

Supplemental Life Insurance

Westmont College

Class 1: All Eligible Employees

Eligibility: All Eligible Employees Working 30 Hours Per Week

Earnings Definition: Base Salary

See your benefit certificate for specific plan details, eligibility definitions, limitations and exclusions.

Supplemental group term life insurance benefit

You may purchase coverage in an amount from \$10,000 to \$300,000 or 5X annual earnings, whichever is less in increments of \$10,000.

Guaranteed Issue Amount \$100,000

Initial enrollment (February 1, 2022 – February 28, 2022) for employees eligible for Supplemental Life coverage: If you previously declined coverage, you have the opportunity to elect up to \$100,000 in coverage without providing Evidence of Insurability, according to the terms of the contract.

If your application is submitted to Anthem more than 31 days after you became eligible, the Guaranteed Issue amount does not apply. You must submit evidence of insurability and Anthem must approve all amounts in writing.

Supplemental life coverage for your family

You may also choose additional life coverage for your spouse and/or your child(ren):

You may purchase coverage for your spouse increments of \$5,000 up to \$150,000

You may purchase coverage for your child(ren) increments of \$1,000 up to \$10,000

Spouse Guaranteed Issue Amount: \$25,000

Initial One-Time Enrollment for Spouse (February 1, 2022 – February 28, 2022) for employees eligible for Supplemental Life coverage: If you previously declined Spouse coverage, you have the opportunity to elect up to \$25,000 in coverage for your Spouse without providing Evidence of Insurability for your Spouse, according to the terms of the contract.

If your Spouse/Child(ren) application is submitted to Anthem more than 31 days after you became eligible, the Spouse Guaranteed Issue amount does not apply. You must submit evidence of insurability for your Spouse and Anthem must approve all amounts in writing.

Dependent coverage may not exceed 100% of the employee's benefit amount. Child coverage begins on the 15th day following birth and terminates at age 26.

Benefits after age 65

You will still have benefits after age 65, though they will reduce as follows:

33% reduction at age 65

All benefits end at retirement.

Living Benefit (accelerated death benefit)

You can ask for a portion of your group term life benefits to be paid while you are living, if you are terminally ill with less than 12 months to live. If you take a Living Benefit payment, the amount your beneficiary gets after your death will be reduced by the amount you were paid.

Waiver of premium

We may continue your life insurance coverage until your Social Security Normal Retirement Age (SSNRA) if you become totally disabled and not able to work prior to age 60. You will not pay premiums after the first six months after we approve your waiver of premium claim.

Portability of supplemental life insurance

If you leave employment for reasons other than retirement or disability, this feature allows you to take your supplemental life insurance coverage with you by paying the required premiums. Plus, the rates are typically lower than an individual policy.

Conversion

If you leave your job for any reason, you may be able to change your group life coverage to an individual policy. You must apply for coverage and pay the first month's premium for the individual policy within 31 days of the last day you were employed.

Resource Advisor

This value-added support program gives you and your family access to work/life resources, at no additional cost to you, including: face-to-face visits with a counselor or online visits via LiveHealth Online; identity monitoring and identity theft victim recovery services; legal and financial consultations; toll-free, 24/7 phone counseling from anywhere in the United States; and unlimited access to Resource Advisor online resources at www.resourceadvisorca.anthem.com, program name "ResourceAdvisor". To access Resource Advisor call (888) 209-7840.

Travel assistance

This value added program gives you access to emergency medical help, travel services and useful tips for your trip if you travel more than 100 miles from home – all at no additional cost to you. You can access Travel assistance benefits by calling: US and Canada (866) 295-4890, other locations (call collect) (202) 296-7482. **All services must be arranged in advance by Generali Global Assistance, Inc. the Travel Assistance vendor.**

This is not a contract. It is a partial listing of benefits and services that is dependent on the Plan Options chosen. This benefit overview is only one piece of your entire enrollment package. All benefits and services are subject to the conditions, limitations, exclusions and provisions listed in the contract documents: the Certificate, Policy, and/or Trust Agreement for this product. In the event of a conflict between the contract documents and this benefits description, the contract documents will prevail. If you have any questions, please contact your Human Resources/Benefits manager.

Exclusions and limitations are listed in detail in the certificate, policy or trust agreement that applies to this product.

The Value Added additional services are not a part of the certificate, policy or trust agreement and do not modify any insured benefits. The Value Added additional services are provided based on negotiated agreements between the insurance company and certain service providers. Although the insurance company endeavors to make these services available to all policyholders and certificateholders as described, modifications to our agreements with service providers may require that services be periodically modified or terminated. Such modification or termination of services may be made based on cost to the insurer, availability of services, or other business reasons at the discretion of the insurer or service providers.

Travel Assistance value added services are provided by Generali Global Assistance, Inc. In all cases, Generali Global Assistance, Inc. only suggests a medical professional, medical facility or attorney that gives services to the eligible member. They are not employees or agents of Generali Global Assistance, Inc. or Anthem. You choose the medical advice or legal counsel you want. Generali Global Assistance, Inc. or Anthem is not liable for any medical advice or legal counsel given by the medical professional or attorney. Generali Global Assistance, Inc. also is not liable for the negligence or other wrongful acts or omissions of any of the health or legal care professionals who give these services. The covered member cannot take action against Generali Global Assistance, Inc. or Anthem for its suggestion of or contract with a medical professional or attorney. You must pay back Generali Global Assistance, Inc. for some costs. Generali Global Assistance, Inc. is not affiliated with Anthem and the services provided are not part of the insurance coverage provided by Anthem. The agreement between Generali Global Assistance, Inc. and Anthem is subject to change, which may affect the services offered. Valid only for eligible members. Retirees are not eligible for travel assistance services.

Beneficiary Companion services are provided by Generali Global Assistance, Inc.

Cost for supplemental life benefits

Supplemental Group Term Life, Dependent Life Rates

Coverage	Age bands	Monthly Rate per \$1,000
Supplemental Life Employee and Spouse (based on employee age)	Under 25	\$0.086
	25-29	\$0.086
	30-34	\$0.093
	35-39	\$0.121
	40-44	\$0.196
	45-49	\$0.345
	50-54	\$0.531
	55-59	\$0.908
	60-64	\$1.083
	65-69	\$2.082
	70-74	\$3.747
	Over 74	\$3.747
Supplemental Dependent Child(ren)		\$0.240 per \$1000 (covers all dependent children)

How to calculate your Monthly Covered Payroll and Premium Cost

Supplemental Life and Supplemental AD&D rates are age banded rates per \$1,000 of coverage. Premium is calculated based on the actual benefit amount elected by the employee. Use this formula to calculate the premium.

EMPLOYEE BENEFIT AMOUNT / (divided) \$1,000 x AGE BAND RATE = MONTHLY PREMIUM

Employee Age: _____

Employee Monthly Rate per \$1,000 of Coverage: _____ (A)

Spouse Monthly Rate per \$1,000 of Coverage: _____ (B)

Child Monthly Rate per \$1,000 of Coverage: _____ (C)

_____ of coverage X _____ (A) / 1,000 = _____ **Monthly Premium for Employee (D)**

_____ of coverage X _____ (B) / 1,000 = _____ **Monthly Premium for Spouse (E)**

_____ of coverage X _____ (C) / 1,000 = _____ **Monthly Premium for Child (F)**

TOTAL MONTHLY PREMIUM (D) + (E) + (F) = _____ (G)