

# LIFE INSURANCE: ENROLLMENT AT A GLANCE

A guide to your plan basics

## California Professional Firefighters Insurance Trust

**Take advantage of insurance offered through your Union.  
It's convenient and affordable.**

Life Insurance provides basic protection for your loved ones if something happens to you. While many U.S. households have life insurance, the average amount of coverage is often inadequate to meet family needs or pay off debt. Taking advantage of life insurance coverage offered by California Professional Firefighters Insurance Trust can be an important part of your financial security.

California Professional Firefighters Insurance Trust provides you with Basic Life Insurance coverage and Accidental Death and Dismemberment Insurance. Eligible members may apply for more coverage in the Supplemental Group Term Life Insurance program.

Your Life Insurance Benefit Includes	
<b>“Take it With You”</b>	The portability option allows for continued coverage that can help protect your family even when your current employment ends.
<b>Waiver of Premium</b>	If you become totally disabled, your life insurance premium may be waived if you satisfy certain conditions as defined by the policy.
<b>Accelerated Benefit</b>	You may collect a portion of your death benefit (typically 80%) while you are living, if you are diagnosed with a terminal condition with a limited life expectancy under twelve months (may vary by state).

Refer to the information on the following pages to learn more about Supplemental Group Term Life Insurance options and determine your coverage cost.

## Supplemental Term Life Insurance Coverage Options

	For You	For Your Spouse	For your Child(ren)
<b>Eligibility</b>	All active members in good standing with their local Union working 30+ hours per week.	Coverage is available only if Member Supplemental Life Insurance is elected.	Coverage is available only if Member Supplemental Life Insurance is elected.
<b>Coverage Options</b>	\$10,000 to \$500,000 in \$10,000 increments.	\$5,000 to \$50,000 in \$5,000 increments. Coverage is limited to 50% of the total amount of Member Supplemental Life Insurance coverage.	\$5,000 on your children age 1 year but less than 21 years, and student dependents less than 25 years. Children less than 1 year of age are covered for \$500.
<b>Guaranteed Issue Offer*</b>	<b>Late Enrollee</b> - None. Proof of good health is required for all amounts.	<b>Late Enrollee</b> - None. Proof of good health is required for all amounts.	<b>Late Enrollee</b> - None. Proof of good health is required for all amounts.
	<b>New Hire</b> - You can elect up to \$100,000 of coverage during the initial eligibility period without providing proof of good health.	<b>New Hire</b> - You can elect up to \$25,000 of coverage during the initial eligibility period without providing proof of good health on your spouse.	<b>New Hire</b> - You can elect \$5,000 of coverage during the initial eligibility period without providing proof of good health on your children.
<b>Supplemental Accidental Death &amp; Dismemberment Insurance</b>	Coverage in an amount equal to your approved Member Supplemental Life Insurance.	Coverage in an amount equal to your approved Member Supplemental Life Insurance.	Not applicable.

The term “spouse” as used in this summary includes a domestic partner or civil union partner as described in the certificate of insurance or riders.

Contact the CPFIT Administrator if you have questions about the definition of “child” for your plan.

Accidental Death & Dismemberment coverage has exclusion that are described in the certificate of insurance or riders.

\*Proof of good health is required if you elect Supplemental Life Insurance coverage in amounts in excess of the limits described above, or if you submit an application for coverage more than 31 days after the date you become eligible. Proof of good health is subject to approval by the insurance company.

# INSURANCE RATE INFORMATION AND PREMIUM CALCULATOR

The cost is calculated based on the age of the member as of 01/01/2020.

The rates shown are guaranteed until 12/31/2021.

Member and Spouse Supplemental Life Insurance Rates		
Age	Monthly Cost per \$1,000 of Coverage	
	Non-Tobacco User	Tobacco User
Under 30	\$0.11	\$0.20
30-34	\$0.12	\$0.23
35-39	\$0.15	\$0.30
40-44	\$0.19	\$0.40
45-49	\$0.32	\$0.68
50-54	\$0.53	\$1.03
55-59	\$0.87	\$1.62
60-64	\$1.30	\$2.33
65 +	\$2.32	\$3.84

Member and Spouse Supplemental Life and AD&D Insurance Monthly Rates				
Non-Smoker				
Age	\$50,000	\$100,000	\$250,000	\$500,000
Under 30	\$5.50	\$11.00	\$27.50	\$55.00
30-34	\$6.00	\$12.00	\$30.00	\$60.00
35-39	\$7.50	\$15.00	\$37.50	\$75.00
40-44	\$9.50	\$19.00	\$47.50	\$95.00
45-49	\$16.00	\$32.00	\$80.00	\$160.00
50-54	\$26.50	\$53.00	\$132.50	\$265.00
55-59	\$43.50	\$87.00	\$217.50	\$435.00
60-64	\$65.00	\$130.00	\$325.00	\$650.00
65-69	\$116.00	\$232.00	\$580.00	\$1,160.00

Plus \$1.00 admin fee

Member and Spouse Supplemental Life and AD&D Insurance Monthly Rates				
Smoker				
Age	\$50,000	\$100,000	\$250,000	\$500,000
Under 30	\$10.00	\$20.00	\$50.00	\$100.00
30-34	\$11.50	\$23.00	\$57.50	\$115.00
35-39	\$15.00	\$30.00	\$75.00	\$150.00
40-44	\$20.00	\$40.00	\$100.00	\$200.00
45-49	\$34.00	\$68.00	\$170.00	\$340.00
50-54	\$51.50	\$103.00	\$257.50	\$515.00
55-59	\$81.00	\$162.00	\$405.00	\$810.00
60-64	\$116.50	\$233.00	\$582.50	\$1,165.00
65-69	\$192.00	\$384.00	\$960.00	\$1,920.00

Plus \$1.00 admin fee

Children Life Insurance Rates	
Coverage	Monthly Cost
\$5,000	\$0.90

Follow the steps below to calculate the premium based on the amount of insurance you plan to elect.

Supplemental Life Insurance	For You	For Your Spouse	For Your Children
<b>Step 1:</b> Select the amount of insurance you want	\$	\$	\$
<b>Step 2:</b> Divide this number by \$1,000	\$	\$	N/A
<b>Step 3:</b> Enter the rate from the table(s) above	\$	\$	(C)
			\$
<b>Step 4:</b> Multiply Step #2 by Step #3	(A)	(B)	N/A
	\$	\$	
<b>Step 5:</b> Add (A), (B), and (C) for the Total Monthly Premium	\$		

**Example: 35-year-old member, non-smoker & 35-year-old spouse, non-smoker**

Supplemental Life Insurance	For You	For Your Spouse	For Your Children
<b>Step 1:</b> Select the amount of insurance you want	\$100,000	\$50,000	-----
<b>Step 2:</b> Divide this number by \$1,000	\$100	\$50	N/A
<b>Step 3:</b> Enter the rate from the table(s) above	\$.15	\$.15	(C)
			-----
<b>Step 4:</b> Multiply Step #2 by Step #3	(A)	(B)	N/A
	\$15	\$7.50	
<b>Step 5:</b> Add (A), (B), and (C) for the Total Monthly Premium	\$ 22.50		

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 coverage. All coverage is subject to the terms and conditions of the group policy. To keep coverage in force, premiums are payable up to the date of coverage termination. Insurance products and services are provided by ReliaStar Life Insurance Company, a member of the Voya™ family of companies. Policy form LP00GP (may vary by state).

LG12171 Group #68520-8

