

# American Library Association Life and Disability Insurance Options

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**Protection for you and your loved ones.**

**ALA provided Life and Disability Insurance Plans and  
Optional Life and Disability Insurance Plans  
Eligibility is for Full-time and Part-time employees\*\***

**ALA Provided Benefit**

**Basic Life Insurance**

**2 times annual base salary up to a maximum of \$300,000**

**Accidental Death & Dismemberment Insurance**

**1 ½ times annual base salary up to a maximum of \$150,000**



▲ **Long-Term Disability Insurance\*\***

- ▲ **6 months elimination period from date of disability and provide 60% of salary up to \$10,000 per month continue during a term of continuous disability.**

**Optional Plans**

- ▲ **Eligibility begins immediately unless otherwise indicated Employee**
- ▲ **Optional Life Insurance Option for additional coverage of 1-5 times annual base salary to maximum of \$500,000 (separate from basic life insurance)**
- ▲ **Dependent Life, Spouse and Child**  
**\$25,000 option for spouse and \$10,000 available for each child who meets plan requirements. Employee must elect 1xSalary optional life insurance to be eligible for this benefit**

**Short-Term Disability Insurance\*\***

**provide 60% of salary up to \$10,000 per month continue during a term of continuous disability, 14 day elimination period, pays for up to 24 weeks.**

**\*\*Policies require Part-time employees be at least .8 FTE**

# Group Benefit Program Summary for American Library Association

## Group Term Life

The death of a family member can mean not only dealing with the loss of a loved one, but the loss of financial security as well. With Dearborn National Life Insurance Company's Group Term Life plan, an employee can achieve peace of mind by giving their family the financial security they can depend on.

|  |   |
|--|---|
| Eligibility                            | All Other Active Full-Time and Part-Time Employees  |
| Group Term Life Benefit: Employee      | 2 times salary to a maximum of \$300,000 with a minimum of \$10,000   |
| Guarantee Issue Amount - Employee      | \$300,000   |
| Group Term Life Age Reduction Schedule | Benefits reduce by 50% of the original amount at age 70   |
| Waiver of Premium                      | Elimination Period: 9 Months; Duration: To age 65   |
| Accelerated Death Benefit (ADB)        | Benefit: Up to 75% of the employee's life insurance; Life expectancy: 24 months or less   |
| Portability Feature (Life Coverage)    | Not Included  |
| Conversion                             | Included  |
| Beneficiary Resource Service           | Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents.   |
| Travel Resource Services               | Helps travelers with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance and access to other critical services and resources available via the Internet. |



**BlueCross BlueShield  
of Illinois**

A division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.



This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

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## Group Accidental Death & Dismemberment (AD&D)

Group AD&D is an additional death benefit that pays in the event a covered employee dies or is dismembered in a covered accident. AD&D benefit is a 24-hour coverage.

|                                 |   |
|---------------------------------|---|
| Group AD&D Benefit:<br>Employee | 1.5 times salary to a maximum of \$150,000 with a minimum of \$10,000 |
| AD&D Age Reduction Schedule     | Benefits reduce by 50% of the original amount at age 70               |

| AD&D Schedule of Loss*                          | Principal Sum |
|---|---------------|
| Loss of Life                                    | 100%          |
| Loss of both hands or both feet                 | 100%          |
| Loss of one hand and one foot                   | 100%          |
| Loss of speech and hearing                      | 100%          |
| Loss of sight of both eyes                      | 100%          |
| Loss of one hand and sight of one eye           | 100%          |
| Loss of one foot and sight of one eye           | 100%          |
| Quadriplegia                                    | 100%          |
| Paraplegia                                      | 75%           |
| Hemiplegia                                      | 50%           |
| Loss of sight of one eye                        | 50%           |
| Loss of one hand or one foot                    | 50%           |
| Loss of speech or hearing                       | 50%           |
| Loss of thumb and index finger of the same hand | 25%           |
| Uniplegia                                       | 25%           |

### AD&D PRODUCT FEATURES INCLUDED:

- ▲ Seatbelt Benefit
- ▲ Airbag Benefit
- ▲ Repatriation Benefit
- ▲ Education Benefit

\*Loss must occur within 365 days of accident.

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# Group Benefit Program Summary for American Library Association

## Group Long-term Disability Insurance (LTD)

Without a steady income, most people would not be able to make payments on their homes or keep their family financially stable. LTD reduces the burden during these unstable times. It is a convenient, economical way of securing an income while out of work from an unexpected injury or illness. Your employer has made LTD coverage available for you to enroll in. Below are some of the major features of this program.

|                                       |   |
|---------------------------------------|---|
| Eligibility                           | All Active Full-Time and Part-Time Pension Employees  |
| Group LTD Benefit Percentage          | 60%   |
| Maximum Monthly Benefit               | \$10,000  |
| Minimum Monthly Benefit               | \$100 or 10% of gross monthly earnings, whichever is greater  |
| Elimination Period                    | 180 days  |
| Maximum Period Payable                | Social Security Normal Retirement Age (SSNRA)   |
| Social Security Offset Method         | Primary and Family Integration  |
| Mental Disorder Limitation            | No limitation   |
| Substance Abuse Limitation            | No limitation   |
| Special Conditions Limitation         | No limitation   |
| Pre-Existing Condition Limitation     | 6/12 - A Pre-Existing Condition is a Sickness or Injury for which you have received treatment within 6 months prior to your effective date. Any disability contributed to or caused by a Pre-Existing Condition within the first 12 months of your effective date will not be covered.  |
| Rehabilitation Incentive Income (RII) | Your Plan provides a Partial Disability benefit, that when combined with return to work income, will provide up to 100% of pre-disability income for 12 months and then reduce as stated in your certificate of Insurance. Rehab Incentive Income is offered to employees who agree to take part in a rehabilitation plan, structured to return them to gainful employment in another occupation because they cannot return to their regular occupation. When in a Rehabilitation program, a Partial Disability benefit is paid, that when added to your return to work income, allows you to earn more than your pre-disability income for 12 months and then reduce as stated in your certificate of insurance. |
| Disability Resource Service           | In addition to the resource services available on-line at <a href="http://GuidanceResources.com">GuidanceResources.com</a> , Disability Resource Services provides a 24-hour telephonic support for all LTD insureds for behavioral health issues. A staff of master degree clinicians are available to provide each caller with assessment, counseling and referral advice for face-to-face counseling. Face-to-face counseling - Up to three face-to-face counseling sessions per year to address appropriate behavioral health issues.   |
| Additional Features                   | Work Incentive Benefit, Survivor Benefit  |



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## LTD Definition of Disability:

|                    |  |
|--------------------|--|
| Total Disability   | Total Disability means that during the first 24 consecutive months of benefits due to Injury or Sickness the employee is unable to perform all of the material and substantial duties of the employee's regular occupation, and the employee's disability earnings, if any, are less than the percentage (20%) of the employee's pre-disability weekly earnings.   |
| Partial Disability | Partial Disability means that during the elimination period the employee is able to perform some, but not all, of the material and substantial duties of the employee's regular occupation. After the elimination period, partial disability means that due to Injury or Sickness the employee is able to perform some but not all of the material and substantial duties of the employee's regular occupation, and the employee's disability earnings, if any are at least the minimum percentage (20%), but less than the maximum percentage of the employee's pre-disability weekly earnings (60%). |

**American Library Association**

**Eligibility**

All Active Full-time and Part-Time Employees

**Supplemental Life**

Employee Benefit: **1 to 5 times salary in increments of 1 times salary to a maximum of \$500,000 with a minimum of \$10,000**

Spouse Benefit: **\$25,000 to \$25,000 in \$25,000 increments. (not to exceed 50% of the employee benefit)**

Note: Spouse may not have coverage unless the employee has coverage.

**Guarantee Issue\***

|          |                  |
|----------|------------------|
| Employee | <b>\$200,000</b> |
| Spouse   | <b>\$25,000</b>  |

\*Assumes 28% participation

**Child Coverage**

|                      |                 |
|----------------------|-----------------|
| Birth to 14 days:    | <b>\$10,000</b> |
| 15 days to 6 months: | <b>\$10,000</b> |
| 6 months to age 26:  | <b>\$10,000</b> |

Benefits reduce by 50% of the original amount at age 70.

**Supplemental Life**

Premium Cost (Based on 24 payroll deductions per year)

| Benefit Amount | ATTAINED AGE |        |        |        |        |        |         |         |         |         |         |          |
|----------------|--------------|--------|--------|--------|--------|--------|---------|---------|---------|---------|---------|----------|
|                | <20          | 20-24  | 25-29  | 30-34  | 35-39  | 40-44  | 45-49   | 50-54   | 55-59   | 60-64   | 65-69   | 70-74    |
| \$10,000       | \$0.25       | \$0.25 | \$0.25 | \$0.30 | \$0.35 | \$0.45 | \$0.65  | \$0.90  | \$1.60  | \$2.60  | \$4.40  | \$13.65  |
| \$20,000       | \$0.50       | \$0.50 | \$0.50 | \$0.60 | \$0.70 | \$0.90 | \$1.30  | \$1.80  | \$3.20  | \$5.20  | \$8.80  | \$27.30  |
| \$30,000       | \$0.75       | \$0.75 | \$0.75 | \$0.90 | \$1.05 | \$1.35 | \$1.95  | \$2.70  | \$4.80  | \$7.80  | \$13.20 | \$40.95  |
| \$35,000       | \$0.88       | \$0.88 | \$0.88 | \$1.05 | \$1.23 | \$1.58 | \$2.28  | \$3.15  | \$5.60  | \$9.10  | \$15.40 | \$47.78  |
| \$40,000       | \$1.00       | \$1.00 | \$1.00 | \$1.20 | \$1.40 | \$1.80 | \$2.60  | \$3.60  | \$6.40  | \$10.40 | \$17.60 | \$54.60  |
| \$45,000       | \$1.13       | \$1.13 | \$1.13 | \$1.35 | \$1.58 | \$2.03 | \$2.93  | \$4.05  | \$7.20  | \$11.70 | \$19.80 | \$61.43  |
| \$50,000       | \$1.25       | \$1.25 | \$1.25 | \$1.50 | \$1.75 | \$2.25 | \$3.25  | \$4.50  | \$8.00  | \$13.00 | \$22.00 | \$68.25  |
| \$55,000       | \$1.38       | \$1.38 | \$1.38 | \$1.65 | \$1.93 | \$2.48 | \$3.58  | \$4.95  | \$8.80  | \$14.30 | \$24.20 | \$75.08  |
| \$60,000       | \$1.50       | \$1.50 | \$1.50 | \$1.80 | \$2.10 | \$2.70 | \$3.90  | \$5.40  | \$9.60  | \$15.60 | \$26.40 | \$81.90  |
| \$70,000       | \$1.75       | \$1.75 | \$1.75 | \$2.10 | \$2.45 | \$3.15 | \$4.55  | \$6.30  | \$11.20 | \$18.20 | \$30.80 | \$95.55  |
| \$75,000       | \$1.88       | \$1.88 | \$1.88 | \$2.25 | \$2.63 | \$3.38 | \$4.88  | \$6.75  | \$12.00 | \$19.50 | \$33.00 | \$102.38 |
| \$80,000       | \$2.00       | \$2.00 | \$2.00 | \$2.40 | \$2.80 | \$3.60 | \$5.20  | \$7.20  | \$12.80 | \$20.80 | \$35.20 | \$109.20 |
| \$90,000       | \$2.25       | \$2.25 | \$2.25 | \$2.70 | \$3.15 | \$4.05 | \$5.85  | \$8.10  | \$14.40 | \$23.40 | \$39.60 | \$122.85 |
| \$100,000      | \$2.50       | \$2.50 | \$2.50 | \$3.00 | \$3.50 | \$4.50 | \$6.50  | \$9.00  | \$16.00 | \$26.00 | \$44.00 | \$136.50 |
| \$110,000      | \$2.75       | \$2.75 | \$2.75 | \$3.30 | \$3.85 | \$4.95 | \$7.15  | \$9.90  | \$17.60 | \$28.60 | \$48.40 | \$150.15 |
| \$120,000      | \$3.00       | \$3.00 | \$3.00 | \$3.60 | \$4.20 | \$5.40 | \$7.80  | \$10.80 | \$19.20 | \$31.20 | \$52.80 | \$163.80 |
| \$130,000      | \$3.25       | \$3.25 | \$3.25 | \$3.90 | \$4.55 | \$5.85 | \$8.45  | \$11.70 | \$20.80 | \$33.80 | \$57.20 | \$177.45 |
| \$135,000      | \$3.38       | \$3.38 | \$3.38 | \$4.05 | \$4.73 | \$6.08 | \$8.78  | \$12.15 | \$21.60 | \$35.10 | \$59.40 | \$184.28 |
| \$140,000      | \$3.50       | \$3.50 | \$3.50 | \$4.20 | \$4.90 | \$6.30 | \$9.10  | \$12.60 | \$22.40 | \$36.40 | \$61.60 | \$191.10 |
| \$150,000      | \$3.75       | \$3.75 | \$3.75 | \$4.50 | \$5.25 | \$6.75 | \$9.75  | \$13.50 | \$24.00 | \$39.00 | \$66.00 | \$204.75 |
| \$160,000      | \$4.00       | \$4.00 | \$4.00 | \$4.80 | \$5.60 | \$7.20 | \$10.40 | \$14.40 | \$25.60 | \$41.60 | \$70.40 | \$218.40 |
| \$170,000      | \$4.25       | \$4.25 | \$4.25 | \$5.10 | \$5.95 | \$7.65 | \$11.05 | \$15.30 | \$27.20 | \$44.20 | \$74.80 | \$232.05 |
| \$180,000      | \$4.50       | \$4.50 | \$4.50 | \$5.40 | \$6.30 | \$8.10 | \$11.70 | \$16.20 | \$28.80 | \$46.80 | \$79.20 | \$245.70 |
| \$200,000      | \$5.00       | \$5.00 | \$5.00 | \$6.00 | \$7.00 | \$9.00 | \$13.00 | \$18.00 | \$32.00 | \$52.00 | \$88.00 | \$273.00 |

| Employee Supplemental Life |         |
|----------------------------|---------|
| Monthly rates per \$1,000  |         |
| Age                        | Rates   |
| Under 20                   | \$0.050 |
| 20-24                      | \$0.050 |
| 25-29                      | \$0.050 |
| 30-34                      | \$0.060 |
| 35-39                      | \$0.070 |
| 40-44                      | \$0.090 |
| 45-49                      | \$0.130 |
| 50-54                      | \$0.180 |
| 55-59                      | \$0.320 |
| 60-64                      | \$0.520 |
| 65-69                      | \$0.880 |
| 70-74                      | \$2.730 |
| 75+                        | *       |

\* Please contact your HR Dept.

  

| Dependent Life (Children)  |        |
|----------------------------|--------|
| Monthly Premium per Family |        |
| Life                       |        |
| \$10,000                   | \$0.80 |

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Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations.

**Supplemental Life**  
PREMIUM RATE GRID



**American Library Association**

**Eligibility**

All Active Full-time and Part-Time Employees

**Supplemental Life**

Employee Benefit: **1 to 5 times salary in increments of 1 times salary to a maximum of \$500,000 with a minimum of \$10,000**

Spouse Benefit: **\$25,000 to \$25,000 in \$25,000 increments. (not to exceed 50% of the employee benefit)**

Note: Spouse may not have coverage unless the employee has coverage.

**Guarantee Issue\***

|          |                  |
|----------|------------------|
| Employee | <b>\$200,000</b> |
| Spouse   | <b>\$25,000</b>  |

\*Assumes 28% participation

**Child Coverage**

|                      |                 |
|----------------------|-----------------|
| Birth to 14 days:    | <b>\$10,000</b> |
| 15 days to 6 months: | <b>\$10,000</b> |
| 6 months to age 26:  | <b>\$10,000</b> |

Benefits reduce by 50% of the original amount at age 70.

**Supplemental Life**

Premium Cost (Based on 24 payroll deductions per year)

| Benefit Amount | ALL AGES |
|----------------|----------|
| \$25,000       | \$6.00   |

| Spouse Supplemental Life  |         |
|---------------------------|---------|
| Monthly rates per \$1,000 |         |
| Age                       | Rates   |
| Under 20                  | \$0.480 |
| 20-24                     | \$0.480 |
| 25-29                     | \$0.480 |
| 30-34                     | \$0.480 |
| 35-39                     | \$0.480 |
| 40-44                     | \$0.480 |
| 45-49                     | \$0.480 |
| 50-54                     | \$0.480 |
| 55-59                     | \$0.480 |
| 60-64                     | \$0.480 |
| 65-69                     | \$0.480 |
| 70-74                     | \$0.480 |
| 75+                       | *       |

\* Please contact your HR Dept.

  

| Dependent Life (Children)  |        |
|----------------------------|--------|
| Monthly Premium per Family |        |
| Life                       |        |
| \$10,000                   | \$0.80 |

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# Group Benefit Program Summary for American Library Association

## Voluntary Group Short-term Disability Insurance (STD)

Today, most Americans would not be able to make payments on their homes or keep their family financially stable without their current salary. STD reduces the burden during these unstable times. It is a convenient, economical way of securing an income while out of work from an unexpected injury or illness. Voluntary Group STD is a guaranteed issue coverage, which requires no health questionnaires to complete.

|                                   |  |
|-----------------------------------|--|
| Eligibility                       | All Active Full-Time and Part-Time Employees   |
| Group STD Benefit                 | 60% of basic weekly earnings   |
| Weekly Maximum Benefit            | \$2,000  |
| Benefits Are Payable On           | 15th day for Injury<br>15th day for Sickness   |
| Maximum Benefit Period            | 24 Weeks or until LTD begins, whichever is earlier   |
| Total Disability                  | Total Disability means that due to Injury or Sickness the employee is unable to perform all of the material and substantial duties of the employee's regular occupation, and the employee's disability earnings, if any, are less than the percentage (20%) of the employee's pre-disability weekly earnings.  |
| Partial Disability                | Partial Disability means that during the elimination period the employee is able to perform some, but not all, of the material and substantial duties of the employee's regular occupation. After the elimination period, partial disability means that due to Injury or Sickness the employee is able to perform some but not all of the material and substantial duties of the employee's regular occupation, and the employee's disability earnings, if any are at least the minimum percentage (20%), but less than the maximum percentage of the employee's pre-disability weekly earnings (80%). |
| Pre-Existing Condition Limitation | 12/12 - A Pre-Existing Condition is a Sickness or Injury for which you have received treatment within 12 months prior to your effective date. Any disability contributed to or caused by a Pre-Existing Condition within the first 12 months of your effective date will not be covered.   |
| Additional Features               | Survivor Benefit, Work Incentive Benefit, Worksite Modification Benefit, FMLA Coverage Extension, Recurrent Disability   |



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## Voluntary Short-Term Disability Insurance American Library Association

### Benefit Schedule

|                                    |  |
|------------------------------------|--|
| Benefit Percentage                 | 60% of Weekly Earnings* to a maximum weekly benefit of \$2,000 |
| Elimination Period - Injury        | 14 Days  |
| Elimination Period - Sickness      | 14 Days  |
| Benefits Begin – Injury            | 15th Day   |
| Benefits Begin – Sickness          | 15th Day   |
| Maximum Period Payable             | 24 weeks or until LTD begins, whichever is earlier             |
| Pre-Existing Conditions Limitation | 12/12  |
| Work Incentive Benefit             | Included   |
| Worksite Modification Benefit      | Included   |
| Continuity of Coverage             | Included   |

| Monthly Rate per<br>\$10 of Weekly Benefit |         |
|--|---------|
| Age  | Rate    |
| Under 20                                   | \$0.570 |
| 20-24                                      | \$0.730 |
| 25-29                                      | \$0.820 |
| 30-34                                      | \$0.890 |
| 35-39                                      | \$0.600 |
| 40-44                                      | \$0.520 |
| 45-49                                      | \$0.520 |
| 50-54                                      | \$0.610 |
| 55-59                                      | \$0.720 |
| 60-64                                      | \$0.920 |
| 65-69                                      | \$0.690 |
| 70+  | \$0.680 |

\*Weekly Earnings means your annual, monthly or weekly rate of earnings from your employer in effect immediately prior to the date disability begins. It includes total income before taxes, including deduction made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. It does not include bonuses, overtime pay, any other extra compensation or commissions.

### Sample Premium Calculation

(Sample assumes a 30-year-old employee with \$45,000 in annual earnings)

| Annual Salary ÷ 52 | = | Weekly Earnings | x | STD Benefit % | = | ÷ 10 (max. \$200) | x | STD Rate (from above) | = | Monthly Premium | x 12 ÷ 24 = | Semi-monthly Premium |
|--------------------|---|-----------------|---|---------------|---|-------------------|---|-----------------------|---|-----------------|-------------|----------------------|
| \$45,000 ÷ 52      | = | \$865           | x | \$0.60        | = | \$51.90           | x | \$0.890               | = | \$46.19         | x 12 ÷ 24 = | \$23.10              |

### Your Premium Calculation

(Enter your salary and the rate for your current age from the table above)

| Annual Salary ÷ 52 | = | Weekly Earnings | x | STD Benefit % | = | ÷ 10 (max. \$200) | x | STD Rate (from above) | = | Monthly Premium | x 12 ÷ 24 = | Semi-monthly Premium |
|--------------------|---|-----------------|---|---------------|---|-------------------|---|-----------------------|---|-----------------|-------------|----------------------|
| \$ ÷ 52            | = | \$              | x | \$0.60        | = | \$                | x | \$                    | = | \$              | x 12 ÷ 24 = | \$                   |

To determine Bi-Weekly Premium, multiply Monthly Premium by 12, and then divide by 26.

To determine Semi-Monthly Premium, multiply Monthly Premium by 12, and then divide by 24.

To determine Weekly Premium, multiply Monthly Premium by 12, and then divide by 52.

This information is only a product highlight. This Premium Cost Chart is for illustrative purposes only; your premium cost may be slightly higher or lower due to rounding. NOTE: For purposes of this illustration, we have assumed a 40-hour work week. The policy has exclusions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period. Product features and availability vary by state and company, and are solely the responsibility of each affiliate. Refer to your certificate for complete details and limitations of coverage.

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# Beneficiary Resource Services™

## Benefits Beyond a Check

When a loved one dies, families often face complex issues ranging from estate planning, legal questions, funeral planning, coping with grief and financial uncertainties. That's why Dearborn National offers Beneficiary Resource Services, a program that combines family wellness and security at the most difficult of times. Services include grief and financial counseling, funeral planning, legal support, as well as online will preparation. Beneficiary Resource Services is provided by Morneau Shepell.

### Services for Beneficiaries and Their Families

The following services are available after a death claim or for those who qualify for an accelerated death benefit:

#### Unlimited Phone Contact

Available for up to one year with a grief counselor, legal advisor or financial planner.

#### Face-to-Face Working Sessions\*

Five face-to-face working sessions are available to you or your beneficiaries. All five sessions may be used with one grief counselor or legal advisor or they may be split among the two types of counselors or advisors in geographically accessible locations. A one-hour financial consultation on the phone is also available.

#### Referrals and Support Services

Morneau Shepell maintains a comprehensive directory of qualified and accessible grief counselors and legal and financial consultants.



#### Follow Up

Counselors will initiate follow-up calls when necessary for up to one full year from the date of initial contact.

Morneau Shepell's nationwide network of experienced professionals can offer counseling for those facing emotional, financial or legal issues. Morneau Shepell's counselors are available 24 hours a day, 365 days a year. All calls are completely confidential.

### BENEFICIARY RESOURCE SERVICES

Counseling:

**(800) 769-9187**

www.beneficiaryresource.com  
Username: Dearborn National

### BENEFICIARY RESOURCE SERVICES

Counseling:

**(800) 769-9187**

www.beneficiaryresource.com  
Username: Dearborn National

## Services for Insureds and Their Families

### Online Will Preparation

A will is one of the most important documents every adult should have, and creating one has never been easier. You and your family have access to a full legal library with many estate planning documents, including an online will. You can create your own will online in a safe and secure way, right from your home. The will can be saved and updated as family situations change. Creating a will provides security and peace of mind for several reasons:

- ▲ Appoints a guardian for children
- ▲ Controls where property and assets go
- ▲ Provides family security
- ▲ Without one, the state can make these decisions

Create your will by visiting [www.beneficiaryresource.com](http://www.beneficiaryresource.com) and entering the username: Dearborn National.

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### TO ACCESS THESE VALUABLE RESOURCES, VISIT

[www.beneficiaryresource.com](http://www.beneficiaryresource.com)

Username: Dearborn National

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### Online Funeral Planning

You have access to an online funeral planning site that features a variety of helpful tools and information, such as:

- ▲ A downloadable funeral planning guide to document vital information your loved ones will need when making final arrangements
- ▲ Calculators to estimate and compare expenses for various types of funeral arrangements
- ▲ Information on funeral requirements and various religious customs
- ▲ Directories to locate funeral homes and cemeteries in your area

#### For employee distribution.

*\*May include face-to-face sessions, over-the-phone sessions or time taken for research or document preparation.*

*Beneficiary Resource Services is provided by Morneau Shepell. Dearborn National® Life Insurance Company does not provide or insure any part of Beneficiary Resource Services. Legal services will not be provided for court proceedings or for the preparation of briefs for legal appearances or actions or for any action against any party providing Beneficiary Resource Services. Legal services provided under Beneficiary Resource Services are not intended for adversarial matters. Neither Morneau Shepell nor Dearborn National® Life Insurance Company is responsible or liable for care or advice rendered by any referral resources.*

*This brochure is for illustrative purposes only and is not a contract. It is intended to provide a general overview of the services described. Only the service agreement can provide the actual terms, coverages, services, amounts and conditions. Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company, (Downers Grove, IL) in all states (excluding New York), the District of Columbia, the U. S. Virgin Islands and Puerto Rico. Product features and availability vary by state.*

### BENEFICIARY RESOURCE SERVICES

Counseling:

**(800) 769-9187**

[www.beneficiaryresource.com](http://www.beneficiaryresource.com)

Username: Dearborn National

dearborn  national®

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# Travel Resource Services

## Your Guide to Safe Travel

Our Travel Resource Services provider, Generali Global Assistance, Inc. (GGA), offers around the clock emergency and information services that can help you access emergency assistance when you are traveling 100 or more miles away from home. Help is there when a crisis strikes. More than 850,000 multilingual service professionals stand ready to assist you in more than 200 countries and territories worldwide.

### To Access Your Services



#### CALL:

(877) 715-2593  
in the US and Canada

(202) 659-7807  
from other locations



In 2017, almost  
**72 million**  
U.S. citizens traveled  
outside the country.<sup>1</sup>

### Key Services

**Medical Search and Referral:** GGA will assist you in finding physicians, dentists, and medical facilities.

**Medical Monitoring:** During the course of a medical emergency, professional case managers, including physicians and nurses, will monitor your case to determine whether the care is appropriate or if evacuation/repatriation is required.

**Medical Evacuation/Return Home:** In the event of a medical emergency, when a physician designated by GGA determines that it is medically necessary for you to be transported under medical supervision to the nearest hospital or treatment facility or be returned to your place of residence for treatment, GGA will arrange and pay for the transport under proper medical supervision.

**Traveling Companion Assistance:** If a travel companion loses previously-made travel arrangements due to your medical emergency, GGA will arrange for your traveling companion's return home.

**Dependent Children Assistance:** If any qualifying dependent children under the age of 26 traveling with you are left unattended because you are hospitalized, GGA will arrange and pay for their economy class transportation home. Should transportation with an attendant be necessary, GGA will arrange for a qualified escort to accompany the children.

**Visit by Family Member/Friend:** If you are traveling alone and must be or are likely to be hospitalized for at least seven consecutive days or in critical condition, GGA will arrange and pay for round trip transportation for one member of your immediate family, or one friend designated by you, from his or her home to the place where you are hospitalized.

**Return of Mortal Remains:** In the event of your death while traveling, GGA will arrange and pay for all necessary government authorization, including a container appropriate for transportation and for the return of the remains to place of residence for burial.

**This is not a Reimbursement Service—All Services must be arranged by GGA.**

### Travel Resource Services

In the US and Canada call

**(877) 715-2593**

From other locations (call collect)

+1 (202) 659-7807

Email [ops@us.generaliglobalassistance.com](mailto:ops@us.generaliglobalassistance.com)

Dearborn  National®

<sup>1</sup>National Travel and Tourism Office. "U.S. Citizen Travel to International Regions 2017." <https://travel.trade.gov/view/m-2017-0-001/index.html>. Published March 27, 2018. Accessed May 3, 2018.

For Employee Use. Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company (Downers Grove, IL) in all states (excluding New York), the District of Columbia, the United States Virgin Islands and Puerto Rico. Product features and availability vary by state.

**Replacement of Medication and Eyeglasses:** GGA will arrange to fill a prescription that has been lost, stolen or requires a refill, subject to local law, whenever possible. GGA will also arrange for shipment of replacement eyeglasses. Costs for shipping of medication or eyeglasses, or a prescription refill, etc. are your responsibility.

**Emergency Travel Arrangements:** If appropriate, GGA will make new travel arrangements or change airline, hotel, and car rental reservations.

**Emergency Cash:** GGA will advance up to \$500 after satisfactory guarantee of reimbursement from you. Any fees associated with the transfer or delivery of funds are your responsibility.

**Legal Assistance/Bail:** GGA will locate an attorney and advance bail bond, where permitted by law, with satisfactory guarantee of reimbursement from you. (You pay attorney fees.)

**Interpretation/Translation:** GGA will assist with telephone interpretation in all major languages or will refer you to an interpretation or translation service for written documents.

**Pre-Trip Information:** GGA offers a wide range of informational services before you leave home, including: Visa, Passport, Inoculation and Immunization Requirements, Cultural Information, Temperature, Weather Conditions, Embassy and Consulate Referrals, Foreign Exchange Rates, Travel Advisories.

### Conditions and Exclusions

*GGA shall not provide services enumerated if the coverage is sought as a result of: suicide or attempted suicide; intentionally self-inflicted injuries; participation in any war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not) or civil war, rebellion, revolution, and insurrection, military or usurped power; participation in any military maneuver or training exercise; traveling against the advice of a physician; traveling for the purpose of obtaining medical treatment; traveling in any country in which the U.S. State Department issued travel restrictions; piloting or learning to pilot or acting as a member of the crew of any aircraft; mental or emotional disorders, unless hospitalized; being under the influence of drugs or intoxicants unless prescribed by a Physician; commission or the attempt to commit a criminal act; participation as a professional in athletics or underwater activities; participating in bodily contact sports; skydiving; hang gliding; parachuting; mountaineering; any race; bungee cord jumping; speed contests; spelunking or caving, heliskiing, extreme skiing; dental treatment except as a result of accidental injury to sound, natural teeth; any non-emergency treatment or surgery, routine physical examinations, hearing aids, eyeglasses or contact lenses; pregnancy and childbirth (except for complications of pregnancy); curtailment or delayed return for other than covered reasons; services not shown as covered.*

*The services described above currently are available in every country of the world. Due to political and other situations in certain areas of the world, GGA may not be able to respond in the usual manner. GGA also reserves the right to suspend, curtail or limit its services in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strikes, nuclear accidents, Acts of God or refusal of authorities to permit GGA to fully provide services.*

*GGA is not responsible and cannot be held liable for any malpractice performed by a local physician or attorney who is not an employee of GGA; or for any loss or damage to your vehicle during the return of vehicle; or for any loss or damage to any personal belongings.*

### Eligibility:

**When am I eligible for these services?**

You, your spouse or domestic partner and dependent children who have life insurance coverage from Dearborn National® are eligible for this service once your coverage has been verified. Pre-trip informational services are available at any time. All other services take effect when you are on a trip 100 miles or more from home lasting 90 days or less. Full-time students are exempt from the 90-day rule.

**Who is responsible to pay for these services?**

After your coverage has been verified, GGA will arrange and pay for the following subject to the policy limits and guidelines:

- ▲ Emergency Evacuation: \$150,000 Combined Single Limit (CSL)
- ▲ Medically Necessary Repatriation: Included in CSL
- ▲ Repatriation of Remains: Up to \$15,000

If traveling alone:

- ▲ Visit of Family Member or Friend: Up to \$5,000
- ▲ Return of qualifying Dependent Children under Age 26: Up to \$5,000
- ▲ Return of Vehicle: Up to \$2,500

All Travel Resource Services must be provided by GGA USA. There are no claim reimbursements provided under this Travel Resource Services program. If GGA is unable to verify your coverage, you must provide proper guarantee of payment prior to GGA incurring third party expenses.

**Travel Resource Services**

In the US and Canada call

**(877) 715-2593**

From other locations (call collect)

**+1 (202) 659-7807**

Email [ops@us.generaliglobalassistance.com](mailto:ops@us.generaliglobalassistance.com)



**This is not a Reimbursement Service—All Services must be arranged by GGA.**

New Enrollment    Change    Open Enrollment    COBRA    Retiree

**Employer/Employee Section**

Enrollment forms must be submitted directly to Dearborn National unless the group is self-administered. If the group is self-administered, submit enrollment forms to Dearborn National only if evidence of insurability is required.

|  |  |                                       |   |               |                          |
|--|--|---------------------------------------|---|---------------|--------------------------|
| EMPLOYER<br>American Library Association |  | GROUP NO. / ACCOUNT NUMBER<br>F023261 |   | LOCATION      |                          |
| EMPLOYEE NAME - LAST                     | FIRST  | MIDDLE INITIAL                        | GENDER<br><input type="checkbox"/> M <input type="checkbox"/> F | DATE OF BIRTH | DATE OF HIRE (FULL TIME) |
| SOCIAL SECURITY NO.                      | EARNINGS<br>Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> |                                       | JOB TITLE   |               | CLASS                    |
| HOME ADDRESS                             |  |                                       | CITY  | STATE         | ZIP                      |
| HOME PHONE                               | WORK PHONE   |                                       | CELL PHONE  |               |                          |

**BENEFIT SELECTION - Life & Disability**

**COVERAGE SELECTION:** Your non-medical group insurance program may not include all the benefits listed below. **Ask your employer for the details about the benefits available to you, your cost, if any, and whether you will be required to complete a health questionnaire.**

**Basic Coverage** (check all that apply) Spouse includes Domestic Partner and Party to a Civil Union as defined in the Certificate.

Term Life / AD&D       Long-Term Disability (LTD)

**Supplemental Coverage** (check all that apply) Spouse includes Domestic Partner and Party to a Civil Union as defined in the Certificate.

|  | (A)Add, (C)Change (D)Delete | Total Amount of Coverage Desired | If (C)hange, list Prior Coverage |
|--|-----------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Term Life      Employee   |                             |                                  |                                  |
| <input type="checkbox"/> Term Life      Spouse     |                             |                                  |                                  |
| <input type="checkbox"/> Term Life      Child(ren) |                             |                                  |                                  |

**Voluntary Coverage** (check all that apply) Spouse includes Domestic Partner and Party to a Civil Union as defined in the Certificate.

|   | (A)Add, (C)Change (D)Delete | Total Amount of Coverage Desired | If (C)hange, list Prior Coverage |
|---|-----------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Short-Term Disability (STD): % of Earnings |                             |                                  |                                  |

|                                   |       |      |  |                      |                          |
|-----------------------------------|-------|------|--|----------------------|--------------------------|
| SPOUSE NAME (if Applicant) - LAST | FIRST | M.I. | SEX<br><input type="checkbox"/> M <input type="checkbox"/> F | SPOUSE DATE OF BIRTH | SPOUSE SOCIAL SECURITY # |
|-----------------------------------|-------|------|--|----------------------|--------------------------|

**BENEFICIARY DESIGNATION:** (For Employee Only: Must Be Completed if you have applied for Life or AD&D insurance.) If two or more primary beneficiaries are named, and you do not list benefit percentages, proceeds will be paid in equal shares to the named primary beneficiaries who survive you. If no primary beneficiary survives you, proceeds will be paid to the contingent beneficiary(ies). If you list benefit percentages, the total must equal 100%. (Employee is the beneficiary of proceeds from spouse or child coverage.)

| First Name | Last Name | Social Security No. | Date of Birth | Relationship | Percentage |
|------------|-----------|---------------------|---------------|--------------|------------|
| Primary    |           |                     |               |              | %          |
| Primary    |           |                     |               |              | %          |
| Contingent |           |                     |               |              | %          |
| Contingent |           |                     |               |              | %          |

I hereby request to be insured and authorize deductions, if any, from my compensation for my share of the cost of the benefits to which I may be entitled under the group policy (ies) issued to the employer listed above. I understand that if I am not actively at work on the effective date of my coverage, my insurance will not begin until the day I return to work. I understand that if I do not remain actively at work that my coverage may lapse or terminate. For those coverages I have declined, I understand that if I choose to enroll at a later date, my cost may be higher and a health questionnaire may be required.

FOR DEARBORN NATIONAL USE ONLY

EMPLOYEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Waiver of Coverage:**

I DO NOT WISH TO ENROLL at this time and understand that the opportunity to enroll at any future time will be subject to such arrangements as may be made with the company.

EMPLOYEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_