



**MISSVIC – Edwardsville Community Unit School District #7  
Group Voluntary Term Life Insurance  
Class 002**

**Class Description:** All Eligible Full-Time and Part-Time Certified & Classified Employees of Edwardsville Community Unit School District #7 Enrolled in Medical Electing \$80,000

**Life Amount:** \$80,000

**AD&D Principal Sum Amount:** Matches Life amount

**Guaranteed Issue Amount:** Matches Life amount

**Accelerated Life Benefit:** The Employee may request payment of 25% or 50% of the Life Amount shown above if the Employee is diagnosed with a Terminal Condition, as defined in the Certificate of Insurance.

**Conversion:** If the Employee’s Life Insurance or a portion of it ceases, the Employee may be entitled to a conversion policy. The Employee can contact AUL, or refer to his or her Certificate of Insurance for specific details of this provision.

**Continuation:** If the Employee’s employment terminates, the Employee can continue the coverage until age 70 at the group rate.

**Reductions:** The Life Amount and AD&D Principal Sum will begin reducing to a percentage of the amounts shown above when the Employee reaches the attained age. The percentage of coverage remaining at the Employee’s attained age will be as shown as follows:

| <b>Employee’s Age</b> | <b>Amount Remaining</b> |
|-----------------------|-------------------------|
| 65                    | 65                      |

**Waiver of Premiums for Total Disability:** AUL will waive further premium payments for the Employee’s Life Amount if the Employee becomes Totally Disabled before age 60 while insured under the Policy, and remains continuously Totally Disabled for 9 months, and submits proof of Total Disability.

**Accidental Death and Dismemberment:** While insured under the Policy, if the Employee has an accident which results in a loss specified below, AUL will pay the amount shown for such loss; provided the loss occurs within 90 days of the accident and AUL receives acceptable proof of loss.

| <u><b>Loss</b></u>                            | <u><b>Amount Payable</b></u> |
|---|------------------------------|
| Life  | Principal Sum                |
| Both hands or both feet or sight or both eyes | Principal Sum                |
| Speech and hearing                            | Principal Sum                |
| One hand and one foot                         | Principal Sum                |
| One hand and sight of one eye                 | Principal Sum                |
| One foot and sight of one eye                 | Principal Sum                |
| Sight of one eye                              | ½ Principal Sum              |
| One hand or one foot                          | ½ Principal Sum              |
| Speech or hearing                             | ½ Principal Sum              |
| Thumb and index finger                        | ¼ Principal Sum              |

**Terminations:** The Individual Terminations Section in the Certificate of Insurance governs Terminations.

**This information is provided as a Benefit Outline. It is not a part of the insurance contract and does not change or extend American United Life Insurance Company’s® liability under the group Policy. Employers will receive a Certificate of Insurance containing a detailed description of the insurance coverage under the group Policy. If there are any discrepancies between this information and the group Policy, the group Policy will prevail.**