



**Group Life Insurance**  
SUMMARY OF BENEFITS

**Employer Paid Life and AD&D**

Sponsored by: Mineola ISD

<b>Life Benefit</b>	<b>Employee</b>
Amount	\$10,000
Guarantee Issue	\$10,000
<b>AD&amp;D Benefit</b>	<b>Employee</b>
Amount	\$10,000
Guarantee Issue	\$10,000
<b>Benefit Reduction</b>	<b>Employee</b>
Benefits will reduce:	Benefits terminate at retirement
<b>Additional Benefits</b>	<b>Employee</b>
See Definitions page for:	Accelerated Death Benefit
See Definitions page for:	Seat Belt, Airbag, and Common Carrier
See Definitions page for:	Conversion
See Definitions Page:	Continuation of Coverage
<b>Eligibility</b>	<b>Employee</b>

All full-time employees working 15 or more hours per week in an eligible class are eligible for coverage on the policy effective date. A delayed effective date will apply if the employee is not actively at work.

Employer Paid Life and AD&D: \$.05/\$.015 per \$1,000 of coverage

*.65*

(Please see other side)

## Definitions

<b>Accelerated Death Benefit</b>	Accelerated Death Benefit provides an option to withdraw a percentage of your life insurance coverage when diagnosed as terminally ill (as defined in the policy). The death benefit will be reduced by the amount withdrawn. To qualify, you have satisfied the Active Work rule and have been covered under this policy for the required amount of time as defined by the policy. Check with your tax advisor or attorney before exercising this option.
<b>AD&amp;D</b>	Accidental Death and Dismemberment (AD&D) insurance provides specified benefits for a covered accidental bodily injury that directly causes dismemberment (e.g., the loss of a hand, foot, or eye). In the event that death occurs from a covered accident, both the life and the AD&D benefit would be payable.
<b>Conversion</b>	If you terminate your employment or become ineligible for this coverage, you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination without Evidence of Insurability. Conversion election must be made within 31 days of your date of termination.
<b>Continuation of Coverage</b>	If coverage has been in force for at least 12 months, you may continue your coverage for a specified period of time after your employment by paying the required premium. Continuation of coverage is available if you cease employment for a reason other than sickness, injury, or retirement.
<b>Guarantee Issue</b>	For timely entrants enrolled within 31 days of becoming eligible, the Guarantee Issue amount is available without any Evidence of Insurability requirement. Evidence of Insurability will be required for any amounts above this, for late enrollees or increase in insurance and it will be provided at your own expense.
<b>Seat Belt, Airbag, and Common Carrier</b>	If you die as a result of a covered auto accident while wearing a seat belt or in a vehicle equipped with an airbag, additional benefits are payable up to \$10,000 or 10% of the principal sum, whichever is less. If loss occurs for you due to an accident while riding as a passenger in a common carrier, benefits will be double the amount that would otherwise apply as outlined in the certificate.
<b>Term Life</b>	Coverage provided to the designated beneficiary upon the death of the insured. Coverage is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product.

## Additional Benefits

<b>LifeKeys<sup>SM</sup></b>	Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life and/or AD&D policy.
<b>TravelConnect<sup>SM</sup></b>	Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.

## For assistance or additional information

Contact Lincoln Financial Group at (800) 423-2765 or log on to [www.LincolnFinancial.com](http://www.LincolnFinancial.com)

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

©2008 Lincoln National Corporation

Group Insurance products are issued by The Lincoln National Life Insurance Company (Ft. Wayne, IN), which is not licensed and does not solicit business in New York. In New York, group insurance products are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group companies. Product availability and/or features may vary by state. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Each affiliate is solely responsible for its own financial and contractual obligations.



**Voluntary Life Insurance**  
**SUMMARY OF BENEFITS**

**Sponsored by: Region 7 Schools**

**Effective date: September 1, 2014**

Life Benefit	Employee	Spouse	Dependent
Amount	Choice of \$10,000 increments Not to exceed 5 times your annual salary	Choice of \$5,000 increments Employee must elect coverage for spouse to be eligible. Not to exceed 100% of employee elected amount.	\$500 Child: Day 1 to 6 months Choice of \$5,000 or \$10,000 Child: 6 months to age 26 Employee must elect coverage for dependents to be eligible.
Minimum Amount	\$10,000	\$5,000	\$5,000
Maximum Amount	\$500,000	\$500,000	\$10,000
Guarantee Issue for Newly Eligible Employees	\$250,000	\$50,000	\$10,000
Guarantee Issue for Current Eligible Employees	You or your spouse may elect or increase insurance coverage up to 2 increments on a guaranteed acceptance basis during your company's defined annual open enrollment period, provided that you or your spouse have not been previously declined or withdrawn coverage.		

Benefit Reduction	Employee	Spouse
Benefits will reduce:	Benefits terminate at retirement	Benefits terminate at employee retirement

**Additional Benefits**

See Definition: Accelerated Death Benefit

Eligibility	Employee	Spouse and Dependents
	All full-time employees working 15 or more hours per week in an eligible class are eligible for coverage on the policy effective date. A delayed effective date will apply if the employee is not actively at work.	Cannot be in a period of limited activity on the day coverage takes effect.

(Please see other side)

**Employee Monthly Premium**  
**Life and AD&D Premium for sample benefit amounts**

Employee and Spouse premiums are calculated separately.  
 Refer to Program Specifications for your maximum benefit amounts.

AGE	Monthly Rate per \$1,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
<25	0.080	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
25-29	0.080	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
30-34	0.090	\$0.90	\$1.80	\$2.70	\$3.60	\$4.50	\$5.40	\$6.30	\$7.20	\$8.10	\$9.00
35-39	0.100	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
40-44	0.150	\$1.50	\$3.00	\$4.50	\$6.00	\$7.50	\$9.00	\$10.50	\$12.00	\$13.50	\$15.00
45-49	0.200	\$2.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00	\$14.00	\$16.00	\$18.00	\$20.00
50-54	0.330	\$3.30	\$6.60	\$9.90	\$13.20	\$16.50	\$19.80	\$23.10	\$26.40	\$29.70	\$33.00
55-59	0.540	\$5.40	\$10.80	\$16.20	\$21.60	\$27.00	\$32.40	\$37.80	\$43.20	\$48.60	\$54.00
60-64	0.820	\$8.20	\$16.40	\$24.60	\$32.80	\$41.00	\$49.20	\$57.40	\$65.60	\$73.80	\$82.00
65-69	1.360	\$13.60	\$27.20	\$40.80	\$54.40	\$68.00	\$81.60	\$95.20	\$108.80	\$122.40	\$136.00
70+	2.149	\$21.49	\$42.98	\$64.47	\$85.96	\$107.45	\$128.94	\$150.43	\$171.92	\$193.41	\$214.90

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Example:  
 Use this formula to calculate premium for benefit amounts over \$100,000.

Age	Monthly Rate Per \$1,000	X	Benefit In \$1,000's	=	Monthly Cost
Example: 35	0.100	X	150	=	\$15.00
		X		=	

**Monthly Dependent Children Rate**

\$5,000	\$10,000
\$0.91	\$1.82

Premium covers all dependent children regardless of the number of children.

**Spouse Monthly Premium  
Life and AD&D Premium for sample benefit amounts**

Employee and Spouse premiums are calculated separately.  
Spouse premiums will be calculated based on the Employee's age.  
Refer to Program Specifications for your maximum benefit amounts.

AGE	Monthly Rate per \$1,000	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
<25	0.080	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00
25-29	0.080	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00
30-34	0.090	\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50
35-39	0.100	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00
40-44	0.150	\$0.75	\$1.50	\$2.25	\$3.00	\$3.75	\$4.50	\$5.25	\$6.00	\$6.75	\$7.50
45-49	0.200	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
50-54	0.330	\$1.65	\$3.30	\$4.95	\$6.60	\$8.25	\$9.90	\$11.55	\$13.20	\$14.85	\$16.50
55-59	0.540	\$2.70	\$5.40	\$8.10	\$10.80	\$13.50	\$16.20	\$18.90	\$21.60	\$24.30	\$27.00
60-64	0.820	\$4.10	\$8.20	\$12.30	\$16.40	\$20.50	\$24.60	\$28.70	\$32.80	\$36.90	\$41.00
65-69	1.360	\$6.80	\$13.60	\$20.40	\$27.20	\$34.00	\$40.80	\$47.60	\$54.40	\$61.20	\$68.00
70+	2.149	\$10.75	\$21.49	\$32.24	\$42.98	\$53.73	\$64.47	\$75.22	\$85.96	\$96.71	\$107.45

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Example:  
Use this formula to calculate premium for benefit amounts over \$50,000.

Age	Monthly Rate Per \$1,000	X	Benefit In \$1,000's	=	Monthly Cost
35	0.10	X	75	=	\$7.50
		X		=	

**Monthly Dependent Children Rate**

\$5,000	\$10,000
\$0.91	\$1.82

Premium covers all dependent children regardless of the number of children.

## Definitions

<b>Accelerated Death Benefit</b>	Accelerated Death Benefit provides an option to withdraw a percentage of your life insurance coverage when diagnosed as terminally ill (as defined in the policy). The death benefit will be reduced by the amount withdrawn. To qualify, you have satisfied the Active Work rule and have been covered under this policy for the required amount of time as defined by the policy. Check with your tax advisor or attorney before exercising this option.
<b>AD&amp;D</b>	Accidental Death and Dismemberment (AD&D) insurance provides specified benefits for a covered accidental bodily injury that directly causes dismemberment (e.g., the loss of a hand, foot, or eye). In the event that death occurs from a covered accident, both the life and the AD&D benefit would be payable.
<b>Guarantee Issue</b>	For timely entrants enrolled within 31 days of becoming eligible, the Guarantee Issue amount is available without any Evidence of Insurability requirement. Evidence of Insurability will be required for any amounts above this, for late enrollees or increase in insurance, and it will be provided at your own expense.
<b>Limited Activity</b>	A period when a spouse or dependent is confined in a health care facility; or, whether confined or not, is unable to perform the regular and usual activities of a healthy person of the same age and sex.
<b>Term Life</b>	Coverage provided to the designated beneficiary upon the death of the insured. Coverage is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product.
<b>Exclusion: Suicide</b>	Benefits will not be paid if the death results from suicide within 2 years after coverage is effective. May apply if employee contributes toward the premium.
<b>Additional Benefits</b>	
<i>LifeKeys<sup>SM</sup></i>	Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life and/or AD&D policy.
<i>TravelConnect<sup>SM</sup></i>	Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.

### For assistance or additional information

Contact Lincoln Financial Group at (800) 423-2765 or log on to [www.LincolnFinancial.com](http://www.LincolnFinancial.com)

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

©2008 Lincoln National Corporation

Group Insurance products are issued by The Lincoln National Life Insurance Company (Ft. Wayne, IN), which is not licensed and does not solicit business in New York. In New York, group insurance products are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group companies. Product availability and/or features may vary by state. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Each affiliate is solely responsible for its own financial and contractual obligations.

**William Bjork - Mineola Group and Voluntary Life Renewal**

---

**From:** Charles Parker <Charles.Parker@hibbshallmark.com>  
**To:** "William Bjork" <bjorkw@mineolaisd.net>  
**Date:** 7/8/2014 10:37 AM  
**Subject:** Mineola Group and Voluntary Life Renewal  
**Attachments:** image001.jpg

---

Standard has confirmed that they will offer the same rates guaranteed for 2 years.



Hibbs ♦ Hallmark & Company

Sincerely,  
Charles Parker---Worksite Benefits Consultant  
Hibbs Hallmark & Company  
P.O. Box 8357  
Tyler, Texas 75711  
PH 903-561-8484  
FAX 903-581-0361  
Toll Free 1-800-765-6767  
Email: [charles.parker@hibbshallmark.com](mailto:charles.parker@hibbshallmark.com)

The information contained in this communication is confidential, private, proprietary, or otherwise privileged and is intended only for the use of the addressee. You are hereby notified that unauthorized use, dissemination, disclosure, distribution, copying, or use or reliance upon the information contained in and transmitted with this email by or to anyone other than the recipient designated above by the sender is UNAUTHORIZED and STRICTLY PROHIBITED, and may be unlawful. If you have received this communication in error, please notify the sender immediately at 903-561-8484 and upon authorization by sender destroy the information contained herein.

--  
This email was Anti Virus checked by Astaro Security Gateway. <http://www.sophos.com>



## Additional Life and Accidental Death and Dismemberment (AD&D) Insurance

Standard Insurance Company has developed this document to provide you with information about the optional coverage you may select through the Mineola Independent School District. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please refer to the Additional Life Employee Brochure included in your packet or check with your human resources representative.

## Employer Plan Effective Date

**The Mineola Independent School District will provide Basic Life with AD&D coverage from The Standard for a flat amount of \$10,000 at no cost to you.** If you qualify for Basic Life, you may also apply for Additional Life coverage to supplement your Basic Life amount. A minimum number of eligible employees must apply and qualify for the proposed plan before Additional Life coverage can become effective. This level of participation has been agreed upon by the Mineola Independent School District and The Standard.

---

## Eligibility

To be eligible for this plan:

- You must be insured for Basic Life
- You must be an active employee of the Mineola Independent School District, excluding temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors
- You must be regularly working at least 30 hours each week
- For Dependents Life insurance – Your *spouse* or *children* must not be full-time members of the armed forces

## Employee Coverage Amount

You may elect Additional Life coverage in units of \$10,000 to a maximum of \$300,000. The minimum amount you can elect is \$10,000.

If you wish to become insured for an amount of Additional Life in excess of \$150,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases are also subject to medical underwriting approval.

Additional Accidental Death and Dismemberment insurance from Standard Insurance Company is also included in this plan.

Dependents Life insurance from Standard Insurance Company is also available with this plan. However, you must elect Additional Life insurance for yourself in order to elect Dependents Life insurance.

## Spouse Coverage Amount

This coverage is available in units of \$5,000 to a maximum of \$250,000, but not to exceed 100 percent of your Additional Life coverage.

If you elect an amount for your *spouse* greater than \$20,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases will also require medical underwriting approval.

Accidental Death and Dismemberment insurance from Standard Insurance Company is also included in this plan.

## Coverage Amount for Children

You may elect \$5,000 or \$10,000 of Dependents Life insurance for your eligible *children*. This amount may not exceed 100 percent of your Additional Life coverage. All late applications will be subject to medical underwriting approval.

Accidental Death and Dismemberment insurance from Standard Insurance Company is also included in this plan.



**Employee Rates**

If you elect Additional Life with AD&D insurance, your monthly premium rate for this plan is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Employee's Age (as of September 1)	Rate* Per \$1000 of Total Coverage
<25	\$0.091
25-29	\$0.101
30-34	\$0.121
35-39	\$0.141
40-44	\$0.151
45-49	\$0.211
50-54	\$0.301
55-59	\$0.531
60-64	\$0.801
65-69	\$1.521
70+	\$2.441

To calculate your premium:

1. Amount Elected: Write this amount on the Additional/Optional Life Requested Amount line on your Enrollment and Change Form. Line 1: \_\_\_\_\_
2. Line 1 divided by \$1,000 = Line 2. Line 2: \_\_\_\_\_
3. Select your rate from the rate table and enter on Line 3. Line 3: \_\_\_\_\_
4. Line 2 multiplied by Line 3 = Your monthly cost. Line 4: \_\_\_\_\_

\* Monthly AD&D rate of \$0.02 per \$1,000 of AD&D benefit has been included in each of the above rates.

**Spouse Rates**

If you elect Dependents Life with AD&D insurance for your *spouse*, your monthly premium rate for this coverage is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Employee's Age (as of September 1)	Rate* Per \$1000 of Total Coverage
<25	\$0.091
25-29	\$0.101
30-34	\$0.121
35-39	\$0.141
40-44	\$0.151
45-49	\$0.211
50-54	\$0.301
55-59	\$0.531
60-64	\$0.801
65-69	\$1.521
70+	\$2.441

To calculate the premium for your *spouse*:

1. Amount Elected: Write this amount on the Dependent Life Spouse Requested Amount line on your Enrollment and Change Form. Line 1: \_\_\_\_\_
2. Line 1 divided by \$1,000 = Line 2. Line 2: \_\_\_\_\_
3. Select your rate from the rate table and enter on Line 3. Line 3: \_\_\_\_\_
4. Line 2 multiplied by Line 3 = Your monthly cost. Line 4: \_\_\_\_\_

\* Monthly AD&D rate of \$0.02 per \$1,000 of AD&D benefit has been included in each of the above rates.

**Child(ren) Rates**

If you elect Dependents Life with AD&D insurance for your eligible *child(ren)*, your monthly premium rate for this coverage is \$0.09\* per \$1,000; regardless of the number of eligible *children* covered. Premiums for this coverage will be deducted directly from your paycheck.

\* Monthly AD&D rate of \$0.04 per \$1,000 of AD&D benefit has been included in the above rate.

### Employee Coverage Effective Date

Please contact your human resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An *eligibility waiting period*
- An *evidence of insurability* requirement
- An *active work* requirement. This means that if you are not *actively at work* on the day before the scheduled effective date of insurance, including Dependents Life insurance your insurance will not become effective until the day after you complete one day of *active work* as an eligible employee.

### Age Reductions

Under this plan, coverage reduces by 35 percent at age 65, 50 percent at age 70, and 65 percent at age 75. If you, or your *spouse*, are age 65 or over, ask your human resources representative for the amount of coverage available.

### Suicide Exclusion

This plan includes an exclusion for death resulting from suicide or other intentionally self-inflicted *injury*. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death. This is subject to state variations.

### Waiver of Premium Provision

The Standard may continue your Life insurance without premium payments if you:

- Become *totally disabled* while insured under the *group policy*
- Are under the age of 60
- Complete the *waiting period* of 180 days
- Give us satisfactory *proof of loss*

*Waiver of Premium* does not apply to AD&D or Dependents Life insurance.

### Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage. Please see your human resources representative for additional information. This is subject to state variations.

### When Spouse and Child Coverage Ends

Your brochure includes information about when your insurance ends. Any *spouse* and *child* coverage will automatically end on the earliest of the following:

- Five months after the date you die
- The date your Life insurance ends
- The date Dependents Life insurance terminates under the *group policy*
- The date the Mineola Independent School District's coverage under the *group policy* for 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*, the date of your divorce or legal separation
- For a *child* who is *disabled*, 90 days after we mail you a proof of *disability* request, if proof is not given

## Accidental Death and Dismemberment (AD&D) Insurance

With Additional AD&D insurance from Standard Insurance Company, you or your *beneficiaries* may be eligible to receive an additional amount in the event of death or dismemberment as a result of an accident.

### AD&D Insurance Coverage Amount

The amount of this *AD&D Insurance Benefit* for *loss* of life is equal to the amount payable for Additional Life insurance coverage on the date of the accident.

The amount of this *AD&D Insurance Benefit* for other covered *losses* is a percentage of the amount payable for Additional AD&D insurance coverage on the date of the accident, as shown in the following table:

<u>Loss:</u>	<u>Percentage Payable:</u>
One hand or one foot	50%
Sight in one eye	50%
Two or more of the <i>losses</i> listed above	100%

### Additional Features

Following are brief descriptions of features included in this plan. These features offer additional benefits when an *AD&D Insurance Benefit* is payable.

Seat Belt Benefit	This provision provides an additional benefit in the event of a covered <i>automobile</i> accident.
Air Bag Benefit	This provision provides an additional benefit in the event of a covered <i>automobile</i> accident for which a <i>Seat Belt Benefit</i> is payable.

### Limitations

The *loss* must occur solely by an accident and independently of all other causes, within 365 days after the accident. *Loss* of life must be evidenced by a certified copy of the death certificate. All other *losses* must be certified by a *physician* in the appropriate specialty as determined by us.

### Exclusions

Subject to state variations, *AD&D Insurance Benefits* are not payable for death or dismemberment caused or contributed to by:

- *War* or act of *war*, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature
- Suicide or other intentionally self-inflicted *injury*
- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Voluntary use or consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a *physician*
- *Sickness* or *pregnancy* existing at the time of the accident
- Heart attack or stroke
- Medical or surgical treatment for any of the above

### When Coverage Ends

AD&D insurance for you and your *dependents* will automatically end on the earliest of the following:

- The date your Life insurance ends
- The date your *Waiver of Premium* begins
- The date AD&D insurance terminates under the *group policy*
- The date the last period ends for which a premium was paid for your AD&D insurance
- The date the Mineola Independent School District's coverage under the *group policy* for AD&D insurance terminates
- For your *dependents*, the date your Dependents Life insurance ends
- The date your employment terminates

### Group Insurance Certificate

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the *group policy* and does not modify it in any way. The controlling provisions are in the *group policy* issued by Standard Insurance Company.

---