




Supplemental Life Insurance

Life Insurance Benefit Fact Summary for the July 1, 2025 – June 30, 2026 Plan Year

**Employees of the Archdiocese of St. Louis** Policy# 677885

<b>Eligibility</b>  	<p>All Full-time and Part-Time Employees or Employees of Catholic Charities working the following minimum number of hours.</p> <p>Full-time employment: at least 1,000 hours annually</p> <p>Part-time employment: at least 1,000 hours annually</p> <p>Catholic Charities Employment: at least 1,820 hours annually</p>
<b>Effective Date</b>	<p>Employee Coverage will be effective on the later of:</p> <ul style="list-style-type: none"> <li>• The employee's date of hire, provided they enrolled within 31 days of their date of hire</li> <li>• The date the employee signs their enrollment form provided they enrolled within 31 days of their date of hire</li> <li>• The date Hartford approves your application if enrolling after the 31 day enrollment period</li> </ul>
<b>Enrollment Periods</b>	<p><u>New Hire</u>: All employees should elect or decline coverage within 31 days of their date of hire. <u>Late Enrollees</u>: Employees may enroll after the 31-day period at any time subject to the Evidence of Insurability requirements. Employees requesting coverage after their 31-day enrollment period will need to complete an Evidence of Insurability (EOI) Form and be approved by Hartford. Bookkeepers will need to complete the Employer Section of the EOI and provide it to the employee. Employee and spouse (if applicable) will need to complete the remaining information, sign, date, and mail to the address on the last page of the form. Hartford will notify the employee of their approval or denial. Approved amount will appear on the next invoice following the approval date.</p>
<b>Benefit Amount</b>	<p>You have the option to purchase Supplemental Life insurance coverage in the following amounts:</p> <p>Employee coverage - Increments of \$10,000 to a maximum of \$300,000</p> <p>Spouse coverage - Increments of \$5,000 to a maximum of \$150,000, subject to a maximum of 50% of your approved amount of coverage.</p> <p>Child coverage - Increments of \$5,000 to a maximum of \$15,000</p>
<b>Guaranteed Issue Amount</b>	<p>Employee - \$100,000 Spouse - \$25,000 Child - \$15,000</p> <p>Employees enrolling within 31 days of their date of hire are guaranteed up to the Guaranteed Issue Amount. Amounts over the Guaranteed Issue Amount require the employee and/or spouse to complete an Evidence of Insurability (EOI) Form and be approved for coverage.</p>
<b>Benefit Reductions</b>	<p>Your Supplemental Life coverage is reduced to 65% at age 70, to 45% at age 75 and to 30% at age 80. All group coverage cancels at retirement or termination of employment.</p>

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**Expertise without equal.  
Benefits without burden.<sup>SM</sup>**

<b>Dependent Coverage</b>	<p>Employees have the option to purchase coverage on the lives of their spouse and/or dependent children. <b>Dependent coverage is available only when an employee elects and is approved for coverage.</b></p> <p><b>Spouse Benefit Amount:</b> Increments of \$5,000 to a maximum of \$150,000 not to exceed 50% of your Employee Supplemental Life amount. The Guaranteed Issue Amount for spouse coverage is \$25,000 – elections over this amount require medical evidence of insurability. <b>Note: spouse premium rates are based on employee's age.</b></p> <p><b>Child Benefit Amount:</b> Increments of \$5,000 to a maximum of \$15,000</p> <ul style="list-style-type: none"> <li>Children must be unmarried and at least 2 weeks old but less than 26 years regardless of student status to qualify.</li> <li>Unmarried children over the age of 19 who are disabled may be eligible if certain conditions are met.</li> </ul> <p>If the employee's spouse or dependent child is confined in a hospital or elsewhere because of disability on the date his or her insurance would normally have become effective, coverage will be deferred until that dependent is no longer confined and has performed all the normal activities of a healthy person of the same age for at least 15 consecutive days.</p>																														
<b>Cost of Coverage</b>	<p>Monthly rates are based on the employee's age as of their effective date of coverage and will increase on July 1 of each year following the date the employee moves to the next age band. Spouse coverage is based on employee's age. Child cost is based on a unit cost and not per child. The employee's cost for child coverage is the same regardless of the number of children they have enrolled. Premium is required the first of the following month through the employee's payroll deductions.</p> <p>Employee &amp; Spouse Monthly Rates per \$1,000 of Benefit</p> <table border="1"> <thead> <tr> <th>Age</th><th>Rates</th></tr> </thead> <tbody> <tr><td>&lt;20</td><td>.06</td></tr> <tr><td>20 - 24</td><td>.06</td></tr> <tr><td>25 - 29</td><td>.06</td></tr> <tr><td>30 - 34</td><td>.068</td></tr> <tr><td>35 - 39</td><td>.073</td></tr> <tr><td>40 - 44</td><td>.101</td></tr> <tr><td>45 - 49</td><td>.142</td></tr> <tr><td>50 - 54</td><td>.242</td></tr> <tr><td>55 - 59</td><td>.417</td></tr> <tr><td>60 - 64</td><td>.641</td></tr> <tr><td>65 - 69</td><td>.901</td></tr> <tr><td>70 - 74</td><td>1.271</td></tr> <tr><td>75 +</td><td>1.986</td></tr> <tr><td>Child</td><td>.93 per unit</td></tr> </tbody> </table>	Age	Rates	<20	.06	20 - 24	.06	25 - 29	.06	30 - 34	.068	35 - 39	.073	40 - 44	.101	45 - 49	.142	50 - 54	.242	55 - 59	.417	60 - 64	.641	65 - 69	.901	70 - 74	1.271	75 +	1.986	Child	.93 per unit
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<b>Termination of Coverage</b>	<p>Employee Coverage will end on the earlier of 1) the date the employee is no longer eligible or 2) the employee's last day worked or 3) the date the employee requests termination in writing and provides it to the Employer. Dependent coverage will end on the earlier of 1) the date the dependent is no longer eligible for coverage or 2) the date the employee request termination in writing and provides it to the Employer. Premium is required to the end of the month following termination. Coverage may also continue under one of the following continuation provisions, provided premium is paid during this time.</p> <p>Military Leave – 12 weeks</p> <p>Sickness or Injury – 12 months Family</p> <p>Medical Leave – 12 weeks</p>																														

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<b>Beneficiary Designation</b>	<p>Life Insurance Benefits will be paid in accordance with the Life Insurance Beneficiary Designation. If no beneficiary is named, or if no named beneficiary survives the employee, Hartford may, at their option, pay 1) the executors or administrators of the employee's estate; or 2) all to the surviving Spouse; or 3) if the Spouse does not survive the employee, in equal share to the surviving Children; or 4) if no child survives the employee, in equal share to the surviving parents.</p> <p>The employee may designate or change a beneficiary by doing so in writing on a form satisfactory to Hartford and filing the form with the Employer. Beneficiary designations will become effective as of the date the employee signed and dated the form.</p>
<b>Conversion</b>	<p>Employee's have the option of converting their and their dependents' group Supplemental Life Insurance to an individual policy. Employees can contact Hartford's Conversion Department for policy or rate information at 1-877-320-0484.</p>
<b>Portability</b>	<p>For former employees, Portability is an option that allows them to continue the Life insurance coverage. To be eligible, they must terminate employment prior to Social Security Normal Retirement Age. This option allows the former employee to continue all or a portion of the Supplemental Life Insurance coverage under a separate Portability term policy. Portability is subject to a minimum of \$5,000 and a maximum of \$250,000. To elect Portability, they must apply and pay the premium within 31 days of the termination of the Supplemental Life Insurance. Evidence of Insurability will not be required. Employees can contact Hartford's Portability Department for policy or rate information at 1-877-320-0484.</p>
<b>Living Benefits Option</b>	<p>If employees are diagnosed as having a terminal illness with a 12-month life expectancy, the Living Benefits Option allows them to receive an accelerated payment of a portion of the life insurance. The option is available to individuals with at least \$10,000 in group coverage from Hartford Life and is subject to a maximum age limit of 60. They may request a minimum accelerated payment of \$3,000 up to a maximum of 80% of your coverage. Funds are paid directly to them, with no policy restrictions on how to use them. The remaining benefit is then payable to the beneficiary. They would need to complete the Accelerated Death Benefit form.</p>
<b>Waiver of Premium</b>	<p>This provision applies if you become totally disabled before age 60 and your disability lasts for at least 6 months. You must provide proof of your condition within one year of your last day of work and once we approve, your coverage will continue without payment of premium up to Social Security Normal Retirement Age, as long as you remain totally disabled. The premium for your dependent's coverage will also be waived if you are disabled and approved for waiver of premium. Coverage for your dependents will end if the policy terminates. Payment of premium is required until waiver is approved by Hartford Life.</p>
<b>Limitations and Exclusions</b>	<p>As is standard with most term life insurance plans, death by suicide is covered only after the employee has been insured for one year. Therefore, if death results from suicide, no benefit will be payable for any Supplemental Life coverage that became effective within one year of the date of death. Other exclusions may apply depending upon your coverage. Refer to your policy.</p>
<b>Contact Information</b>	<p><b>Hartford Life Customer Service: 1-800-523-2233</b></p>

This Benefit Fact Sheet is an overview of the Supplemental Life Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the Insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your Insurance coverage. In the event of any difference between the Benefit Fact Sheet and the Insurance policy, the terms of the Insurance policy apply.

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