

# Schedule of Benefits

*(GR-9N S-01-001-01)*

**Employer:** Knox County Government and Knox County Schools

**Group Policy Number:** GP-737560-GI

**Issue Date:** January 1, 2016

**Effective Date:** January 1, 2016

**Schedule:** 2A

**Cert Base:** 2

For: School Employees- Life Insurance, Supplemental Life Insurance, Dependent Life Insurance and Accidental Death and Personal Loss Coverage

# Schedule of Life Insurance Benefits

*(GR-9N S-02-01 01)*

## Employees

*(GR-9N S-02-01 01)*

### Basic Schedule

**Classification** *(GR-9N S-02-01 01)*

All Employees

**Amount**

150% of your basic annual earnings, as determined by your employer, rounded to the next higher \$1,000, if not an integral multiple of \$1,000.

Maximum: \$50,000

Minimum: \$20,000

## Employees

*(GR-9N S-02-01 01)*

### Supplemental Schedule

**Classification**

All Employees

**Amount**

\$15,000 increments

Maximum: \$50,000

Minimum: \$150,000

Note: Your overall combined maximum for Basic and Supplemental Life Insurance is \$200,000.

You may elect coverage under any one of the available options shown above for Supplemental Life Insurance. Once you have made a selection, if you wish to make a change, your employer can provide you with information on how and when changes can be made.

## Evidence Requirements for Dependents

For your dependents to become eligible for life insurance coverage, certain requirements will need to be met. Note that the dependent eligibility date is the date you can first elect coverage for a dependent under this plan or any prior group plan.

### Requests Submitted More Than 31 Days after the Dependent Eligibility Date

If you request life insurance coverage for a dependent spouse more than 60 days after the dependent eligibility date, the dependent spouse can become insured as long as you submit evidence of the dependent's good health, and **Aetna** approves.

If you must submit evidence of your dependent spouse's good health, you must notify **Aetna** if any information that has been submitted to **Aetna** on your dependent spouse's behalf has or would change as a result of knowledge gained prior to **Aetna** notifying you that your spouse has been approved for the life insurance amount which is subject to evidence of good health.

# Accelerated Death Benefit (GR-9N 03-003 01)

Employees and Dependent  
Spouses

ADB months	12 months
ADB percentage	up to 75%
ADB minimum	\$5,000
ADB maximum	up to \$500,000

# Accidental Death and Personal Loss Coverage

(GR-29N 03-01 01)

## Schedule of Accidental Death and Personal Loss Benefits

### Employees Basic Schedule

#### Classification All Employees

#### Principal Sum

200% of your basic annual earnings, as determined by your employer, rounded to the next higher \$1,000, if not an integral multiple of \$1,000.

Maximum: \$100,000

Minimum: \$20,000

The amount of the person's Principal Sum will be based on the amount of coverage in-force on the date of the accident, not the amount of coverage that may be in-force at the time of the loss.

# Additional Accidental Death and Personal Loss Benefit Maximums

(GR-9N S-03-02 01)

## Employees

**Passenger Restraint** Benefit Maximum  
for you

\$10,000\*

**Airbag** Benefit Maximum

One half of a person's **Passenger Restraint** Benefit

Education Benefit Maximum  
for each dependent child

Your actual expenses not to exceed 5% of your or your spouse's principal sum or \$5,000 per year for up to 4 years, whichever is less

for your spouse

Your actual expenses not to exceed 5% of your principal sum or \$5,000 per year for up to 4 years, whichever is less

Child Care Benefit Maximum  
for each child

Your actual expenses not to exceed 3% of your principal sum or \$2,000 per year per child for up to 4 years, whichever is less

Repatriation of Remains Benefit Maximum

Your actual expenses up to \$5,000\*

\*This benefit maximum is payable only once, even if the person is covered for both Basic and Supplemental Accidental Death and Personal Loss Coverage at the time of the loss.

## General (GR-9N S-28-01 01)

This Schedule of Benefits replaces any similar Schedule of Benefits previously in effect under your plan of benefits. Requests for coverage other than that to which you are entitled in accordance with this Schedule of Benefits cannot be accepted. This Schedule is part of your Booklet-Certificate and should be kept with your Booklet-Certificate form GR-9N. Coverage is underwritten by Aetna Life Insurance Company.