

PROTECT YOUR FAMILY

WITH

**SUPPLEMENTAL
TERM LIFE INSURANCE**

FOR

ACTIVE MEMBERS AND STAFF

OF

The Unified Judicial System of Pennsylvania

Introduction

The Supreme Court of Pennsylvania is pleased to offer a voluntary Supplemental Life Insurance program to all active full-time Judiciary personnel. This program is insured by The Hartford*, and is administered through the Office of Human Resources, Administrative Office of Pennsylvania Courts.

All incoming full-time Judiciary personnel have a 31-day Initial Enrollment Period for this program beginning with their first day of service. During this period, you are eligible to apply for coverage as described herein. Enrolling in this voluntary life insurance program will enable you to:

- supplement the death benefit protection that is provided to you through the Judiciary's employer-paid Group Life Insurance Program and the State Employees' Retirement System;
- purchase term life insurance at affordable group rates; and
- enjoy the convenience of automatic premium payment through payroll deductions.

This booklet will describe the features of the voluntary life insurance plan in a question and answer format. ***It is important to note that certain provisions of this plan are only available to you if you enroll for coverage during your Initial Enrollment Period. Therefore, you should take the time to carefully review this information within this 31-day period, to ensure that you are able to take advantage of these provisions.***

**** Important ****

If you are applying for coverage at this time, you must complete the Supplemental Life Insurance Enrollment and the Nomination of Beneficiaries forms as required.

*If you are not interested in applying for Supplemental Life Insurance at this time, it **will not** prevent you from applying at a later date. It will, however, make it necessary for you to provide proof of good health at the time you later apply.*

*The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Policies sold in New York are underwritten by Hartford Life Insurance Company. Home Office of both companies is Simsbury, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued.

Why Do I Need Additional Life Insurance?

As your lifestyle, your family, and your income change, so does your need for life insurance. After you have been in Judiciary service for 90 days, the Pennsylvania Judiciary provides you with fully-paid term life insurance in an amount equal to the \$1,000 closest to your annual salary up to a maximum of \$50,000. In addition, as a contributing member in the State Employees' Retirement System (SERS), you have growing death benefit protection provided by the increasing value of your retirement account.

In many cases, however, the protection offered by these programs may not be sufficient to cover the financial needs of your family in the event of your death. This voluntary life insurance plan can provide immediate supplemental protection at affordable rates while allowing you the option to later adjust your coverage amount to meet your changing needs.

This supplemental life insurance coverage can help your family (at a time when it is needed most) to:

- *provide continuing income for your family's living expenses*
- *pay off the mortgage on your home*
- *settle outstanding personal and business debts*
- *pay for your children's higher education*
- *pay for final expenses*

Who is Eligible to Apply for This Coverage?

All active members of the Pennsylvania Judiciary and all active full-time Judiciary staff employees are eligible to apply for this protection. (Retirees and retired Judiciary members serving as Senior Judges are ***not*** eligible to participate in this program.)

Note: If you are not in an active pay status during your Initial Enrollment Period, you may not apply for coverage. However, when you later return to active status, you will be given the opportunity to enroll in this plan during the first 31 days after your return without proof of good health.

How Much Coverage May I Purchase?

You may purchase term life insurance coverage on your own life in \$10,000 increments up to a maximum coverage amount of 5 times your annual salary or \$500,000, whichever is less. This maximum includes both the amount of life insurance not requiring proof of good health and the excess amount of life insurance requiring proof of good health.

What is Guarantee Issue Insurance?

The coverage amount that does not require proof of good health. This amount is limited by the plan maximums outlined below. It does *not* mean that you are “guaranteed coverage.”

Guarantee Issue insurance is available to you *only* if you apply for coverage during your Initial Enrollment Period. If you do not enroll at this time, any coverage you request in the future will be subject to proof of good health.

What Amount of Guarantee Issue Insurance May I Purchase?

If you apply for coverage during your Initial Enrollment Period, you may elect to purchase up to 3 times your annual salary (to a maximum of \$250,000) of Guarantee Issue coverage without the need to provide proof of good health.

Note: If you elect to purchase coverage during your Initial Enrollment Period, you will later be eligible to increase the amount of your coverage by one increment (\$10,000) during Annual Change Periods without submitting proof of good health. (Subject to the plan maximum of 3 times your annual salary or \$250,000, whichever is less.)

What Happens if I Request Coverage Above the Guarantee Issue Amount?

The amount of coverage that is greater than the Guarantee Issue amount is “Excess Insurance”. While Guarantee Issue coverage may be purchased during your Initial Enrollment Period regardless of your health, all Excess Insurance requires that you provide proof of good health before it can become effective. If the amount of coverage you elect to purchase exceeds your Guarantee Issue maximum, you will receive a Personal Health Application to complete and return to The Hartford.

Example: Your annual salary is \$50,000 and you request \$250,000 of coverage during your Initial Enrollment Period. Since your Guarantee Issue amount is \$150,000 (3 times salary), the first \$150,000 of coverage would be automatically approved. However, the remaining \$100,000 of coverage would be Excess Insurance, and you would be required to submit a Personal Health Application to The Hartford for review.

May I Purchase Coverage for My Spouse?

If you have elected to purchase coverage for yourself, you may also elect to purchase coverage on the life of your spouse (in \$10,000 increments) up to a maximum of 50 percent of the amount of your coverage or \$100,000, whichever is less. If you elect to purchase coverage for your spouse during your Initial Enrollment Period, the first \$50,000 of coverage will be Guarantee Issue insurance. If you delay this election, the entire amount of coverage will be subject to proof of your spouse’s good health.

Note: If you marry at a later date, you will have 31 days from the date of your marriage to apply for Guarantee Issue insurance for your new spouse. If you delay your application beyond the 31 day limit, all coverage will be subject to proof of your spouse's good health.

Therefore, it will be important for you to inform the AOPC Office of Human Resources of your marriage as soon as possible so that application materials may be forwarded to you.

May I Purchase Coverage for My Dependent Children?

If you have elected to purchase coverage for yourself, you may also elect coverage on *all* of your dependent children in the amount of \$10,000 per child. (One monthly premium covers all eligible children.)

To qualify for coverage, children must be at least 15 days of age but less than 26 years old. Proof of your children's good health is not required.

It is important for you to inform the AOPC Office of Human Resources of a birth or adoption as soon as possible so that enrollment materials may be forwarded to you.

Can Children be Covered as Dependents of More Than One Employee?

No. If a husband and wife are employed by the Pennsylvania Judiciary, their dependent children may only be enrolled for coverage by one or the other, but not both parents.

How Much Does Coverage Cost?

The monthly premiums for this voluntary life insurance are outlined in the chart below. There are separate rates for non-smokers and smokers; however, rates are the same for eligible employees and their spouses. To qualify for non-smoker rates, you must certify that you have *not* used any tobacco products within the past twelve months. Please note that future rates *may* differ from those listed below.

Rates for this plan are determined by your "Attained Age" as of the effective date of coverage. This means that if you are 49 years old when you begin Judiciary service, but will attain the age of 50 prior to the effective date of your coverage, you would use the rates for individuals between ages 50-54 in the chart below when calculating your premium.

Attained Age (As of Effective Date)	Non-Smoker Monthly Rate (Per \$1,000 of Coverage)	Smoker* Monthly Rate (Per \$1,000 of Coverage)
Less than age 30	\$ 0.059	\$ 0.076
30 years of age but less than 35 years of age	\$ 0.059	\$ 0.076
35 years of age but less than 40 years of age	\$ 0.076	\$ 0.102
40 years of age but less than 45 years of age	\$ 0.128	\$ 0.170
45 years of age but less than 50 years of age	\$ 0.221	\$ 0.272
50 years of age but less than 55 years of age	\$ 0.366	\$ 0.459
55 years of age but less than 60 years of age	\$ 0.604	\$ 0.755
60 years of age but less than 65 years of age	\$ 0.791	\$ 0.995
65 years of age but less than 70 years of age	\$ 1.24	\$ 1.56
70 years of age but less than 75 years of age	\$ 2.18	\$ 2.76
75 years of age or more	\$ 3.64	\$ 4.59

**Smoking includes vaping electronic cigarettes*

The monthly premium for coverage on your dependent children is \$1.44 per month. This premium pays for \$10,000 of coverage on *all* of your eligible dependent children.

How Do I Calculate the Cost of Coverage?

To determine your actual monthly cost, choose the amount of coverage you need. (Coverage is offered in \$10,000 increments up to a maximum of 5 times your annual salary or \$500,000, whichever is less.) If applicable, you may also choose coverage for your spouse up to 50 percent of your coverage to a maximum of \$100,000, and/or \$10,000 on all of your children.

Using the coverage amounts you have chosen and the appropriate premium rates based on current ages from the rate chart on the previous page, complete the calculation shown below.

Person Insured	Coverage Amount	Number of \$1,000's	Monthly Cost/\$1,000	Monthly Premium
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Yourself \$ _____ ÷ \$1,000 = _____ X \$ _____ = \$ _____

Spouse \$ _____ ÷ \$1,000 = _____ X \$ _____ = \$ _____

Children \$10,000 on all eligible children @ \$1.44 per month = \$ _____

Add these monthly premiums to find your total monthly premium: \$ _____

Example: A 51 year old non-smoking employee elects \$100,000 of coverage for his/herself, \$50,000 of coverage for his/her 47 year old smoking spouse, and \$10,000 for his/her four children.

Person Insured	Coverage Amount	Number of \$1,000's	Monthly Cost/\$1,000	Monthly Premium
Yourself	\$ 100,000 ÷ \$1,000	= 100	X \$ 0.366	= \$ 36.60
Spouse	\$ 50,000 ÷ \$1,000	= 50	X \$ 0.272	= \$ 13.60
Children	\$10,000 on all eligible children @ \$1.44 per month			= \$ <u>1.44</u>
Add these monthly premiums to find your total monthly premium:				\$ 51.64

How Will Premiums be Collected?

Premiums will be withheld from your monthly or bi-weekly salary payments as a payroll deduction by the AOPC and forwarded to The Hartford on a monthly basis. If you are paid monthly, the amount calculated above will be withheld each month. If you are paid bi-weekly, one-half the amount calculated above will be withheld from your *first two* bi-weekly salary payments each month.

Payroll deductions for new enrollments and changes will begin in the month immediately prior to the effective date of the enrollment or coverage amount change.

When Will My Premiums Change as My Attained Age Changes?

When you move from one age band to the next, your premiums will change accordingly. The change will be effective on the January 1 following the date you attain the higher age. For example, if you are a non-smoker and reach age 55 on June 12, 2013, your premium will be set at the age 54 rate of \$0.366 per \$1,000 of coverage until the end of 2013. Beginning in January 2014, your premium will increase to the age 55 rate of \$0.604/\$1,000 of coverage.

How Do I Designate Beneficiaries for This Coverage?

You should complete the Beneficiary Designation form included with these materials as instructed, and return it to the AOPC Office of Human Resources along with your Enrollment Application. Your form will be kept on file, and, in the event of your death, your beneficiaries will be contacted by The Hartford regarding payment of life insurance proceeds.

Please note that it will be important to keep your beneficiary designation up to date as changes occur. You may update your designation at any time by contacting the Office of Human Resources and requesting a new form.

If you are purchasing insurance for your spouse and/or children, there is no need to complete a second beneficiary form for their coverage. Under this plan, you are automatically the beneficiary of all coverage that you purchase for your spouse and children.

When Can I Change the Amount of Coverage I Have?

If you enroll for coverage during your Initial Enrollment Period, and you later wish to *increase* the amount of your coverage, you will have the opportunity to do so during an Annual Change Period in October of each year. You may increase your coverage by one increment (\$10,000) each year without providing proof of good health (subject to the plan maximum guarantee issue of 3 times your annual salary or \$250,000, whichever is less), and the effective date of the increase will be the January 1 following the Annual Change Period. Increase amounts over \$10,000 (up to the plan maximum) will require proof of good health, and will be effective on the first day of the month following 60 days from the date The Hartford approves your proof of good health.

If you wish to *decrease* the amount of your coverage, you will have the opportunity to do so during an Annual Change Period in October of each year. The effective date of a decrease will be the January 1 following the Annual Change Period.

If you wish to *terminate* your coverage entirely, you may do so at any time by writing to the AOPC Office of Human Resources. The effective date of the change will be the end of the calendar month through which premiums have been paid. Please note that if you terminate coverage, and later decide to re-enroll, and *all* future coverage would require proof of good health.

When Is the Amount of My Coverage Reduced Due to My Age?

The amount of coverage available to you will be reduced by 35 percent at ages 65, 70, and 75; and by 25 percent at ages 80, 85, 90, and 95. Spousal coverage will also be reduced to the next lowest \$10,000 increment that does not exceed 50% of the employee's coverage amount.

Does Coverage Continue If I Become Disabled?

If you become totally disabled before age 60 and your disability lasts for at least 6 consecutive months, you will be eligible to apply for a Waiver of Premium. When you become disabled, you must provide proof of your condition within one year of your last day of work. If your disability is approved by The Hartford, this provision allows you to continue your coverage without paying premiums until you reach age 65 (as long as you remain totally disabled). If you are still disabled when you reach age 65, you may exercise the Conversion Option described in these materials.

Does This Plan Pay Benefits In the Event of a Terminal Illness?

Should you or one of your dependents be diagnosed as terminally ill with a life expectancy of 12 months or less, this plan allows an accelerated payment of a portion of the terminally ill person's life insurance proceeds. This Accelerated Death Benefit is available to individuals with at least \$10,000 of coverage.

This option allows you to request a minimum accelerated payment of \$3,000 up to a maximum payment of 80% of the person's coverage or \$500,000, whichever is less. Should you or your dependents become terminally ill, these funds are paid directly to you with no policy restrictions on their use. The remaining insurance proceeds would then be payable to the designated beneficiary (ies).

How Do I Enroll for This Coverage?

Included with these materials are a Supplemental Life Insurance Enrollment Form and a Beneficiary Designation Form. To enroll for coverage during your Initial Enrollment Period, you should 1) complete the Enrollment Form and the Beneficiary Designation Form as appropriate and 2) return these forms to the AOPC's Office of Human Resources as soon as possible. *Your completed Forms must be received within 31 days of your first day of Judiciary service to qualify for any amount of Guarantee Issue insurance.*

Important: If you do *not* wish to apply for life insurance coverage during your Initial Enrollment Period, you will be required to submit proof of good health with any future application.

If I Enroll During My Initial Enrollment Period, When Will My Coverage be Effective?

If you enroll in this program during your Initial Enrollment Period, your Guarantee Issue insurance will be effective on the first day of the month following 60 days of employment. Any amount of Excess Insurance will be effective on the first day of the month following 60 days from the date The Hartford **approves** your proof of good health.

If you are absent from work due to injury or illness on the date coverage would normally begin, your coverage will be deferred until you return to active full-time service. If your spouse or a dependent child is confined in a hospital or other medical facility because of a physical or mental condition on the date that this policy would otherwise become effective, the effective date of insurance will be deferred until your spouse or dependent child is discharged and has engaged in substantially all of his or her normal activities for a period of at least 15 days in a row.

If I Delay Enrollment Until a Future Date, When Will Coverage be Effective?

If you do not exercise the option to enroll in this program during your Initial Enrollment Period, you may apply for coverage in the future at any time. **However**, if you delay enrollment beyond the end of your Initial Enrollment Period, *the entire amount of insurance* you later elect to purchase will be subject to proof of good health before coverage is approved. The effective date of coverage for a delayed application will be the first day of the month following 60 days from the date The Hartford approves your proof of good health.

When Does Coverage End?

Coverage under this plan will terminate at the end of the calendar month 1) through which premiums have been paid if the Office of Human Resources receives your written request to terminate coverage; 2) in which you retire or otherwise terminate Judiciary service; or 3) in which you are no longer a full-time employee. If you do not voluntarily terminate your insurance, you will have two options to continue coverage as described below. When your coverage ends, you will receive information about both options.

May I Continue Coverage After My Judiciary Service Ends?

You may continue your coverage when your employment terminates or you are no longer in an eligible class by requesting either Portability or Conversion coverage and paying the required premium within 31 days of the termination of your voluntary Supplemental Life Insurance. You may also purchase continuing coverage for your dependents under these options if your insurance ends or if your spouse or child(ren) no longer meets the definition of dependent. Proof of good health will *not* be required for either option.

The Portability option allows you to continue all or a portion of your Supplemental Life Insurance under a separate Portability term policy with group rates similar to the rates you pay under this program. To elect Portability, you must be under retirement age as defined by the 1983 amendments to the United States Social Security Act. You must also be able to “port” a minimum face amount of \$5,000 or more. Coverage will be effective on the day following the termination of your Supplemental Life Insurance. Portability benefits will be similar, but not necessarily identical to those in the active plan.

The Conversion option allows you to convert up to the face amount of your group Supplemental Life policy to an individual whole life policy (with individual rates) from The Hartford. Coverage will be effective on the 32nd day after your Supplemental Life Insurance terminates. During the 31 day Conversion election period, you will be covered up to the amount of insurance you are eligible to convert.

Who Should My Beneficiary (ies) Contact In The Event of My Death?

They should call Human Resources at 717-231-3309 to find out what actions may be required. They will receive guidance from that office and subsequently from The Hartford as to the options that are available to them.

Who Do I Contact If I Have Questions?

For more information about this voluntary Supplemental Life Insurance plan, you should contact Human Resources. You may call 717-231-3309, or email Human.Resources@pacourts.us.

This brochure explains the general purposes of the insurance described, but in no way changes or affects the policy as actually issued. In the event of any discrepancy between this brochure and the policy, the terms of the policy apply. Complete details are in the certificate of insurance issued under the policy to each insured individual. Please read it carefully and keep it in a safe place with your other important documents.