$10,000 Spouse Unit**	
	Non-Smoker	Smoker	Non-Smoker	Smoker
Under 30	\$ 4.20	\$ 4.70	\$ 4.62	\$ 5.17
30-34	4.50	5.10	4.95	5.50
35-39	5.90	7.00	6.49	7.48
40-44	9.40	10.90	10.34	11.66
45-49	15.60	19.60	17.16	20.90
50-54	24.70	30.50	27.17	32.56
55-59	40.40	48.20	44.44	51.48
60-64	62.90	71.40	69.19	76.23
65-69	104.80	118.60	115.28	126.61
70-74*	164.70	180.90	181.17	198.99
75 & over*	319.90	351.30	351.89	386.43

Non-Smoker rates apply if you have not used any tobacco products in the past 12 months and do not intend to use any in the future.

*Rates at age 70 and over are for renewal only.

**Spouse and children's coverage may be purchased only if member is also insured. Semiannual premium is \$12.00 for all children. Children's benefit: 15 days to six months, \$1,000; six months to 21 years of age, \$10,000 (25 if full-time student).

Additional Plan Information

Underwriting

This plan is not guaranteed issue for existing members. Evidence of insurability is needed. Medical exams, including blood tests, may be required, depending on the amount applied for and past medical history. The insurer reserves the right to request a routine medical examination at the insurer's expense. Unimerica Insurance Company will contact you if an examination is required.

Life Insurance Exclusions for Suicide

No benefit will be paid for any loss caused directly or indirectly from suicide occurring within:

1. 24 months after the Covered Person's initial Effective Date of insurance; or
2. 24 months after the Effective Date of any increase in his or her insurance but only with respect to the amount of additional insurance that went into force.

In that event, Unimerica will refund any premium paid for insurance, or additional insurance, to which this exclusion applied.

Additional Life Insurance Exclusions

This benefit also does not cover death:

1. caused or contributed to by war or act of war, whether declared or not;
2. occurring while in the armed forces of any country or international authority;
3. caused or contributed to by accident occurring while riding in or on, boarding or alighting from any aircraft:
 - a) as a pilot, crewmember or student pilot; or
 - b) as a flight instructor or examiner.

Unimerica will refund the pro-rata portion of any premium paid for this benefit for the Covered Person while he or she is in the armed forces on full-time active duty for a period of two months or more. Written notice must be given to us within 12 months of the date the Covered Person enters the armed forces.

You Name Your Beneficiary

You may name the beneficiary of your choice. You may also change your beneficiary at any time in writing. You are automatically the beneficiary for your spouse and child coverage.

Effective Date

Your insurance coverage will become effective following receipt of your initial premium payment and approval of your application by the Insurance Company, but will be delayed:

- a. If an applicant is not actively at work on a full-time basis at least 30 hours per week, until the applicant returns to active work on a full-time basis. Actively at work means that you are performing all the usual duties of your occupation on a regular, full-time basis (30 hours per week).
- b. If a dependent is disabled or not engaged in his or her normal activities, until he or she fully recovers and resumes normal activities.

Premium payment for insurance does not mean coverage is in effect until specified by the Insurance Company.

Termination

A GCSAA member may continue this term life insurance as long as he/she pays the required premiums, when due, continues membership in the GCSAA, remains a member of an eligible classification, and the group master policy remains in effect.

Examine Your Certificate For 30 Days

If you are not completely satisfied with the terms of your Certificate of Insurance you may return it, without claim, within 30 days. Your insurance will then be voided and your premium refunded.

How to Apply

1. Complete the enclosed Application Form. Please note that the Insurance Company retains the right to request additional medical information and may contact you directly. This request may include a physical exam or other medical information, particularly on larger amounts of coverage.
2. Make your check for the total semiannual cost of all insurance requested payable to: GCSAA Group Insurance Program.
3. Mail the Application Form together with your check in the postage-paid envelope provided or to the address listed below:

GCSAA Group Insurance Program
4435 Main Street, 4th Floor
Kansas City, MO 64111

About This Brochure

This information is not intended to be a complete description of the insurance coverage available and some coverage options may not be available in all states.

For complete details of coverage, please refer to your policy #1245. This plan is subject to rate changes on any policy anniversary or premium renewal date and on any date on which benefits are changed. Changes in coverage or other plan provisions can only be made upon agreement between Unimerica Insurance Company and the Plan Trustee.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable.

Administered By



4435 Main Street, 4th Floor
Kansas City, MO 64111
Phone: 913.236.3012



Coverage described in this brochure underwritten by:

Unimerica Insurance Company
Association Administrative Address:
P.O. Box 17828
Portland, ME 04112-8828