

# UND Life Insurance

## University of North Dakota

Underwritten by



The following life insurance plans are provided for all benefit eligible employees of the University of North Dakota.

<b>Basic Life Insurance</b> <ul style="list-style-type: none"> <li>Coverage for Employee</li> </ul>	<ul style="list-style-type: none"> <li>All eligible employees receive <b>\$5,000 of Life Insurance coverage</b>. This benefit includes Accidental Death &amp; Dismemberment (AD&amp;D) coverage.</li> <li>Provided by University of North Dakota. No cost to employee.</li> </ul>
<b>Supplemental Life Insurance</b>  <i>Additional Coverage for:</i> <ul style="list-style-type: none"> <li>Employee</li> <li>Spouse</li> <li>Dependent Unmarried Children</li> </ul>          <p><b>See page 2 for Monthly Rates</b></p>	<ul style="list-style-type: none"> <li>You may purchase additional life insurance coverage. See rate table on page 2.</li> <li>If you enroll during the first 31 days you are eligible, you can purchase up to these amounts without providing any medical information. <b>The coverage is guaranteed to be issued.</b>  <b>Employee: \$150,000      Spouse: \$20,000      Children: \$10,000</b> </li> <li>You and/or your spouse may purchase coverage above the Guaranteed Amounts with proof of good health. You will need to complete a <i>Personal Health Application</i> and be approved by Mutual of Omaha to receive the additional coverage. This application is available from the HR &amp; Payroll Services Office.  <b>The maximum amounts that can be purchased are:</b>  <i>Employee: \$500,000 or 10 times annual income, whichever is less</i>  <i>Spouse: \$250,000, not to exceed 50% of employee amount</i> </li> <li>You must elect Supplemental Life Insurance for yourself in order to purchase this coverage for your spouse. <b>Minimum employee coverage is \$10,000.</b></li> <li>Spouse coverage cannot exceed 50% of the employee supplemental coverage.</li> <li>Spouse rates are based on the <i>Employee's</i> age.</li> <li>You may not elect coverage for your spouse if he/she is an active member of the armed forces of any country or international authority or is already covered as a University of North Dakota Employee under this policy.</li> </ul> <p><i>Dependent Child Coverage</i></p> <ul style="list-style-type: none"> <li>If you elect Supplemental Life Insurance for yourself, you may purchase coverage for your unmarried dependent children. <i>No medical information is required.</i></li> <li>One premium covers all children. This premium provides \$10,000 of coverage for each child.</li> <li>Children are covered from Live Birth to age 26 (if unmarried).</li> </ul>

- Your premium is based on your age on the date you begin coverage, and then your age on January 1 each year thereafter.
- Your coverage coverage will be reduced by 35% at age 70 and by 55% at age 75 (of the original amount). This reduction applies to the Supplemental Life and Personal Accident coverage. The Basic Life coverage is not reduced. All coverage ends at retirement.
- When you reach the Attained Age of 70, insurance for your Spouse under the Policy ends.
- Upon termination of employment, Supplemental Life coverage may be continued as a term life insurance plan or converted to a permanent cash value type plan.
- If both husband and wife are eligible University of North Dakota employees, you cannot elect spouse coverage.
- If you wish to begin or increase Supplemental Life coverage after you have been eligible for more than 31 days, you will need to complete a *Personal Health Application* and be approved by Mutual of Omaha to receive the additional coverage.
- If you become totally disabled before age 60 and your disability lasts for at least 3 months, your life insurance coverage may be continued, and the premium may be waived.
- Refer to the group policy for provisions regarding coverage for members of the armed forces, and disability of dependents on their normal effective date.

As is standard with most term life insurance, this Insurance coverage includes limitations and exclusions:

- Death by suicide (one year).
- Other exclusions may apply depending upon your coverage.

# UND Life Monthly Deductions

Employee Age as of Effective Date	EMPLOYEE Life Insurance Coverage									
	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
<25	0.50	1.00	1.50	2.00	2.50	3.00	3.50	4.00	4.50	5.00
25-29	0.60	1.20	1.80	2.40	3.00	3.60	4.20	4.80	5.40	6.00
30-34	0.80	1.60	2.40	3.20	4.00	4.80	5.60	6.40	7.20	8.00
35-39	0.90	1.80	2.70	3.60	4.50	5.40	6.30	7.20	8.10	9.00
40-44	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00
45-49	1.60	3.20	4.80	6.40	8.00	9.60	11.20	12.80	14.40	16.00
50-54	2.50	5.00	7.50	10.00	12.50	15.00	17.50	20.00	22.50	25.00
55-59	4.40	8.80	13.20	17.60	22.00	26.40	30.80	35.20	39.60	44.00
60-64	6.80	13.60	20.40	27.20	34.00	40.80	47.60	54.40	61.20	68.00
65-69	13.20	26.40	39.60	52.80	66.00	79.20	92.40	105.60	118.80	132.00
70-74	22.60	45.20	67.80	90.40	113.00	135.60	158.20	180.80	203.40	226.00
75+	37.40	74.80	112.20	149.60	187.00	224.40	261.80	299.20	336.60	374.00
Employee Age as of Effective Date	EMPLOYEE Life Insurance Coverage					Employee Age as of Effective Date	SPOUSE COVERAGE			
	\$110,000	\$120,000	\$130,000	\$140,000	\$150,000		Premium based on Employee Age			
							\$5,000	\$10,000	\$15,000	\$20,000
<25	5.50	6.00	6.50	7.00	7.50	<25	0.25	0.50	0.75	1.00
25-29	6.60	7.20	7.80	8.40	9.00	25-29	0.30	0.60	0.90	1.20
30-34	8.80	9.60	10.40	11.20	12.00	30-34	0.40	0.80	1.20	1.60
35-39	9.90	10.80	11.70	12.60	13.50	35-39	0.45	0.90	1.35	1.80
40-44	11.00	12.00	13.00	14.00	15.00	40-44	0.50	1.00	1.50	2.00
45-49	17.60	19.20	20.80	22.40	24.00	45-49	0.80	1.60	2.40	3.20
50-54	27.50	30.00	32.50	35.00	37.50	50-54	1.25	2.50	3.75	5.00
55-59	48.40	52.80	57.20	61.60	66.00	55-59	2.20	4.40	6.60	8.80
60-64	74.80	81.60	88.40	95.20	102.00	60-64	3.40	6.80	10.20	13.60
65-69	145.20	158.40	171.60	184.80	198.00	65-69	6.60	13.20	19.80	26.40
70-74	248.60	271.20	293.80	316.40	339.00	70-74	11.30	22.60	33.90	45.20
75+	411.40	448.80	486.20	523.60	561.00	75+	18.70	37.40	56.10	74.80
DEPENDENT CHILDREN:				\$1.60	One premium provides \$10,000 of coverage for each eligible child.					

This Benefit Highlights Sheet is an overview of the Insurance being offered. It is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the Insurance policy issued to the policyholder (your employer) can fully describe all the provisions, terms, conditions, limitations, and exclusions of your insurance coverage. In the event of any difference between this Benefit Highlights Sheet and the Insurance policy, the terms of the Insurance policy apply.

For more information, contact the UND HR & Payroll Services office at [brandi.byrne@und.edu](mailto:brandi.byrne@und.edu) or 701-777-2158.