



# GROUP VOLUNTARY TERM LIFE CERTIFICATE SUMMARY

This summary describes the terms and conditions of the Policy. For a complete description of the terms and conditions of the Policy, refer to the appropriate section of the Certificate, available from the Policyholder. The capitalization of a term not normally capitalized according to standard punctuation rules indicates a word or phrase that is a defined term in the Certificate. A person is not necessarily entitled to insurance because he or she received this summary. A person is only entitled to insurance if he or she is eligible in accordance with the terms of the Policy. This summary was published on March 14, 2012.

## **POLICY INFORMATION**

Policyholder: The County Commissioners of Oklahoma County  
Policy Effective Date: March 1, 2012  
Policy Number: GVTL-ACAT  
Class(es): All Eligible Active Employees  
Policy Anniversary: March 1  
Group Number: G000ACAT

## **ELIGIBILITY**

You (the Employee) must be performing the normal duties of Your regular job for the Policyholder on a regular and continuous basis 40 or more hours each week to be eligible for insurance.

Your eligible Dependents must be able to perform normal activities and not be confined (at home, in a hospital, or in any other care facility) to be eligible for insurance.

An Employee who is not eligible for insurance under the Policy on the Policy Effective Date, or an Employee who is hired after the Policy Effective Date, becomes eligible for insurance under the Policy on the day following completion of an Eligibility Waiting Period of 60 days.

## **BENEFIT AMOUNT(S)**

### **Insurance for You (The Employee)**

You may elect to be insured for an amount of life insurance from \$10,000 to \$500,000, in increments of \$10,000. In no event shall Your amount of life insurance exceed 5 times Your Annual Earnings, rounded to the next higher multiple of \$10,000.

Provided You have elected some amount of life insurance, Your amount of accidental death and dismemberment (AD&D) insurance is equal to Your amount of life insurance.

Your Guarantee Issue Amount is 5 times Your Annual Earnings or \$150,000, whichever is less. If You have questions regarding the amount of Your insurance, You may contact the Policyholder.

### **Insurance for Your Dependent(s)**

You may elect to have Your Spouse insured for an amount of life insurance from \$5,000 to \$250,000, in increments of \$5,000, provided the amount elected does not exceed 100% of Your amount of life insurance.

Provided You have elected some amount of life insurance for Your Spouse, Your Spouse's amount of accidental death and dismemberment (AD&D) insurance is equal to Your Spouse's amount of life insurance.

You may elect to have Your eligible Dependent child(ren) insured for an amount of life insurance equal to \$10,000, provided the amount elected does not exceed 100% of Your amount of life insurance. Each eligible Dependent child must have the same amount of insurance.

Provided You have elected some amount of life insurance for Your Dependent child(ren), the amount of accidental death and dismemberment (AD&D) insurance for Your Dependent child(ren) is equal to the amount of life insurance for Your Dependent child(ren).

The Guarantee Issue Amount for Your Spouse is 100% of Your elected amount of life insurance or \$50,000, whichever is less. The Guarantee Issue Amount for Your Dependent child(ren) is 100% of Your elected amount of life insurance or \$10,000, whichever is less. If You have questions regarding the amount of insurance for Your Dependent(s), You may contact the Policyholder.

