

ANTHEM – Optional Group Life Insurance Group: Cal Poly Corporation

NOTE: A Statement of Health (Evidence of Insurability Form) must be completed and submitted to Anthem in order to apply for Optional Life Insurance (or additional Optional Life Insurance).

OPTIONAL TERM LIFE INSURANCE COVERAGE OPTIONS:

Employee	1 to 5x employee’s base annual earnings, to a maximum of \$500,000
Spouse/ Domestic Partner	\$10,000
Dependent Children	\$100 (birth to 6 months); \$5,000 (6 months to 25 years old)

MONTHLY COSTS FOR OPTIONAL TERM LIFE INSURANCE:

Age	Your Monthly Cost Per \$1,000 of Coverage	Your Monthly Cost Per 1x your salary \$ _____	Spouse/Domestic Partner Monthly Cost for \$10,000 Coverage	Children (covers all eligible children) Monthly Cost for \$5,000 Coverage (\$100 for babies < 6 mo)
Under 25	\$0.05		\$2.30	\$0.82
25-29	\$0.06			
30-34	\$0.08			
35-39	\$0.10			
40-44	\$0.13			
45-49	\$0.19			
50-54	\$0.30			
55-59	\$0.51			
60-64	\$0.72			
64-69	\$1.29			
70+	\$2.13			

OPTIONAL ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE (AD&D)

AD&D provides benefits if you are involved in a severe accident or loss of life on or off the job – while commuting, traveling by public or private transportation and during business trips. It also pays benefits if you suffer an accident that results in paralysis or the loss of a limb, speech, hearing or sight, or brain damage or coma. If you suffer a fatal accident, benefits will be paid to your beneficiary. Benefits for non-fatal accidents are payable as a predetermined percentage of the full amount of coverage. The maximum amount payable for all Covered Losses sustained in any one accident is capped at 100% of the full amount. NOTE: Evidence of Insurability is not required.

OPTIONAL ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE OPTIONS:

Employee	1 to 10x employee’s base annual earnings, to a maximum of \$500,000
Spouse/ Domestic Partner	50% of Employee Optional Coverage Amount
Dependent Children	15% of Employee Optional Coverage Amount

MONTHLY COSTS FOR OPTIONAL AD&D INSURANCE:

Optional Coverage for:	Your Monthly Cost Per \$1,000 of Coverage	Your Monthly Cost Per 1x your salary \$ _____
Employee	\$0.030	
Employee & Family	\$0.040	