

voluntary life & AD&D

Missouri Valley Conference

Eligibility	All full-time, active employees who are U.S. citizens or legal U.S. residents, working 30 or more hours per week, year-round who are performing the duties of their occupation on their last scheduled working day immediately preceding the effective date of the plan are eligible for insurance on that effective date.																				
Benefit Amounts	Your benefit coverage is in increments of \$10,000 minimum of \$10,000 to a maximum of \$100,000 not to exceed 5 times annual earnings, whichever is less. Amounts in excess of the guaranteed issue amount of \$50,000 will require evidence of insurability.																				
Dependent Benefits	<p>Your spouse's benefit is in increments of \$5,000 minimum of \$5,000 to a maximum of \$50,000 or one half of the employee's elected amount, whichever is less. Amounts in excess of the guaranteed issue amount of \$25,000 will require evidence of insurability. The spouse's premiums are based on the employee's age.</p> <p>The benefit amount for your children is in increments of \$2,500 to a maximum of \$10,000. Infants will be covered for \$1,500. Infants are defined as being fourteen days of age to six months, and children are six months of age to 19 (or 25 if a full-time student).</p>																				
Reduction Schedule	Coverage reduces 35 percent at age 65, 55 percent of the original amount at age 70, 70 percent of the original amount at age 75 and 80 percent of the original amount at age 80. Coverage terminates at retirement. Spouse coverage terminates at age 70.																				
Accidental Death & Dismemberment Benefit	<p>The amount shown is paid if a covered loss occurs within 180 days after accidental bodily injury or death, on or off the job.</p> <table border="1"> <thead> <tr> <th><u>Loss of</u></th> <th><u>Percentage of Amount Insured</u></th> </tr> </thead> <tbody> <tr> <td>Life</td> <td>100%</td> </tr> <tr> <td>Movement of both upper and lower limbs</td> <td>100%</td> </tr> <tr> <td>Movement of three limbs (Triplegia)</td> <td>75%</td> </tr> <tr> <td>Movement of both lower limbs (Paraplegia)</td> <td>75%</td> </tr> <tr> <td>Movement of both upper and lower limbs on one side of the body (Hemiplegia)</td> <td>50%</td> </tr> <tr> <td>One hand, one foot or sight of one eye</td> <td>50%</td> </tr> <tr> <td>Speech or hearing</td> <td>50%</td> </tr> <tr> <td>Movement of one limb (Uniplegia)</td> <td>25%</td> </tr> <tr> <td>Thumb and index finger only</td> <td>25%</td> </tr> </tbody> </table> <p>Kansas City Life will not pay more than 100% of the amount insured for all losses sustained by an individual in one accident. Only the largest amount shown will be paid for injuries to the same limb resulting from any single accident.</p>	<u>Loss of</u>	<u>Percentage of Amount Insured</u>	Life	100%	Movement of both upper and lower limbs	100%	Movement of three limbs (Triplegia)	75%	Movement of both lower limbs (Paraplegia)	75%	Movement of both upper and lower limbs on one side of the body (Hemiplegia)	50%	One hand, one foot or sight of one eye	50%	Speech or hearing	50%	Movement of one limb (Uniplegia)	25%	Thumb and index finger only	25%
<u>Loss of</u>	<u>Percentage of Amount Insured</u>																				
Life	100%																				
Movement of both upper and lower limbs	100%																				
Movement of three limbs (Triplegia)	75%																				
Movement of both lower limbs (Paraplegia)	75%																				
Movement of both upper and lower limbs on one side of the body (Hemiplegia)	50%																				
One hand, one foot or sight of one eye	50%																				
Speech or hearing	50%																				
Movement of one limb (Uniplegia)	25%																				
Thumb and index finger only	25%																				
Additional Benefits	<ul style="list-style-type: none"> • Waiver of Premium Benefit • Conversion • Portability • Accelerated Death Benefit • Spouse Education Benefit • Child Education • AD&D Benefits included: Seat Belt/Air Bag Benefit, Repatriation Benefit 																				
Value Added Services	All enrolled employees will have 24-hour access to a travel assistance program, ID theft protection and beneficiary companion services through Europ Assistance, USA.																				

This outline is intended to be a summary of your benefits and does not include all plan provisions and limitations. Details of your benefits can be found in your benefit booklet, provided to you at a later date. If there are any discrepancies between this outline, and the group certificate the group certificate governs.

Benefit Calculator

Missouri Valley Conference Employee Voluntary Life and AD&D Semi-Monthly Premium



K·C·L GROUP
B E N E F I T S

Employee Guarantee issue amount is \$50,000

Age	Benefit Rate per \$1000	20,000	30,000	40,000	50,000	60,000	70,000	80,000	90,000	100,000
00-29	0.09	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50
30-34	0.12	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
35-39	0.15	\$1.50	\$2.25	\$3.00	\$3.75	\$4.50	\$5.25	\$6.00	\$6.75	\$7.50
40-44	0.20	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
45-49	0.28	\$2.80	\$4.20	\$5.60	\$7.00	\$8.40	\$9.80	\$11.20	\$12.60	\$14.00
50-54	0.43	\$4.30	\$6.45	\$8.60	\$10.75	\$12.90	\$15.05	\$17.20	\$19.35	\$21.50
55-59	0.64	\$6.40	\$9.60	\$12.80	\$16.00	\$19.20	\$22.40	\$25.60	\$28.80	\$32.00
60-64	0.87	\$8.70	\$13.05	\$17.40	\$21.75	\$26.10	\$30.45	\$34.80	\$39.15	\$43.50
65-69	1.50	\$15.00	\$22.50	\$30.00	\$37.50	\$45.00	\$52.50	\$60.00	\$67.50	\$75.00
70-74	2.57	\$25.70	\$38.55	\$51.40	\$64.25	\$77.10	\$89.95	\$102.80	\$115.65	\$128.50
75+	9.41	\$94.10	\$141.15	\$188.20	\$235.25	\$282.30	\$329.35	\$376.40	\$423.45	\$470.50

Spouse Voluntary Life & AD&D Premium

Spouse Guarantee issue amount is \$25,000

Age	Benefit Rate per \$1000	10,000	15,000	20,000	25,000	30,000	35,000	40,000	45,000	50,000
00-29	0.09	\$0.45	\$0.68	\$0.90	\$1.13	\$1.35	\$1.58	\$1.80	\$2.03	\$2.25
30-34	0.12	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00
35-39	0.15	\$0.75	\$1.13	\$1.50	\$1.88	\$2.25	\$2.63	\$3.00	\$3.38	\$3.75
40-44	0.20	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00
45-49	0.28	\$1.40	\$2.10	\$2.80	\$3.50	\$4.20	\$4.90	\$5.60	\$6.30	\$7.00
50-54	0.43	\$2.15	\$3.23	\$4.30	\$5.38	\$6.45	\$7.53	\$8.60	\$9.68	\$10.75
55-59	0.64	\$3.20	\$4.80	\$6.40	\$8.00	\$9.60	\$11.20	\$12.80	\$14.40	\$16.00
60-64	0.87	\$4.35	\$6.53	\$8.70	\$10.88	\$13.05	\$15.23	\$17.40	\$19.58	\$21.75
65-69	1.50	\$7.50	\$11.25	\$15.00	\$18.75	\$22.50	\$26.25	\$30.00	\$33.75	\$37.50
70-74	2.57	\$12.85	\$19.28	\$25.70	\$32.13	\$38.55	\$44.98	\$51.40	\$57.83	\$64.25
75+	9.41	\$47.05	\$70.58	\$94.10	\$117.63	\$141.15	\$164.68	\$188.20	\$211.73	\$235.25

Dependent Child Voluntary Life and AD&D Premium

Benefit Rate per unit	2,500	5,000	7,500	10,000
0.61	\$ 0.31	\$ 0.61	\$ 0.92	\$ 1.22