Plan Highlights

Voluntary Group Accidental Death & Dismemberment Insurance



Chester Community Charter School

ELIGIBILITY

As Defined by the Employer.
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 dependent children birth to 26 years.
- A person may not have coverage as both an Employee and Dependent.
- Only one insured spouse may cover dependent children.

BENEFIT AMOUNT

Employee: Choose from a minimum of $10,000 to a maximum of $500,000 in $10,000 increments, not to exceed 5 times earnings.

Spouse: Choose from a minimum of $5,000, a maximum of $500,000 in $5,000 increments, not to exceed 100% of employee amount.

Child(ren): Birth to age 26 years: $5,000 to $10,000 in increments of $5,000

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

AD&D SCHEDULE

For Accidental Loss of	Amount Payable
Life	100%
Two or More Members*	100%
Speech and Hearing	100%
One Member*	50%
Speech or Hearing	50%
Thumb and Index Finger of Same Hand	25%

** "Member" refers to a hand, foot or eye*

BENEFIT REDUCTION DUE TO AGE

(Applicable to employee / spouse coverage)

Age	Original Benefit Reduced to
70	65%
75	50%

FEATURES

- COMA Benefit
- Conversion Privilege
- Exposure and Disappearance
- Seat Benefit and Air Bag Benefit
- Total Loss of Use Benefit

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This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-8604, et al, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate. Product features and availability may vary by state.

Reliance Matrix is a branding name. Coverage is underwritten by Reliance Standard Life Insurance Company, which is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are offered by First Reliance Standard Life Insurance Company, Home Office, New York, NY. Where applicable, absence services are provided by Matrix Absence Management, Inc.

Reliance Standard Plans
Voluntary AD&D Insurance
Premium Table

Plan Holder: Chester Community Charter School

Employee Monthly Premiums

Benefit Amount	Employee	Benefit Amount	Employee	Benefit Amount	Employee	Benefit Amount	Employee	Benefit Amount	Employee
$10,000	$0.20	**$110,000**	$2.20	**$210,000**	$4.20	**$310,000**	$6.20	**$410,000**	$8.20
$20,000	$0.40	**$120,000**	$2.40	**$220,000**	$4.40	**$320,000**	$6.40	**$420,000**	$8.40
$30,000	$0.60	**$130,000**	$2.60	**$230,000**	$4.60	**$330,000**	$6.60	**$430,000**	$8.60
$40,000	$0.80	**$140,000**	$2.80	**$240,000**	$4.80	**$340,000**	$6.80	**$440,000**	$8.80
$50,000	$1.00	**$150,000**	$3.00	**$250,000**	$5.00	**$350,000**	$7.00	**$450,000**	$9.00
$60,000	$1.20	**$160,000**	$3.20	**$260,000**	$5.20	**$360,000**	$7.20	**$460,000**	$9.20
$70,000	$1.40	**$170,000**	$3.40	**$270,000**	$5.40	**$370,000**	$7.40	**$470,000**	$9.40
$80,000	$1.60	**$180,000**	$3.60	**$280,000**	$5.60	**$380,000**	$7.60	**$480,000**	$9.60
$90,000	$1.80	**$190,000**	$3.80	**$290,000**	$5.80	**$390,000**	$7.80	**$490,000**	$9.80
$100,000	$2.00	**$200,000**	$4.00	**$300,000**	$6.00	**$400,000**	$8.00	**$500,000**	$10.00

Spouse Monthly Premiums

Benefit Amount	Spouse	Benefit Amount	Spouse	Benefit Amount	Spouse	Benefit Amount	Spouse	Benefit Amount	Spouse
$5,000	$0.10	**$105,000**	$2.10	**$205,000**	$4.10	**$305,000**	$6.10	**$405,000**	$8.10
$10,000	$0.20	**$110,000**	$2.20	**$210,000**	$4.20	**$310,000**	$6.20	**$410,000**	$8.20
$15,000	$0.30	**$115,000**	$2.30	**$215,000**	$4.30	**$315,000**	$6.30	**$415,000**	$8.30
$20,000	$0.40	**$120,000**	$2.40	**$220,000**	$4.40	**$320,000**	$6.40	**$420,000**	$8.40
$25,000	$0.50	**$125,000**	$2.50	**$225,000**	$4.50	**$325,000**	$6.50	**$425,000**	$8.50
$30,000	$0.60	**$130,000**	$2.60	**$230,000**	$4.60	**$330,000**	$6.60	**$430,000**	$8.60
$35,000	$0.70	**$135,000**	$2.70	**$235,000**	$4.70	**$335,000**	$6.70	**$435,000**	$8.70
$40,000	$0.80	**$140,000**	$2.80	**$240,000**	$4.80	**$340,000**	$6.80	**$440,000**	$8.80
$45,000	$0.90	**$145,000**	$2.90	**$245,000**	$4.90	**$345,000**	$6.90	**$445,000**	$8.90
$50,000	$1.00	**$150,000**	$3.00	**$250,000**	$5.00	**$350,000**	$7.00	**$450,000**	$9.00
$55,000	$1.10	**$155,000**	$3.10	**$255,000**	$5.10	**$355,000**	$7.10	**$455,000**	$9.10
$60,000	$1.20	**$160,000**	$3.20	**$260,000**	$5.20	**$360,000**	$7.20	**$460,000**	$9.20
$65,000	$1.30	**$165,000**	$3.30	**$265,000**	$5.30	**$365,000**	$7.30	**$465,000**	$9.30
$70,000	$1.40	**$170,000**	$3.40	**$270,000**	$5.40	**$370,000**	$7.40	**$470,000**	$9.40
$75,000	$1.50	**$175,000**	$3.50	**$275,000**	$5.50	**$375,000**	$7.50	**$475,000**	$9.50
$80,000	$1.60	**$180,000**	$3.60	**$280,000**	$5.60	**$380,000**	$7.60	**$480,000**	$9.60
$85,000	$1.70	**$185,000**	$3.70	**$285,000**	$5.70	**$385,000**	$7.70	**$485,000**	$9.70
$90,000	$1.80	**$190,000**	$3.80	**$290,000**	$5.80	**$390,000**	$7.80	**$490,000**	$9.80
$95,000	$1.90	**$195,000**	$3.90	**$295,000**	$5.90	**$395,000**	$7.90	**$495,000**	$9.90
$100,000	$2.00	**$200,000**	$4.00	**$300,000**	$6.00	**$400,000**	$8.00	**$500,000**	$10.00

Child(ren) Monthly Premiums

Benefit Amount	Premium
$5,000	$0.10
$10,000	$0.20

(One rate and benefit amount for all eligible children in family, regardless of number)

Rates are subject to change.