

## > Basic Life Insurance

### ELIGIBILITY - ALL ELIGIBLE CITY OF ALBUQUERQUE

<b>Eligibility Requirement</b>	You must be a Regular Employee actively working a minimum of 20 hours per week to be eligible for coverage.
<b>Premium Payment</b>	The premiums for this insurance are paid in full by the City of Albuquerque. There is no cost to you for this insurance.

### BENEFITS

<b>Life Insurance Benefit Amount</b>	For You: An amount equal to 1.4 times your annual salary, with a minimum of \$25,000 and a maximum of \$50,000  In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.
<b>Accidental Death &amp; Dismemberment (AD&amp;D) Benefit Amount</b>	For You: The Principal Sum amount is equal to the amount of your life insurance benefit.

### FEATURES

<b>Living Care/ Accelerated Death Benefit</b>	80% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$40,000.
<b>Waiver of Premium</b>	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
<b>Portability</b>	Allows you to continue this insurance program should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
<b>Conversion</b>	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

### SERVICES

<b>Travel Assistance</b>	The Travel Assistance program is an added benefit that provides assistance for your travels over 100 miles away from home or outside the country.
<b>Employee Assistance Program (EAP)</b>	The EAP program provides you and your loved ones access to trained professionals and resources for assistance with personal and workplace issues.
<b>Hearing Discount Program</b>	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit <a href="http://www.amplifonusa.com/mutualofomaha">www.amplifonusa.com/mutualofomaha</a> to learn more.
<b>Will Prep</b>	We work with Willing® to offer employees discounted online will preparation tools. In just a few clicks you can complete a customized plan to protect your family and property (valid in all 50 states). To get started visit <a href="http://www.willing.com/mutualofomaha">www.willing.com/mutualofomaha</a>

### EXCLUSIONS

Insurance benefits and guarantee issue amounts are not subject to age reductions.

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which will be made available after enrolling.

Please contact your employer if you have questions prior to enrolling.

# › Voluntary Long-Term Disability Insurance

## ELIGIBILITY - ALL ELIGIBLE CITY OF ALBUQUERQUE

<b>Eligibility Requirement</b>	You must be a Regular Employee actively working a minimum of 20 hours per week to be eligible for coverage.
<b>Premium Payment</b>	The premiums for this insurance are paid in full by you.

## BENEFITS

<b>Elimination Period</b>	Your benefits begin on the later of 180 calendar days after the onset of your disabling injury or illness or the date your short term disability ends.
<b>Monthly Benefit</b>	Your benefit is equivalent to 60% of your before-tax base monthly earnings, not to exceed the plan's maximum monthly benefit amount.  The premium for your long-term disability coverage is waived while you are receiving benefits.
<b>Maximum Monthly Benefit</b>	\$5,000
<b>Minimum Monthly Benefit</b>	\$100/10%
<b>Maximum Benefit Period</b>	If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age or 3.5 years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule.
<b>Partial Disability Benefits</b>	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits. Additional benefits for family care expenses for eligible family members are also available while receiving partial disability benefits.

## DEFINITIONS

<b>Own Occupation</b>	Under Own Occupation definition, benefits are payable to employees unable to perform at least one of the Material Duties of his/her Regular Occupation (the occupation he/she is routinely performing when the disability begins).  After a Monthly Benefit has been paid for 2 years, Disability means the employee is unable to perform all of the Material Duties of any occupation for which he/she is reasonably suited for by training, education, or experience.
<b>Own Occupation Earnings Test</b>	Unable to perform at least one of the Material Duties of your regular occupation and unable to generate 99% of your base monthly earnings due to the same injury or sickness.
<b>Definition of Monthly Earnings</b>	Monthly earnings for salaried employees is the base annual salary which excludes any additional pay in effect immediately prior to the date disability begins, divided by 12. Monthly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked during the 12 month period immediately prior to the date disability begins. If employed for part of the prior 12 month period, monthly earnings is the hourly rate of pay multiplied by the average number of hours worked.

## FEATURES

<b>Vocational Rehabilitation Benefit</b>	If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 5%.
<b>Survivor Benefit</b>	If you pass away while receiving disability benefits, a lump sum equal to 3 times your monthly benefit will be paid to your eligible survivor.



# > Voluntary Short-Term Disability Insurance

## ELIGIBILITY - ALL ELIGIBLE CITY OF ALBUQUERQUE

<b>Eligibility Requirement</b>	You must be a Regular Employee actively working a minimum of 20 hours per week to be eligible for coverage.
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<b>Premium Payment</b>	The premiums for this insurance are paid in full by you.
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## BENEFITS

<b>Elimination Period</b>	<p>If you become disabled, there is an elimination period before benefits are payable. Your benefits begin:</p> <ul style="list-style-type: none"> <li>• On the 31st day of your disabling injury.</li> <li>• On the 31st day of your disabling illness.</li> </ul>
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<b>Weekly Benefit</b>	Your benefit is equivalent to 60% of your base weekly earnings, not to exceed the plan's maximum weekly benefit amount.
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The premium for your short-term disability coverage is waived while you are receiving benefits.

<b>Maximum Benefit Period</b>	Up to 22 weeks
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<b>Maximum Weekly Benefit</b>	\$1,155
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<b>Minimum Weekly Benefit</b>	\$10
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<b>Partial Disability Benefits</b>	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.
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## DEFINITIONS

<b>Definition of Disability</b>	Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period.
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<b>Definition of Weekly Earnings</b>	Weekly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 52. Weekly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per week during the 12 month period immediately prior to the date disability begins. If employed for part of the prior 12 month period, weekly earnings is the hourly rate of pay multiplied by the average number of hours worked.
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## FEATURES

<b>Vocational Rehabilitation Benefit</b>	If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 5%.
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<b>Portability</b>	The portability feature allows you to apply for disability insurance through a trust policy should your employment end, without having to provide evidence of insurability. You will be responsible for paying the premium for coverage.
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# > Voluntary Term Life Insurance

## ELIGIBILITY - ALL ELIGIBLE CITY OF ALBUQUERQUE

<b>Eligibility Requirement</b>	You must be a Regular Employee actively working a minimum of 20 hours per week to be eligible for coverage.
<b>Dependent Eligibility Requirement</b>	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.
<b>Premium Payment</b>	The premiums for this insurance are paid in full by you.

## COVERAGE GUIDELINES

	<b>Minimum</b>	<b>Guarantee Issue</b>	<b>Maximum</b>
<b>For You</b>	\$10,000	7 times annual salary, up to \$350,000	\$500,000, in increments of \$10,000, but no more than 7 times annual salary
<b>Spouse</b>	\$10,000	100% of employee's benefit, up to \$50,000	100% of employee's benefit, up to \$500,000
<b>Children</b>	\$2,500	100% of employee's benefit	100% of employee's benefit, up to \$10,000

Subject to any reductions shown below. Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability.

## BENEFITS

<b>Life Insurance Benefit Amount</b>	<p>Within the coverage guidelines defined above, you select the amount of life insurance coverage you want.</p> <p>This plan includes the option to select coverage for your spouse and dependent children. Children include those, up to age 26.</p> <p>In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.</p>
<b>Accidental Death &amp; Dismemberment (AD&amp;D) Benefit Amount</b>	<p>The amount of AD&amp;D coverage for yourself and your spouse is \$20,000.</p> <p>AD&amp;D coverage is available if you or your spouse are injured or die as a result of an accident, and the injury or death is independent of sickness and all other causes. The benefit amount depends on the type of loss incurred, and is either all or a portion of the Principal Sum.</p>

## FEATURES

<b>Living Care/ Accelerated Death Benefit</b>	80% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$400,000.
<b>Waiver of Premium</b>	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
<b>Annual Benefit Amount Increase</b>	If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to enroll for additional coverage at your next open enrollment by up to \$50,000, provided the total amount of insurance does not exceed your maximum benefit amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. you get married or have a child). Amounts over the Guarantee Issue will require evidence of insurability (proof of good health).

## Portability and Conversion Included

### AGE REDUCTIONS AND EXCLUSIONS

Insurance benefits and guarantee issue amounts are subject to age reductions:

- At employee's age 70, employee and spouse benefit amount reduces to 50%.

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.