

Group Term Life Insurance

Enrollment at a glance

For the Members of Midwest Coalition of Labor Trust



What is Group Term Life Insurance?

Group Term Life Insurance is offered through the Midwest Coalition of Labor Trust (MCL) and pays a benefit to your beneficiary if you pass away during a specific period of time (known as a “term”). The term of this coverage is generally one year, renewing on an annual basis with your other MCL-offered benefits. MCL offers Basic Life Insurance and Accidental Death and Dismemberment Insurance, which is the amount they provide at no cost to you. You also have the option to elect additional coverage called Supplemental Life Insurance.

What is Accidental Death and Dismemberment (AD&D) Insurance?

AD&D Insurance pays a benefit to you or your beneficiary, separate from the life insurance benefit, if you are severely injured or die as the result of a covered accident. This coverage is part of the Group Term Life Insurance coverage offered through MCL.

How can life insurance help?

Below are a few examples of how your life insurance benefit could be used (coverage amounts may vary):

- Pay off any remaining medical bills, funeral costs and debts
- Provide ongoing financial support to your family
- Keep your family in your home by paying off the mortgage
- Fund your children’s education

Who is eligible for life insurance?

- You—all Members that are actively paying dues and available to work.
- Your spouse— If your spouse is covered under the policy as a member, then your spouse is not eligible for coverage under the spouse rider/benefit. Coverage is available only if Member Supplemental Life Insurance is elected.
- Your children—to age 26. Coverage is available only if Member Supplemental Life Insurance is elected. If both you and your spouse are covered under the policy as members, then only one, but not both, may cover the same children under the children’s rider/benefit. If the parent who is covering the children stops being insured as a member, then the other parent may apply for children’s coverage.

What amount of coverage am I eligible for?

- **For Members-** MCL provides you with Basic Life Insurance at no cost to you!
 - Eligible members may elect Supplemental Life and AD&D Insurance of \$10,000 to \$250,000 in \$10,000 increments.
- **For your Spouse-** Eligible members may elect Spouse Supplemental Life and AD&D Insurance of \$10,000 to \$30,000 in \$10,000 increments. Spouse coverage is limited to 100% of Member Supplemental Life coverage.
- **For your Children-** Eligible members may elect Children Supplemental Life and AD&D Insurance of \$5,000, \$10,000 or \$15,000.

Do I need to provide evidence of insurability (answer health questions) to be covered?

- For Members — You may elect up to \$250,000 of Supplemental Life Insurance without providing evidence of insurability.
- For your spouse — You may elect up to \$30,000 of Supplemental Life Insurance on your spouse without providing evidence of insurability.
- For your children — You may elect up to \$15,000 of Supplemental Life Insurance on your children without providing evidence of insurability.

What does my life insurance include?

The benefits listed below are included with your life insurance coverage.

- **Accelerated Death Benefit:** If you have a medical condition that requires permanent continuous confinement in an institution or are diagnosed with a terminal illness with a limited life expectancy, you may receive a portion of your death benefit while still living.
- **Accidental Death and Dismemberment (AD&D) Insurance:** Pays a benefit to you or your beneficiary, separate from the life insurance benefit, if you are severely injured or die as the result of a covered accident. The proceeds can be used however you or your beneficiary would like. Coverage on your spouse and children is available if they are enrolled for life insurance.

How much does my life insurance cost?

Basic Life Insurance and Basic AD&D Insurance are provided by your MCL at no cost to you. The cost for Supplemental Life is calculated based on the age of the member at the start of the plan's current policy year.

Supplemental Life Insurance Rates

Age	Member Monthly Rate per \$10,000 of Coverage	Spouse Monthly Rate per \$10,000 of Coverage
Under 25	\$ 0.92	\$ 1.05
25-29	\$ 0.84	\$ 0.97
30-34	\$ 0.90	\$ 1.03
35-39	\$ 1.35	\$ 1.49
40-44	\$ 2.10	\$ 2.26
45-49	\$ 3.37	\$ 3.58
50-54	\$ 5.71	\$ 5.99
55-59	\$ 9.36	\$ 9.76
60-64	\$ 12.50	\$13.00
65-69	\$ 19.56	\$20.28
70-74	\$ 34.06	\$35.25
75+	\$ 58.41	\$60.37

Children Life/AD&D Insurance Rates

Coverage Amount	Life Monthly Cost of Coverage	AD&D Monthly Cost of Coverage
\$5,000	\$0.31	\$0.25
\$10,000	\$0.62	\$0.50
\$15,000	\$0.93	\$0.75

*all eligible children

Supplemental Accidental Death and Dismemberment (AD&D) Insurance Rates

Coverage Type	Monthly Rate per \$10,000 of Coverage
Member	\$0.50
Spouse	\$0.50

Group Term Life Insurance

Enrollment at a glance

Use the steps below to calculate your premium for you and your spouse based on the amount of insurance you elected:

Step 1: Enter the rate per \$10,000 based on age: _____

Step 2: Take the amount of insurance and divide it by 10,000: _____

(Example: For \$150,000 of coverage, enter "15")

Step 3: Multiply lines 1 and 2 (this is your monthly cost): _____

Monthly cost for your children: (covers all eligible children)

Enter the monthly cost for the amount of coverage from the table above: _____

Are there additional non-insurance services available?

- **Funeral Planning and Concierge Services:** You have the support of a team of independent professionals ready to assist with funeral planning for you and eligible family members. *Funeral Planning and Concierge Services are provided by Everest Funeral Package, LLC, Houston, TX.*

Will my benefits decrease as I get older?

- **For Members** – Basic Life/AD&D coverage does not reduce with age. Supplemental Life/AD&D benefit amount(s) reduce to 45% of original coverage at age 70, to 30% of original coverage at age 75, to 25% of the original coverage amount at age 80, to 20% of the original coverage amount at age 85, to 15% of the original coverage amount at age 90 and to 10% of the original coverage amount.
- **For your spouse** – Supplemental Life/AD&D benefit amount(s) reduce to 45% of original coverage at age 70, to 30% of original coverage at age 75, to 25% of the original coverage amount at age 80, to 20% of the original coverage amount at age 85, to 15% of the original coverage amount at age 90 and to 10% of the original coverage amount. Coverage terminates when the spouse is no longer a dependent as defined by the policy.
- The cost of coverage will be adjusted to pay premium based on the new benefit amount(s).

When do my benefits end?

- **For Members** – benefits end when you cease to be an active dues paying member of your union.
- **For your spouse** – coverage ends when your coverage ends or your spouse is no longer an eligible spouse.
- **For your children** – coverage ends when your coverage ends or your children are no longer eligible.

Exclusions and Limitations

Supplemental Life Insurance coverages have a two year suicide exclusion from the effective date of coverage or an increase in coverage. There are no exclusions for Basic Life Insurance.

AD&D Insurance has exclusions that are described in the certificate of insurance. Benefits are not paid for loss directly or indirectly caused by any of the following:

- Suicide or intentionally self-inflicted injury, while sane.
- Physical or mental illness.
- Bacterial infection or bacterial poisoning. **Exception:** Infection from a cut or wound caused by an accident.
- Riding in or descending from an aircraft as a pilot or crew member, if not doing so in the course of company duties.
- Any armed conflict, whether declared as war or not, involving any country or government.
- Injury suffered while in the military service for any country or government.
- Injury which occurs when you commit or attempt to commit a felony.
- Use of any drug, narcotic or hallucinogenic agent –
 - unless prescribed by a doctor.
 - which is illegal.
 - not taken as directed by a doctor or the manufacturer.
- Your intoxication. Intoxication means your blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred



To enroll and learn more about these benefits please go to: go.voya.com/MCL2021
For any questions please contact Kocher Insurance Group at 888-212-7822

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Accident Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy Form #RL-ACC3-POL-16; Certificate Form #RL-ACC3-CERT-16; and Rider Forms: Spouse Accident Rider Form #RL-ACC3-SPR-16, Children's Accident Rider Form #RL-ACC3-CHR-16, Wellness Benefit Rider Form #RL-ACC3-WELL-16. Form numbers, provisions and availability may vary by state.

1198393 Midwest Coalition of Labor Trust – Group #706965, Date Prepared: 07/14/2021 177546-063020

BENEFICIARY DESIGNATION REQUEST

ReliaStar Life Insurance Company, Minneapolis, MN
 ReliaStar Life Insurance Company of New York, Woodbury, NY
 Members of the *Voya*® family of companies
 (the "Company")



Mail completed form to: Kocher Insurance Group, 1165 N. Clark St, Suite 700, Chicago, IL 60610
 For questions call: Will McCabe at 888-212-7822 or Email: willm@kochergroup.com

POLICY INFORMATION *(This request will apply to any insurance coverage, where contractually allowed, under the policy number(s) listed below, including Life and AD&D.)*

Policy Number(s) **70696-5GAT1**

Union Affiliation: _____

INSURED INFORMATION

Name (First) _____ (Middle Initial) _____ (Last) _____

Birth Date (mm/dd/yyyy) _____ SSN _____ Phone (____) _____

Address _____ City _____ State _____ ZIP _____

Employer/Plan Administrator Name **Midwest Coalition of Labor Trust / Selman & Company, LLC**

BENEFICIARY INFORMATION *(See page 2 for completion instructions.)*

Primary Beneficiary: The person designated to receive insurance proceeds when they become due.

Contingent Beneficiary (Also referred to as a secondary beneficiary.): An alternate beneficiary designated to receive insurance proceeds if there is no eligible primary beneficiary.

Irrevocable Beneficiary: A beneficiary whose rights cannot be canceled without consent. *(See descriptions on page 2.)*

For each Beneficiary list Full Name, Address (street, city, state and zip code), Phone, Birth Date, Social Security Number and Relationship to Insured.

Primary Beneficiaries must total 100%. Contingent Beneficiaries must total 100%. (See BENEFICIARY ALLOCATION EXAMPLE on page 2.)

	Name (First, Middle Initial, Last) ¹	Birth Date	Gender	SSN/TIN	Relationship	%	Beneficiary Type
1			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
	Address _____				Phone (____) _____		
2			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
	Address _____				Phone (____) _____		
3			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
	Address _____				Phone (____) _____		
4			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
	Address _____				Phone (____) _____		

¹ Add additional beneficiary information on a separate document and attach to this form. **Date, policy number, and owner's signature are required.**

AUTHORIZATION AND ACKNOWLEDGMENT

I request that the beneficiaries under this policy/certificate be changed as indicated above. This designation is revocable as to each beneficiary except when otherwise stated, and beneficiaries of like class shall share equally with right of survivorship. Any designation of an individual shall mean an individual living at the insured's death.

Owner Signature _____ Date _____

Owner Address _____ City _____ State _____ ZIP _____

Irrevocable Beneficiary(ies) Signature(s) ² _____ Date _____

Spousal Consent Signature ³ _____ Date _____

² Signature(s) required only if Irrevocable Beneficiary previously named.

³ **Spousal Consent:** ReliaStar Life Insurance Company does not require spousal consent for a beneficiary designation and will not refuse a beneficiary designation based on lack of spousal consent. However, if the insured resides in a community property state and changes the beneficiary from the spouse to another person or entity, it is suggested that spousal consent be obtained to protect the claim proceeds of the named beneficiary.

INSTRUCTIONS

Insured/Owner: Type or print legibly in ink. Sign and date form. Return original and retain a copy for your records.

Plan Administrator: Send the completed form to the Company for approval if any of the following apply: 1) The wording used in the request differs from the examples given below; 2) The policy/certificate has been assigned; 3) The previous beneficiary is irrevocable; or 4) The coverage is under an individual policy. Also send copies of all previous beneficiary changes, assignment forms, and a copy of the insured's enrollment form or application. The Company will return a copy of the approved Beneficiary Designation Request form.

For Beneficiary Designation Request forms that do not require the Company approval, retain a copy of the approved form with the insured's records.

BENEFICIARY ALLOCATION EXAMPLE

Your Primary and Contingent Beneficiary Designations must each equal 100% (see examples circled below):

	Name (First, Middle Initial, Last) ¹	Birth Date	Gender	SSN/TIN	Relationship	%	Beneficiary Type
1	John D, Smith	01/01/1961	<input checked="" type="checkbox"/> M <input type="checkbox"/> F		husband	50	<input checked="" type="checkbox"/> Primary
	Address 147 70 Street, Key West, FL 12314					216-7895	
2	Jan D, Smith	01/01/1981	<input type="checkbox"/> M <input checked="" type="checkbox"/> F	345-67-8910	daughter	50	<input checked="" type="checkbox"/> Primary
	Address 148 71 Street, Key West, FL 12314				Phone (345) 123-8984		<input type="checkbox"/> Contingent
3	Sam M, Jones	01/02/1932	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	222-22-2222	father	25	<input type="checkbox"/> Primary
	Address 147 70 Street, Key West, FL 12314					52-8954	
4	Sally D, Smith	01/01/1945	<input type="checkbox"/> M <input checked="" type="checkbox"/> F		mother	75	<input type="checkbox"/> Primary
	Address 148 71 Street, Key West, FL 12314				Phone (954) 123-5688		<input checked="" type="checkbox"/> Contingent

SUGGESTED BENEFICIARY DESIGNATIONS

Personal Beneficiaries

1 Primary Beneficiaries must total 100%. Contingent Beneficiaries must total 100%.

Custodian for a Minor Child

2. If naming a Custodian for a minor child, name the Custodian and the Minor Child. For example: "Anna May Smith as custodian for William Smith under the applicable Uniform Transfer to Minors Act/Uniform Gifts to Minors Act."

Estate

3. If an estate is named, specify whose estate, such as: "Estate of the Insured."

Trustee

4. Trustee under the last will and testament of the insured, or his successors in trust, PROVIDED, HOWEVER, that if no claim is made by said Trustee within one year from the date of death of the insured or if the insured shall die leaving no last will and testament containing a trust covering this policy, the proceeds shall be payable to the estate of the insured. Payment of the proceeds of this policy to said Trustee or successors in trust shall fully and finally discharge the Company from all liability.

5. "The [XXXXXXXXXXXX] Trust Company, trustee under written trust agreement date [XX/XX/XXXX], or its successor or successors in trust, and payment of the proceeds of this policy to said Trustee or successor or successors shall fully and finally discharge the Company from all liability."

Business Partners

6. Under a cross ownership plan, designate the surviving partners as beneficiaries. Primary Beneficiaries must total 100%. Contingent Beneficiaries must total 100%.

Just as a corporation may be the owner and beneficiary of a policy, a partnership may, in the partnership name, own and be the beneficiary of a policy. The firm name should be used together with the words, "a partnership." For example, "Jones, Smith and Brown, a partnership presently consisting of John Jones, Henry Smith and William Brown."

Irrevocable Beneficiary

7. If you want to name a beneficiary that you can not change without his/her consent, designate him/her as irrevocable beneficiary, such as: "Frank Jones, as irrevocable beneficiary." Then if you change the designation in the future, both you and the irrevocable beneficiary must sign the front of the form.

Funeral Home

8. [XXXXXXXXXXXX] Funeral Home "as their interest lies" and also name a second primary beneficiary of your choice to receive any benefit not used by the funeral home. The percentage column should be left blank as the funeral home will receive the amount of their service.