

**To Be Completed By Human Resources**

Group Number <b>166260</b>	Division	Billing Category	Date of Employment
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**To Be Completed By Applicant**

- Apply for Coverage       Name Change      Former Name \_\_\_\_\_  
 Add Dependent       Delete Dependent      Date of Add/Delete \_\_\_\_\_  
 Beneficiary Change **Complete Beneficiary Section**

Your Full Name	Social Security Number	Birth Date	
Address	City	State	ZIP
Phone Number	Job Title/Occupation	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Employer Name <b>Bismarck Public Schools</b>	Hours Worked Per Week		
Earnings \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year			

**Coverage**

Check with your Human Resources Department about coverage options, minimum and maximums available to you and, if applicable, Evidence Of Insurability requirements.

<p><b>Life Insurance</b></p> <input checked="" type="checkbox"/> Basic Life (Employer Paid) <input type="checkbox"/> Additional Life (Employee Paid) requested amount \$ _____
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<p><b>Dependents Life Insurance</b></p> <input type="checkbox"/> Spouse Life (Employee Paid) requested amount \$ _____ <input type="checkbox"/> Child(ren) Life (Employee Paid) requested amount \$10,000
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<p><b>Long Term Disability Insurance</b></p> <input checked="" type="checkbox"/> Long Term Disability (Employer Paid)
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Your Full Name

**Beneficiary**  
*This designation applies to your Life and Accidental Death and Dismemberment Insurance and Voluntary Accidental Death and Dismemberment Insurance, if any, available through your Employer. This designation also will apply to your Supplemental Life and Accident Insurance, if any, available through your Employer, unless replaced by a separate and later designation. Designations are not valid unless signed, dated, and delivered in accordance with the terms of the Group Policy during your lifetime.*

Primary — Full Name	Address	DOB	Phone No.	SSN if known	Relationship	% of Benefit*
Contingent — Full Name	Address	DOB	Phone No.	SSN if known	Relationship	% of Benefit*

\*Total must equal 100%

**Signature**  
 I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.

Signature of Applicant (Member/Employee)	Date
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**Beneficiary Information**

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
  - Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
  - If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
  - If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated \_\_\_\_\_."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.



# Group Basic Life Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death.

The cost of this insurance is paid by Bismarck Public Schools.

## Eligibility

<b>Definition of a Member</b>	You are a member if you are an active employee of Bismarck Public Schools (other than an Administrator) and regularly working at least 20 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
<b>Class Definition</b>	Class 2 - All other Members, other than Administrators
<b>Eligibility Waiting Period</b>	You are eligible on the first of the month that follows the date you become a member.

## Benefits

<b>Basic Life Coverage Amount</b>	Your Basic Life coverage amount is \$50,000.
<b>Life Age Reductions</b>	Basic Life insurance coverage amount reduces to 65 percent at age 65, to 50 percent at age 70 and to 30 percent at age 76.

## Other Basic Life Features and Services

- Accelerated Benefit
- Life Services Toolkit
- Portability of Insurance Provision
- Repatriation Benefit
- Right to Convert Provision
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

This information is only a brief description of the group Basic Life insurance policy sponsored by Bismarck Public Schools. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and Bismarck Public Schools may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For complete details of coverage, contact your human resources representative.

## Group Basic Life Insurance

Standard Insurance Company  
1100 SW Sixth Avenue  
Portland OR 97204

**[www.standard.com](http://www.standard.com)**

SI 13279-D-ND-166260-C2 (8/19)

6614120-614608



# Group Additional Life Insurance

Help protect your loved ones from financial hardship.

This coverage is designed to help provide financial support and stability to your family should you pass away. You can also cover your eligible spouse and child(ren). Life insurance is an easy, responsible way to help protect your family from financial hardship during a difficult time — and into the future.



## This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you become terminally ill or die
- An annual enrollment opportunity. See Annual Enrollment section for additional details.

## 🔗 About This Coverage

If you take no action you'll be covered under Basic Life insurance provided you meet the eligibility requirements. Consider whether that would be enough to help your family meet daily expenses, maintain their standard of living, pay off debt and fund your children's education. If not, you may want to apply for additional coverage now.

<p><b>How Much Can I Apply For?</b></p> <p>Your combined Basic Life and Additional Life amounts cannot exceed a maximum of 6 times your annual earnings. The coverage amount for your spouse cannot exceed 100 percent of your Additional Life coverage.</p> <p><b>What is the Guarantee Issue Maximum?</b></p> <p>Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.</p>	<table> <tr> <td>For You:</td> <td><b>\$10,000 – \$200,000</b> in increments of <b>\$10,000</b></td> </tr> <tr> <td>For Your Spouse:</td> <td><b>\$5,000 – \$30,000</b> in increments of <b>\$5,000</b></td> </tr> <tr> <td>For Your Child(ren):</td> <td><b>\$10,000</b></td> </tr> <tr> <td>For You:</td> <td>Up to <b>\$200,000</b></td> </tr> <tr> <td>For Your Spouse:</td> <td>Up to <b>\$30,000</b></td> </tr> </table>	For You:	<b>\$10,000 – \$200,000</b> in increments of <b>\$10,000</b>	For Your Spouse:	<b>\$5,000 – \$30,000</b> in increments of <b>\$5,000</b>	For Your Child(ren):	<b>\$10,000</b>	For You:	Up to <b>\$200,000</b>	For Your Spouse:	Up to <b>\$30,000</b>
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For You:	Up to <b>\$200,000</b>										
For Your Spouse:	Up to <b>\$30,000</b>										

See the Important Details section for more information, including requirements, exclusions, age reductions and definitions.

## ☰ Annual Enrollment

During Bismarck Public Schools's Annual Enrollment Period

**For You.** If you are currently enrolled in Additional Life insurance for an amount less than \$200,000, you may elect to increase your coverage by \$10,000 or \$20,000 annually, up to, but not to exceed, the guarantee issue amount of \$200,000 without having to answer health questions. If you are not currently enrolled in Additional Life insurance, you may elect \$10,000 or \$20,000 of coverage without having to answer health questions.

**For Your Spouse.** If your spouse is currently enrolled in Dependents Life insurance for an amount less than \$30,000, you may elect to increase coverage by \$5,000 or \$10,000 annually, up to, but not to exceed, the guarantee issue amount of \$30,000 without having to answer health questions. If your Spouse is not currently enrolled in Dependents Life insurance, you may elect \$5,000 or \$10,000 of coverage without having to answer health questions.

**For Your Child(ren).** If your child(ren) is/are not currently enrolled in Dependents Life insurance, you may elect the maximum coverage amount of \$10,000 without having to answer health questions.

If you, and/or your spouse and/or your child(ren) were previously declined coverage by The Standard, you, and/or your spouse and/or your child(ren) will need to submit a medical history statement in order to apply for any amount of coverage during the Annual Enrollment period. Visit [www.standard.com/mhs](http://www.standard.com/mhs) to complete and submit a medical history statement online.

## ☰ Additional Feature

### Accelerated Benefit

If you become terminally ill, you may be eligible to receive up to 75 percent of your combined Basic and Additional Life benefit to a maximum of \$500,000 .

## How Much Life Insurance Do You Need?

After a death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

- Outstanding debt
- Burial expenses
- Medical bills
- Your children's education
- Daily expenses

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at [www.standard.com/life/needs](http://www.standard.com/life/needs).

## How Much Your Coverage Costs

Your Basic Life insurance is paid for by Bismarck Public Schools. If you choose to purchase Additional Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and the benefit amount.

**Use this formula to calculate your premium payment:**

$$\underline{\hspace{2cm}} \div 1000 = \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$$

Enter the amount of coverage you are requesting (see benefit amounts in the About This Coverage section).

Enter your rate from the rate table.

This amount is an estimate of how much you would pay each month.

If you buy coverage for your spouse, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use your age and your spouse's rate.

If you buy Dependents Life coverage for your child(ren), your monthly rate is \$0.50 for \$10,000, no matter how many children you're covering.

Age (as of October 1)	Your Rate (Per \$1,000 of Total Coverage)	Your Spouse's Rate (Per \$1,000 of Total Coverage)
<40	\$0.10	\$0.10
40-49	\$0.17	\$0.17
50-54	\$0.23	\$0.23
55-59	\$0.43	\$0.43
60-64	\$0.66	\$0.66
65-69	\$1.27	\$1.27
70-89	\$2.06	\$2.06
90+	\$10.42	\$10.42

## Important Details

Here's where you'll find the nitty-gritty details about the plan.

### Eligibility Requirements

A minimum number of eligible employees must apply and qualify for the proposed plan before Additional Life coverage can become effective. If this requirement is not met, the additional coverage will not become effective. To be eligible for coverage, you must be:

- An active Administrator of Bismarck Public Schools and regularly working at least 40 hours per week **OR** an active employee of Bismarck Public Schools (other than an Administrator) and regularly working at least 20 hours per week
- Insured for Basic Life insurance through The Standard to qualify for Additional Life insurance

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

If you buy Additional Life insurance for yourself, you may also buy additional coverage for your eligible children and/or spouse. This is called Dependents Life insurance. You can choose to cover your spouse, meaning a person to whom you are legally married. Child means your child from live birth through age 25. Your child cannot be insured by more than one employee. Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

### Medical Underwriting Approval

Required for:

- Coverage amounts higher than the guarantee issue maximum amount
- All late applications (applying 31 days after becoming eligible)
- Requests for coverage increases
- Reinstatements
- Eligible but not insured under the prior life insurance plan

Visit [www.standard.com/mhs](http://www.standard.com/mhs) to submit a medical history statement online.

### Coverage Effective Date

To become insured, you must

- Meet the eligibility requirements listed in the previous sections,
- Serve an eligibility waiting period\*,

- Receive medical underwriting approval (if applicable),
- Apply for coverage and agree to pay premium, and
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective.

If you are not actively at work on the day before the scheduled effective date of your insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee. Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your coverage.

\*Defined as first of the month that follows the date you become a member

### Life Insurance Age Reductions

Under this plan, your coverage amount reduces to 65 percent at age 65, to 50 percent at age 70 and to 30 percent at age 76. Your spouse's coverage amount reduces by your age as follows: to 65 percent at age 65, to 50 percent at age 70 and to 30 percent at age 76. If you are age 65 or over, ask your human resources representative or plan administrator for the amount of coverage available.

### Waiver of Premium

Your premiums may be waived if you:

- Become totally disabled while insured under this plan,
- Are under age 60, and
- Complete a waiting period of 180 days.

If these conditions are met, your Life insurance coverage may continue without cost until age 65, provided you give us satisfactory proof that you remain totally disabled.

### Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage from The Standard.

### Conversion

If your insurance reduces or ends, you may be eligible to convert your existing Life insurance to an individual life insurance policy without submitting proof of good health.

### Exclusions

Subject to state variations, you and your dependents are not covered for death resulting from suicide or other



intentionally self-inflicted injury, while sane or insane. The amount payable will exclude amounts that have not been continuously in effect for at least one year on the date of death.

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1100 SW Sixth Avenue  
Portland OR 97204

[www.standard.com](http://www.standard.com)

SI 12506-D-AL-ND-166260 (10/20)

6614120-614610

### When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy

In addition to the above requirements, your Dependents Life coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when your insurance ends, contact your human resources representative or plan administrator.

### Group Insurance Certificate

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

### About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at [www.standard.com](http://www.standard.com).

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

GP190-LIFE/S399, GP399-LIFE/TRUST, GP899-LIFE,  
GP190-LIFE/A997/S399, GP411-LIFE