

A smiling woman with curly hair is holding a globe. The globe is positioned in the lower right quadrant of the image. The woman is wearing a light-colored cardigan over a white top. The background is a soft, out-of-focus indoor setting.

TheStandard®

Your Group Life Insurance Plan

Group Life and
Accidental Death & Dismemberment
(AD&D) Insurance

**Conejo Valley Unified
Active Employees**



The Protection You Need From A Partner You Can Trust

Your employer provides you with an option for a Group Term Life Insurance plan that offers a basic level of financial security for your loved ones. This coverage is offered through Standard Insurance Company (The Standard), which has more than 100 years of experience helping customers achieve financial well-being and peace of mind. In addition, you may have the option of purchasing Supplemental Life insurance for yourself, your spouse/domestic partner, and/or your children. See Page 3 of this booklet for your coverage options.

Your Life insurance plan features

- **Basic Life insurance coverage.**
- **Options** for you to purchase additional coverage to meet your specific needs.
- **Optional coverage** for your spouse/domestic partner and/or children.

Additional plan features included at no additional cost

- **Accidental Death & Dismemberment (AD&D) insurance** is included with your Basic Life insurance plan.
- **Accelerated Benefit** allows you to receive up to 80% of the amount of Life insurance in force when you provide satisfactory proof to The Standard that, while insured, you have been diagnosed as terminally ill with a life expectancy of less than 12 months. The amount paid under the accelerated benefit reduces the amount of Life insurance paid upon your death.
- **Qualified Disability Benefit** allows you to receive up to 60% of the amount of Life insurance in force when you provide satisfactory proof to The Standard that, while insured, you are unable to perform two or more activities of daily living (bathing, continence, dressing, eating, toileting, transferring) without hands-on or standby assistance. The amount paid under the qualified disability benefit reduces the amount of Life insurance paid upon your death.
- **Travel Assistance** provides insured employees and their families access to a comprehensive range of professional, 24-hour medical, legal and trip assistance information, as well as referral and coordination services. This worldwide assistance service is available to plan participants whenever they are traveling 100 miles or more from home or when traveling in a foreign country for trips up to 180 days¹.

¹ Travel Assistance is provided through an arrangement with Assist America, Inc. and is not affiliated with The Standard. Travel Assistance is subject to the terms and conditions, including exclusions and limitations of the Travel Assistance Program Description. Assist America, Inc. is solely responsible for providing and administering the included service. Travel Assistance is not an insurance product. This service is only available while insured under The Standard's group policy. Spouses and children traveling on business for their employers are not eligible to access these services during those trips.

Life Insurance Coverage Highlights

Conejo Valley Unified - Active Employees

Eligibility	You are eligible to participate in this plan if you are an active employee or Board Member of Conejo Valley Unified for whom Conejo Valley Unified has negotiated to provide coverage.
Basic Life and AD&D Insurance	\$50,000
Dependents Life and AD&D Insurance	For your spouse/domestic partner and your child(ren): \$1,500 Buy-up Option: The lesser of a) 50% of your Participant's Life insurance or b) \$5,000. The buy-up option is in addition to the \$1,500 benefit, for a possible total of \$6,500 per dependent.
Supplemental Life and AD&D Insurance	\$50,000 (optional employee-paid benefit available in addition to Basic Life and AD&D Insurance Benefit)
Supplemental Plus Life and AD&D Insurance	\$50,000 (optional employee-paid benefit available in addition to Basic and Supplemental Life and AD&D insurance Benefits) <ul style="list-style-type: none">Participants must enroll in the Supplemental Life and AD&D insurance plan in order to elect the Supplemental Plus Life and AD&D insurance option.
Age-based Benefit Reductions	<ul style="list-style-type: none">Your Basic and Supplemental Life and AD&D insurance benefits in force reduce by 50% at age 70.Your Supplemental Plus Life and AD&D insurance benefits end at age 65.
Proof of Good Health	Satisfactory proof of good health is required in all of the following instances ¹ : <ul style="list-style-type: none">If you apply for Contributory Life insurance and/or Contributory Dependents Life insurance more than 120 days after you become eligible under your employer's Group Life insurance plan, or you fail to make the required premium contribution by the third month following the date you apply.To become insured for any amount greater than the amount for which you or your dependent was insured under the prior plan, if you or your dependent was insured under the prior plan.For any combination of Supplemental Life insurance and Supplemental Plus Life insurance in excess of the guarantee issue amount of \$100,000.For any increase in Supplemental Life insurance, Supplemental Plus Life insurance and/or Dependents Life insurance.For reinstatements, if required.

¹ Satisfactory proof of good health will not be required for active participants to become insured for amounts of Supplemental Life insurance, and/or Dependents Life insurance, not to exceed the guarantee issue amount, for which you apply within 31 days following a qualifying family status change and for which you make the required premium contribution by the third month following the date you apply.

Costs

Coverage	Benefit Amount	Monthly Rate ¹
Basic Life and AD&D Insurance	\$50,000	<p>Participants working 30 hours per week or more: \$0 (Premium fully paid by your employer)²</p> <p>Participants working less than 30 hours per week: \$6.50 (billed monthly)</p>
Dependents Life and AD&D Insurance For your Spouse/ Domestic Partner and your children	<p>\$1,500</p> <p>Buy-up Option: The lesser of a) 50% of your Participant's Life insurance or b) \$5,000. The buy-up option is in addition to the \$1,500 benefit, for a possible total of \$6,500 per dependent.</p>	<p>Participants working 30 hours per week or more: \$0 (Premium fully paid by your employer)</p> <p>Participants working less than 30 hours per week: \$0.27 (billed monthly)</p> <p>Buy-up Option: \$1.20 (regardless of the number of Dependents covered)</p>
Supplemental Life and AD&D Insurance ³	\$50,000 (In addition to Basic Life and AD&D insurance amount)	\$12.00 (Billed tenthly)
Supplemental Plus Life and AD&D Insurance ³	\$50,000 (In addition to Basic and Supplemental Life and AD&D insurance amounts)	\$12.00 (Billed tenthly)

1 Frequency of required premium payments (monthly, tenthly, etc.) is determined by your employer.

2 If your district provides a defined contribution plan, a portion of your Life insurance premium may not be covered by your district, depending on the structure of your defined contribution plan. Consult your human resources representative to determine what portion, if any, of your Life insurance premium you would be required to contribute.

3 Participants in the California Teachers Association Voluntary Life and AD&D insurance plan may have no more than a combined total of \$500,000 of Life insurance, and no more than a combined total of \$500,000 of AD&D insurance with The Standard.

Standard Insurance Company

CTA Benefits and Services
 PO Box 4744 Portland OR 97208
 Tel & TTY 800.522.0406 Fax 888.414.0393

**Life Enrollment
 for CEIP-Endorsed Plans**

Sign and date the completed form and return it to your Employer. If you have questions about completing this form please contact your Employer.

Employee Information

PARTICIPANT ID		POLICY NO. 503030		SCHOOL DISTRICT <i>Please do not abbreviate.</i> Conejo Valley Unified		
FIRST NAME			MIDDLE INITIAL	LAST NAME		
MAILING ADDRESS			CITY	STATE	ZIP	
PHONE	DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		GROSS ANNUAL SALARY \$ _____		
DATE FIRST WORKED (CURRENT SCHOOL DISTRICT)		ELIGIBILITY DATE		HOURS WORKED PER WEEK		
BILLING CLASS		TYPE OF EMPLOYEE <input type="checkbox"/> Certified <input type="checkbox"/> Classified <input type="checkbox"/> Board Member <input type="checkbox"/> Management / Confidential <input type="checkbox"/> Other				
ARE YOU SELECTING COVERAGE DUE TO A QUALIFYING FAMILY STATUS CHANGE WITHIN THE LAST 31 DAYS? <input type="checkbox"/> Yes <input type="checkbox"/> No Effective Date _____ Type _____						

Coverages

Refer to the enrollment materials provided or your benefits administrator when completing the following and mark the coverages you wish to elect. Coverage options may be subject to Evidence Of Insurability requirements (proof of good health).

Employer Paid Benefits

- Basic Life Insurance with matching Accidental Death & Dismemberment (AD&D) benefit - \$50,000
- Basic Dependents Life Insurance with matching Accidental Death & Dismemberment (AD&D) benefit - \$1,500

Electable Benefits (Contributory) - Each of the contributory life insurance coverages listed below has a matching Accidental Death & Dismemberment (AD&D) benefit.

Basic Dependents Life insurance Buy-up Option- The lesser of a) 50% of Participant's life insurance or b) \$5,000 (in addition to Basic option)

Supplemental Life Insurance - \$50,000

Supplemental Plus Life Insurance - \$50,000

Beneficiary Designations

Unless otherwise specified on a separate sheet of paper, this designation applies to coverage available through your CEIP-endorsed plans, if any, including Life Insurance and Accidental Death and Dismemberment (AD&D) Insurance associated with your Life Insurance. Designations are not valid unless signed, dated and delivered to The Standard at the address above during your lifetime.

PRIMARY - FULL NAME	DATE OF BIRTH	ADDRESS	PHONE NO.	SOCIAL SECURITY NO.	RELATIONSHIP	% OF BENEFIT

TOTAL 100%

CONTINGENT - FULL NAME	DATE OF BIRTH	ADDRESS	PHONE NO.	SOCIAL SECURITY NO.	RELATIONSHIP	% OF BENEFIT

TOTAL 100%

Signature Required

I wish to make the choices indicated on this form. If electing coverage, I authorize my Employer to deduct premiums from my wages to cover my cost of insurance. I understand that my Employer may provide updated payroll information to The Standard either periodically or at The Standard's request to ensure proper premium deductions are being made for my coverage. I understand that my premium deduction amount will change if my coverage or costs change. This authorization will remain in effect until cancelled by me or by The Standard.

Signature _____ Date _____

How much coverage do I need?

Use the worksheet below to calculate the amount of Life Insurance you may need. Once you determine how much coverage you need, complete the enrollment form in this booklet and submit it to your human resources department.

Life Insurance Worksheet	You	Your Spouse/ Domestic Partner
Immediate Needs		
Medical and hospital expenses	\$ _____	\$ _____
Funeral/burial expenses	_____	_____
Loans/debts requiring payment upon death	_____	_____
Taxes		
Federal and state income taxes	_____	_____
Property taxes	_____	_____
Federal and state estate taxes	_____	_____
Long Term Needs		
Mortgage balance	\$ _____	\$ _____
Other debts (credit cards, car & student loans, etc.)	_____	_____
Educational/vocational fund	_____	_____
Emergency fund for unforeseen expenses	_____	_____
Income Replacement		
Consider the annual income needed to provide for everyday expenses like food, clothing and fuel, and multiply by the number of years that income is needed.	\$ _____	\$ _____
Total Income Needs		
Add all of the above.	\$ _____	\$ _____
Available Resources		
Existing Life Insurance coverage	\$ _____	\$ _____
Other assets such as 401(k), stocks, bonds, etc.	_____	_____
Total Available Resources		
Add all of your available resources.	\$ _____	\$ _____
Additional Life Insurance Needed		
Subtract the amount of your total available resources from your total income needs.	\$ _____	\$ _____

Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are payable to a contingent beneficiary only if you are not survived by one or more primary beneficiaries.
- If you name two or more beneficiaries in a class (primary or contingent), two or more surviving beneficiaries will share equally, unless you provide for unequal shares. If you complete the “% of Benefit” box(es), the amounts should add up to 100% for each class (primary or contingent). For example, “Primary - John Q. Doe, 60%; Jane Q. Doe, 40%.”
- 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 mm/dd/yyyy.”
- 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.
- Spouse and/or Dependents insurance, if any, is payable to you, if living, or as provided under the Group Policy.

Answers to Common Questions

How are benefits paid?

For amounts of less than \$25,000, The Standard issues a check to each designated beneficiary. The Standard pays amounts of \$25,000 or more to each designated beneficiary by depositing funds into a convenient, no fee, interest-bearing draft account called Standard Secure Access. With Standard Secure Access, each beneficiary receives a personalized checkbook and has complete control of the account. Beneficiaries can write checks as needed or for the full amount. This arrangement allows beneficiaries to earn interest on their benefits while they take time to consider financial decisions.

How do I apply?

Complete the enclosed enrollment form and give it to your human resources representative.

When does my Life Insurance become effective?

If proof of good health is not required:
Subject to the active work requirement, Contributory Life insurance and Contributory Dependent Life insurance not subject to satisfactory proof of good health becomes effective on the later of the date you become eligible, or the first day of the calendar month following the date you apply, provided the required premium contribution has been made for that month.

If proof of good health is required: Subject to the active work requirement, Contributory Life insurance and Contributory Dependent Life insurance subject to satisfactory proof of good health becomes effective on the first day of the calendar month following the date we approve your Medical History Statement, provided the required premium contribution has been made for that month.

If my Life Insurance ends or is reduced, can I convert to an individual policy?

If your Life insurance from The Standard ends or is reduced for any reason other than failure to pay premiums, you may be able to convert the terminated coverage to certain types of individual Life insurance policies without providing proof of good health. You must apply for conversion and pay the required premium within 31 days after group coverage ends or is reduced. AD&D insurance may not be converted under this provision.

May I buy group Life Insurance after I leave my employer?

If your insurance ends because your employment terminates or your occupation changes so that you are no longer eligible under the group policy, you may be eligible to buy group Life insurance from The Standard through the portability provision, assuming you meet the eligibility requirements. Please see your human resources representative for additional information.

What if I have additional questions?

If you have any additional questions, please contact your human resources representative.

Life Insurance Terms and Exclusions

Life Insurance active work requirement

All coverage is subject to an active work requirement. Active work means performing the material duties of your own occupation at your employer's usual place of business. You must be capable of active work on the scheduled effective date of your insurance or an increase in your insurance or your insurance or increase will not become effective as scheduled. If you are incapable of active work on the scheduled effective date of insurance due to physical disease, injury, pregnancy or mental disorder, your insurance or increase in insurance (including Dependents Life Insurance) will not become effective until after you complete one full day of active work as an eligible participant.

Life Insurance termination provisions

Life insurance will automatically end on the earliest of the following:

- The date the last period ends for which a premium was paid for your Life insurance (except if premiums are waived while totally disabled)
- The date the group policy terminates
- The date your employer's participation under the group policy is terminated
- For Noncontributory Life insurance, the date your employment contract period with Conejo Valley Unified ends
- For Supplemental Plus Life insurance, the earlier of a) the date you reach age 65 and b) the date of your retirement
- For all other Contributory Life insurance, the date your employment terminates, unless you are covered as a retired Participant
- The first day of the calendar month following the date you cease to be a participant; however, insurance may continue with premium payments for limited periods under certain circumstances

Dependents Life Insurance termination provisions

Dependents Life Insurance (if applicable) will automatically end on the earliest of the following:

- Two years after the date you die (however, coverage will not be continued beyond the date your surviving spouse/domestic partner remarries or enters a domestic partner relationship)
- The date your Life insurance ends under the group policy
- The date the group policy or Dependents Life insurance terminates
- The date the last period ends for which a premium was paid for your Dependents Life insurance
- When the dependent ceases to be an eligible dependent
- For your Spouse/Domestic Partner, the date of your divorce or termination of your Domestic Partner relationship

- For a child who is disabled, 90 days after we mail you a request for proof of disability, if proof is not given

Accidental Death and Dismemberment (AD&D) exclusions and limitations

Losses must be caused solely and directly by the accident. No AD&D insurance benefit is payable if the accident or loss is caused or contributed to by war or act of war (including declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature); suicide or other intentionally self-inflicted injury, while sane or insane; committing or attempting to commit an assault or felony; physical disease (including but not limited to heart attack or stroke); mental disorder or pregnancy, bacterial infections (except infections which occur with and through a cut or wound at the time of the accident); medical or surgical treatment for any of the above (except surgical treatment required by the accident and performed within 90 days after the accident). AD&D benefits are not payable for losses occurring more than 365 days after the accident.

AD&D termination provisions

AD&D insurance for you automatically ends on the earliest of the following:

- The date your Group Life insurance ends
- The date the last period ends for which a premium was paid for your AD&D insurance
- The date your Waiver of Premium begins
- The date AD&D insurance terminates under the Group Policy
- The date you retire

Dependents AD&D termination provisions

Dependents AD&D insurance (if applicable) ends automatically on the earliest of the following:

- The date your Dependents Life insurance ends
- The date Dependents AD&D insurance terminates under the Group Policy
- The date the last period ends for which a premium was paid for your Dependents AD&D insurance
- For your spouse/domestic partner, the date of your divorce or termination of your domestic partner relationship
- For any dependent, the date the dependent ceases to be a dependent
- For a child who is disabled, 90 days after we mail you a request for proof of disability, if proof is not given
- The date your Waiver of Premium begins
- The date you retire

The information in this booklet is subject to all of the terms and provisions of the group policy.



Standard Insurance Company
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