MetLife

# **Cook County Term Life Insurance**

Life insurance is a cost-effective way to help provide financial protection to you and your family. It helps ensure your short- and long-term financial obligations could be met if something unforeseen happens to you.

# Explore the coverage that makes it easy to give yourself and your loved ones more financial security today...and in the future.

County-paid Basic Term Life Coverage		
1x annual earnings (rounded to the next higher \$1,000)	Maximum Coverage: \$750,000	
Employee-paid Supplemental Term Life Coverage		
Increments Option: Elect increments of \$1,000		
Earnings Option: Elect multiples of 1 to 5x your annual earnings	Maximum Coverage: The lesser of 3x annual earnings or \$500,000	
Enrollment Information		
How to Apply <sup>*</sup>		
During your 31-day new hire eligibility window or Annual Enrolln	ment, you may apply for life	

insurance coverage quickly and securely online using the MyBenefits website. It's easy to use. Just go to <u>www.metlife.com/mybenefits</u>.

\*All applications are subject to review and approval by Metropolitan Life Insurance Company. Based on the plan design and the amount of coverage requested, a Statement of Health may need to be submitted to complete your application.

### **Enroll in MyBenefits Today!**

Visit www.metlife.com/mybenefits User ID: SSN or EEID Initial Password: Eight-digit date of birth - MMDDYYYY

Enrollment in this Supplemental Term Life insurance plan is available without providing medical information as long as you have not been hospitalized within 90 days preceding your enrollment date, and:

#### For New Hires

- The enrollment takes place within 31 days from the date you become eligible for benefits, and
- You are enrolling for coverage equal to or less than 3 times your basic annual earnings, not to exceed \$500,000.

#### **For Annual Enrollment**

- The enrollment takes place prior to the enrollment deadline, and
- You are requesting to increase your existing coverage in \$1,000 increments up to 1x annual earnings, and the total amount of coverage does not exceed 3x your basic annual earnings or \$500,000, OR
- You are requesting to increase your existing coverage by 1x annual earnings, and the total amount of coverage does not exceed 3x your basic annual earnings or \$500,000.

If you do not meet all the conditions stated above, you will need to provide additional medical information by completing a Statement of Health form.



## **Term Life Insurance**

#### **About Your Coverage Effective Date**

You must be Actively at Work on the date your coverage becomes effective.

If Actively at Work requirements are met, coverage will become effective on date of hire for all requests that do not require additional medical information. A request for your amount that requires additional medical information and is not approved by the date listed above will not be effective until the first of the month following that notice is received that MetLife has approved the coverage or increase if you meet Actively at Work requirements on that date, or the date that Actively at Work requirements are met after MetLife has approved the coverage or increase.

#### Who Can Be A Designated Beneficiary?

You can select any beneficiary(ies) other than your employer for your Basic and Supplemental Term Life coverages, and you may change your beneficiary(ies) at any time. You can also designate more than one beneficiary.

#### Monthly Costs\* for Supplemental Term Life Insurance

You have the option to purchase Supplemental Term Life Insurance. Listed below are your monthly rates (based on your age as of December 31 of the current year).

Age	Monthly Cost Per \$1,000 of Employee Coverage
Under 25	\$0.071
25 – 29	\$0.085
30 – 34	\$0.113
35 – 39	\$0.279
40 – 44	\$0.310
45 – 49	\$0.468
50 – 54	\$0.598
55 – 59	\$0.598
60 - 64	\$0.598
65 – 69	\$0.598
70 +	\$0.598

\*Note: rates are subject to the policy's right to change premium rates, and the employer's right to change employee contributions.

Use the table below to calculate your estimated premium based on the amount of life insurance you will need. **Example:** \$100,000 Supplemental Term Life Coverage

1. Enter the rate from the table (example age 36)	\$0.279	\$
<b>2.</b> Enter the amount of insurance in thousands of dollars (Example: for \$100,000 of coverage enter \$100)	\$100	\$
3. Monthly premium (1) x (2)	\$27.90	\$

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and Cook County and are subject to each state's laws and availability. Specific details regarding these provisions can be found in the booklet certificate.

Life coverages is provided under a group insurance policy (Policy Form GPNP99) issued to your employer by MetLife. Life coverages under your employer's plan terminates, when your employment ceases, when your Life contributions cease, or upon termination of the group contract. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.

