

## Plan Highlights

### Group Basic Life and AD&D, Supplemental and Dependent Life Insurance



## ZOLL Medical Corporation

### ELIGIBILITY

**Employees:** Each Active Full Time Employee working 30 hours or more per week, except if you are working on a temporary or seasonal basis.

**Dependents:** You must be insured for your Dependents to be covered. Dependents are:

- ▶ Your legal spouse who is not legally separated or divorced from you
- ▶ Your legally-recognized domestic or civil union partner
- ▶ Your unmarried financially dependent children\* birth to 21 years (to 26 years if full-time student). \*Natural and adopted children; stepchildren and foster children in your custody.

Also included are your children beyond the limiting age incapable of self-sustaining employment by reason of intellectual disability or physical handicap and chiefly dependent on you for support and maintenance (may vary by state).

For dependents who are confined in a hospital or at home on the date on which they would otherwise become insured, insurance will be effective as of the date the confinement ends.

- ▶ A person may not have coverage as both an Employee and Dependent.
- ▶ Only one insured spouse may cover Dependent children.

### BENEFIT AMOUNT

#### Basic Life and AD&D:

2 times earnings, rounded to the next higher \$1,000, subject to a maximum of \$500,000.

#### Supplemental Life:

Choose from a minimum of \$10,000 to a maximum of \$500,000 in \$10,000 increments.

#### Dependent Life:

*Spouse:* Choose from a minimum of \$25,000, a maximum of \$250,000 in \$25,000 increments

(spouse amount may not exceed 50% of employee amount)

*Dependent Child(ren):*

14 days to age 19: \$10,000

(up to age 26 if a full-time student)

### GUARANTEED ISSUE

#### Initial eligibility period only

**Employee:** Lessor of 3 X Salary or \$250,000

**Spouse:** \$25,000

**Child:** all child amounts are guaranteed issue

### CONTRIBUTION REQUIREMENTS

#### Basic Life and AD&D:

Coverage is 100% employer paid.

#### Supplemental Life:

Coverage is 100% employee paid.

#### Dependent Life:

*Spouse:* Coverage is 100% employee paid.

*Dependent Child(ren):* Coverage is 100% employee paid.

### AD&D SCHEDULE

For Accidental Loss of	Amount Payable
Life	100%
Both Hands	100%
Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and Sight of One Eye	100%
One Foot and Sight of One Eye	100%
Speech and Hearing	100%
One Hand	50%
One Foot	50%
Sight of One Eye	50%
Speech	50%
Hearing	50%
For Total Loss of	Amount Payable
Both Arms and Both Legs	100%
Both Arms and One Leg or Both Legs and One Arm	75%
Both Arms	67%
Both Legs	67%
One Arm and One Leg	67%
One Arm or One Leg	50%

### BENEFIT REDUCTION DUE TO AGE

(Applicable to employee / spouse coverage)

Age      Original Benefit Reduced to

70                      65%

### FEATURES

- ▶ Accelerated Death Benefit
- ▶ Air Bag Benefit
- ▶ Conversion Privilege
- ▶ Education Benefit
- ▶ FMLA/MSLA Extension
- ▶ Portability
- ▶ Seat Belt Benefit
- ▶ Waiver of Premium

## VALUE-ADDED SERVICES

- ▶ Bereavement Counseling Services
- ▶ Travel Assistance Services

## EXCLUSIONS

### LIMITATIONS:

If you or your insured dependent die by suicide, while sane or insane, within two (2) years of your effective date for Supplemental Life and/or Dependent Life insurance coverage, our payment will be limited to a refund of all life insurance premiums paid prior to the date of death.

### AD&D EXCLUSIONS:

AD&D benefits will not be payable for a loss: caused or contributed by suicide or intentionally self-inflicted injuries; caused by or resulting from war or any act of war, declared or undeclared; to which sickness, disease or myocardial infarction, including medical or surgical treatment thereof, is a contributing factor; sustained during an insured's commission or attempted commission of an assault or felony; to which the insured's acute or chronic intoxication is a contributing factor; or to which the insured's voluntary consumption of an illegal or controlled substance or a non-prescribed narcotic or drug is a contributing factor.

For a comprehensive list of exclusions and specific limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6422, et al.