



Additional Life Insurance

Standard Insurance Company has developed this document to provide you with information about the optional coverage you may select through the Philadelphia Redevelopment Authority. 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 Philadelphia Redevelopment Authority will provide Basic Life coverage from The Standard. 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 Philadelphia Redevelopment Authority 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 Philadelphia Redevelopment Authority, excluding temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors
- You must be regularly working at least 35 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 \$100,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases are also subject to medical underwriting approval.

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 \$150,000, but not to exceed 100 percent of your Additional Life coverage.

If you elect an amount for your *spouse* greater than \$10,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases will also require medical underwriting approval.

Coverage Amount for Children

This coverage is available in units of \$2,000 to a maximum of \$10,000, but not to exceed 100 percent of your Additional Life coverage. All late applications will be subject to medical underwriting approval.

Child means your unmarried *child* from live birth through age 20 (through age 24 if a registered student in full-time attendance at an accredited educational institution).

Employee Rates

If you elect Additional Life 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 12/1/2011)	Rate (Per \$1000 of Total Coverage)
<30	\$0.080
30-34	\$0.090
35-39	\$0.115
40-44	\$0.165
45-49	\$0.250
50-54	\$0.590
55-59	\$0.610
60-64	\$0.800
65-69	\$1.370
70-74	\$2.440
75+	\$7.500

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. See pages 4 & 5 for more information pertaining to bi-weekly premium calculation. Line 4: _____

Spouse Rates

If you elect Dependents Life 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 12/1/2011)	Rate (Per \$1000 of Total Coverage)
<30	\$0.080
30-34	\$0.090
35-39	\$0.115
40-44	\$0.165
45-49	\$0.250
50-54	\$0.590
55-59	\$0.610
60-64	\$0.800
65-69	\$1.370
70-74	\$2.440
75+	\$7.500

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. See pages 6 & 7 for more information pertaining to bi-weekly premium calculation for your *spouse*. Line 4: _____

Child(ren) Rates

If you elect Dependents Life insurance for your eligible *child(ren)*, your monthly premium rate for this coverage is \$0.20 per \$1,000 regardless of the number of eligible *children* covered. Premiums for this coverage will be deducted directly from your paycheck. See page 7 for more information pertaining to bi-weekly premium calculation for your *child(ren)*.

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, if applicable
- 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 180 days of *active work* as an eligible employee.

Age Reductions

Under this plan, coverage reduces to 55 percent at age 70, to 36 percent at age 75, to 27 percent at age 80, to 20 percent at age 85, to 15 percent at age 90, and to 11 percent at age 95. If your, or your spouse, are age 70 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*

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 Philadelphia Redevelopment Authority'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

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.

Employee Additional Life Bi-Weekly Premiums

Coverage Amount	Employee's Age as of December 1, 2011								
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$10,000	0.37	0.42	0.53	0.76	1.15	2.72	2.82	3.69	6.32
\$20,000	0.74	0.83	1.06	1.52	2.31	5.45	5.63	7.38	12.65
\$30,000	1.11	1.25	1.59	2.28	3.46	8.17	8.45	11.08	18.97
\$40,000	1.48	1.66	2.12	3.05	4.62	10.89	11.26	14.77	25.29
\$50,000	1.85	2.08	2.65	3.81	5.77	13.62	14.08	18.46	31.62
\$60,000	2.22	2.49	3.18	4.57	6.92	16.34	16.89	22.15	37.94
\$70,000	2.58	2.91	3.72	5.33	8.08	19.06	19.71	25.85	44.26
\$80,000	2.95	3.32	4.25	6.09	9.23	21.78	22.52	29.54	50.58
\$90,000	3.32	3.74	4.78	6.85	10.38	24.51	25.34	33.23	56.91
\$100,000	3.69	4.15	5.31	7.62	11.54	27.23	28.15	36.92	63.23
\$110,000	4.06	4.57	5.84	8.38	12.69	29.95	30.97	40.62	69.55
\$120,000	4.43	4.98	6.37	9.14	13.85	32.68	33.78	44.31	75.88
\$130,000	4.80	5.40	6.90	9.90	15.00	35.40	36.60	48.00	82.20
\$140,000	5.17	5.82	7.43	10.66	16.15	38.12	39.42	51.69	88.52
\$150,000	5.54	6.23	7.96	11.42	17.31	40.85	42.23	55.38	94.85
\$160,000	5.91	6.65	8.49	12.18	18.46	43.57	45.05	59.08	101.17
\$170,000	6.28	7.06	9.02	12.95	19.62	46.29	47.86	62.77	107.49
\$180,000	6.65	7.48	9.55	13.71	20.77	49.02	50.68	66.46	113.82
\$190,000	7.02	7.89	10.08	14.47	21.92	51.74	53.49	70.15	120.14
\$200,000	7.38	8.31	10.62	15.23	23.08	54.46	56.31	73.85	126.46
\$210,000	7.75	8.72	11.15	15.99	24.23	57.18	59.12	77.54	132.78
\$220,000	8.12	9.14	11.68	16.75	25.38	59.91	61.94	81.23	139.11
\$230,000	8.49	9.55	12.21	17.52	26.54	62.63	64.75	84.92	145.43
\$240,000	8.86	9.97	12.74	18.28	27.69	65.35	67.57	88.62	151.75
\$250,000	9.23	10.38	13.27	19.04	28.85	68.08	70.38	92.31	158.08
\$260,000	9.60	10.80	13.80	19.80	30.00	70.80	73.20	96.00	164.40
\$270,000	9.97	11.22	14.33	20.56	31.15	73.52	76.02	99.69	170.72
\$280,000	10.34	11.63	14.86	21.32	32.31	76.25	78.83	103.38	177.05
\$290,000	10.71	12.05	15.39	22.08	33.46	78.97	81.65	107.08	183.37
\$300,000	11.08	12.46	15.92	22.85	34.62	81.69	84.46	110.77	189.69

Employee Additional Life Bi-Weekly Premiums (Continued)

Coverage Amount	Employee's Age as of December 1, 2011					
	70-74*	75-79*	80-84*	85-89*	90-94*	95+
\$10,000	6.19	12.46	9.35	6.92	5.19	3.81
\$20,000	12.39	24.92	18.69	13.85	10.38	7.62
\$30,000	18.58	37.38	28.04	20.77	15.58	11.42
\$40,000	24.78	49.85	37.38	27.69	20.77	15.23
\$50,000	30.97	62.31	46.73	34.62	25.96	19.04
\$60,000	37.16	74.77	56.08	41.54	31.15	22.85
\$70,000	43.36	87.23	65.42	48.46	36.35	26.65
\$80,000	49.55	99.69	74.77	55.38	41.54	30.46
\$90,000	55.74	112.15	84.12	62.31	46.73	34.27
\$100,000	61.94	124.62	93.46	69.23	51.92	38.08
\$110,000	68.13	137.08	102.81	76.15	57.12	41.88
\$120,000	74.33	149.54	112.15	83.08	62.31	45.69
\$130,000	80.52	162.00	121.50	90.00	67.50	49.50
\$140,000	86.71	174.46	130.85	96.92	72.69	53.31
\$150,000	92.91	186.92	140.19	103.85	77.88	57.12
\$160,000	99.10	199.38	149.54	110.77	83.08	60.92
\$170,000	105.30	211.85	158.88	117.69	88.27	64.73
\$180,000	111.49	224.31	168.23	124.62	93.46	68.54
\$190,000	117.68	236.77	177.58	131.54	98.65	72.35
\$200,000	123.88	249.23	186.92	138.46	103.85	76.15
\$210,000	130.07	261.69	196.27	145.38	109.04	79.96
\$220,000	136.26	274.15	205.62	152.31	114.23	83.77
\$230,000	142.46	286.62	214.96	159.23	119.42	87.58
\$240,000	148.65	299.08	224.31	166.15	124.62	91.38
\$250,000	154.85	311.54	233.65	173.08	129.81	95.19
\$260,000	161.04	324.00	243.00	180.00	135.00	99.00
\$270,000	167.23	336.46	252.35	186.92	140.19	102.81
\$280,000	173.43	348.92	261.69	193.85	145.38	106.62
\$290,000	179.62	361.38	271.04	200.77	150.58	110.42
\$300,000	185.82	373.85	280.38	207.69	155.77	114.23

* Coverage amounts for ages 70 and over reduce due to age reduction (see Age Reductions section).

Spouse Dependents Life Bi-Weekly Premiums

Coverage Amount	Employee's Age as of December 1, 2011								
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$5,000	0.18	0.21	0.27	0.38	0.58	1.36	1.41	1.85	3.16
\$10,000	0.37	0.42	0.53	0.76	1.15	2.72	2.82	3.69	6.32
\$15,000	0.55	0.62	0.80	1.14	1.73	4.08	4.22	5.54	9.48
\$20,000	0.74	0.83	1.06	1.52	2.31	5.45	5.63	7.38	12.65
\$25,000	0.92	1.04	1.33	1.90	2.88	6.81	7.04	9.23	15.81
\$30,000	1.11	1.25	1.59	2.28	3.46	8.17	8.45	11.08	18.97
\$35,000	1.29	1.45	1.86	2.67	4.04	9.53	9.85	12.92	22.13
\$40,000	1.48	1.66	2.12	3.05	4.62	10.89	11.26	14.77	25.29
\$45,000	1.66	1.87	2.39	3.43	5.19	12.25	12.67	16.62	28.45
\$50,000	1.85	2.08	2.65	3.81	5.77	13.62	14.08	18.46	31.62
\$55,000	2.03	2.28	2.92	4.19	6.35	14.98	15.48	20.31	34.78
\$60,000	2.22	2.49	3.18	4.57	6.92	16.34	16.89	22.15	37.94
\$65,000	2.40	2.70	3.45	4.95	7.50	17.70	18.30	24.00	41.10
\$70,000	2.58	2.91	3.72	5.33	8.08	19.06	19.71	25.85	44.26
\$75,000	2.77	3.12	3.98	5.71	8.65	20.42	21.12	27.69	47.42
\$80,000	2.95	3.32	4.25	6.09	9.23	21.78	22.52	29.54	50.58
\$85,000	3.14	3.53	4.51	6.47	9.81	23.15	23.93	31.38	53.75
\$90,000	3.32	3.74	4.78	6.85	10.38	24.51	25.34	33.23	56.91
\$95,000	3.51	3.95	5.04	7.23	10.96	25.87	26.75	35.08	60.07
\$100,000	3.69	4.15	5.31	7.62	11.54	27.23	28.15	36.92	63.23
\$105,000	3.88	4.36	5.57	8.00	12.12	28.59	29.56	38.77	66.39
\$110,000	4.06	4.57	5.84	8.38	12.69	29.95	30.97	40.62	69.55
\$115,000	4.25	4.78	6.10	8.76	13.27	31.32	32.38	42.46	72.72
\$120,000	4.43	4.98	6.37	9.14	13.85	32.68	33.78	44.31	75.88
\$125,000	4.62	5.19	6.63	9.52	14.42	34.04	35.19	46.15	79.04
\$130,000	4.80	5.40	6.90	9.90	15.00	35.40	36.60	48.00	82.20
\$135,000	4.98	5.61	7.17	10.28	15.58	36.76	38.01	49.85	85.36
\$140,000	5.17	5.82	7.43	10.66	16.15	38.12	39.42	51.69	88.52
\$145,000	5.35	6.02	7.70	11.04	16.73	39.48	40.82	53.54	91.68
\$150,000	5.54	6.23	7.96	11.42	17.31	40.85	42.23	55.38	94.85

Spouse Dependents Life Bi-Weekly Premiums (Continued)

Coverage Amount	Employee's Age as of December 1, 2011					
	70-74*	75-79*	80-84*	85-89*	90-94*	95+
\$5,000	3.10	6.23	4.67	3.46	2.60	1.90
\$10,000	6.19	12.46	9.35	6.92	5.19	3.81
\$15,000	9.29	18.69	14.02	10.38	7.79	5.71
\$20,000	12.39	24.92	18.69	13.85	10.38	7.62
\$25,000	15.48	31.15	23.37	17.31	12.98	9.52
\$30,000	18.58	37.38	28.04	20.77	15.58	11.42
\$35,000	21.68	43.62	32.71	24.23	18.17	13.33
\$40,000	24.78	49.85	37.38	27.69	20.77	15.23
\$45,000	27.87	56.08	42.06	31.15	23.37	17.13
\$50,000	30.97	62.31	46.73	34.62	25.96	19.04
\$55,000	34.07	68.54	51.40	38.08	28.56	20.94
\$60,000	37.16	74.77	56.08	41.54	31.15	22.85
\$65,000	40.26	81.00	60.75	45.00	33.75	24.75
\$70,000	43.36	87.23	65.42	48.46	36.35	26.65
\$75,000	46.45	93.46	70.10	51.92	38.94	28.56
\$80,000	49.55	99.69	74.77	55.38	41.54	30.46
\$85,000	52.65	105.92	79.44	58.85	44.13	32.37
\$90,000	55.74	112.15	84.12	62.31	46.73	34.27
\$95,000	58.84	118.38	88.79	65.77	49.33	36.17
\$100,000	61.94	124.62	93.46	69.23	51.92	38.08
\$105,000	65.04	130.85	98.13	72.69	54.52	39.98
\$110,000	68.13	137.08	102.81	76.15	57.12	41.88
\$115,000	71.23	143.31	107.48	79.62	59.71	43.79
\$120,000	74.33	149.54	112.15	83.08	62.31	45.69
\$125,000	77.42	155.77	116.83	86.54	64.90	47.60
\$130,000	80.52	162.00	121.50	90.00	67.50	49.50
\$135,000	83.62	168.23	126.17	93.46	70.10	51.40
\$140,000	86.71	174.46	130.85	96.92	72.69	53.31
\$145,000	89.81	180.69	135.52	100.38	75.29	55.21
\$150,000	92.91	186.92	140.19	103.85	77.88	57.12

* Coverage amounts for ages 70 and over reduce due to age reduction (see Age Reductions section).

Child Dependents Life Bi-Weekly Premiums

Coverage Amount	Premium
\$2,000	0.18
\$4,000	0.37
\$6,000	0.55
\$8,000	0.74
\$10,000	0.92