
GROUP POLICY AND CERTIFICATE

The Insurance briefly described in this folder is subject to the terms and conditions of the Group Policy issued by the Metropolitan Life Insurance Company. If you become insured, please refer to the certificate outlining your benefits under the policy available through the Benefit Website at www.unchcsbenefits.com.

CLAIMS PROCEDURES

Procedures for Presenting Claims for Benefits-Claim forms needed to file for benefits under the group insurance program can be obtained from the Benefits Office which will also be ready to answer questions about the insurance benefits and to assist in filing claims. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim. Be sure all questions are answered fully.

This folder has been prepared to give you the highlights of coverage now being offered by UNC Health Care System to meet your insurance needs. For details please refer to the certificate of insurance at www.unchcsbenefits.com.

This insurance is underwritten by Metropolitan Life Insurance Company,
New York, New York 10010.

Plan arranged by:
Potter Financial Group / Benefits Services & Design, Inc.
1816 Front Street, Suite 220
Durham, NC 27705
(919) 382-0609 or (800) 545-5830

THE UNIVERSITY OF NORTH CAROLINA HEALTH CARE SYSTEM



Life Insurance Plan

Chapel Hill, NC

SCHEDULE OF BENEFITS

OPTIONAL EMPLOYEE LIFE AND AD&D INSURANCE

Your choice of the following amounts:

One, two, three, four or five times your annual salary to a maximum of \$625,000.

To choose three, four or five times salary or amounts above \$250,000, you must furnish medical evidence of insurability satisfactory to Metropolitan.

Added Features

- Will Preparation (through Hyatt Legal)
- Accelerated Benefit Option
- Travel Assistance (only if you participate in the Optional AD&D plan)

OPTIONAL DEPENDENT LIFE INSURANCE

- \$25,000 on your Spouse or Domestic Partner
- \$10,000 on each of your eligible Children (\$.85 covers all eligible children)
- Accelerated Benefit Option (Spouse or Domestic Partner Only)

Dependent Life Insurance is available only to those eligible employees who are insured for Employee Optional Life Insurance.

YOUR MONTHLY COST

EMPLOYEE/SPOUSE/DOMESTIC PARTNER RATE

Employee Age	Rate/1000	AD&D Rate/1000
Age 0-24	0.040	.03
25-29	0.047	.03
30-34	0.061	.03
35-39	0.081	.03
40-44	0.090	.03
45-49	0.135	.03
50-54	0.207	.03
55-59	0.387	.03
60-64	0.594	.03
65-69	1.143	.03
70-74	1.854	.03
Monthly Rate Child(ren) \$0.85 75 & over	1.854	.03

GROUP LIFE INSURANCE

OPTIONAL EMPLOYEE LIFE INSURANCE

Your optional employee life coverage can provide important protection for you at low group rates and through convenient payroll deductions.

To help meet this need, you now have the opportunity to elect group life insurance under the optional portion of your program to go along with any personal insurance coverage you may have.

OPTIONAL DEPENDENT LIFE INSURANCE

Provides coverage on:

- Your Spouse or Domestic Partner
- Child Life Insurance coverage will continue to age 26, regardless of student or marital status.

FEATURES

The plan features the option of one or two times salary with no health questions during your initial eligibility period. To choose three, four or five times salary, or requesting an amount in excess of \$250,000, you must complete a health questionnaire. Furthermore, automatic payroll deductions simplify paperwork. This means less bookkeeping for you and no worries about lapse in coverage due to missed payments.

LOW COST

Your cost is lower than for comparable insurance on an individual basis due to the “wholesale” economies inherent in group insurance. Additionally, the Plan absorbs the cost of administering the program which is underwritten by Metropolitan Life – a leader in the field of group coverage.

ELIGIBILITY

You will be eligible for this program if you are a full-time or part-time permanent (20 or more hours) active employee.

ENROLLMENT

Enrollment is simple – just fill out the election card provided. Make sure you supply all the required information and return the form to the Benefits Office. That’s all. You will be notified as to when the coverage starts.

BENEFICIARY

You have the right to designate the beneficiary of your choice under employee coverage. You are automatically the beneficiary under Dependent Life.

WHEN YOUR INSURANCE STARTS

Your insurance will become effective on the first of the month following 30 days of employment provided you meet the requirements of the Plan.

In addition, the coverage will not become effective for you or any dependent who is hospitalized as defined above or who is not performing normal daily activities on the date coverage would otherwise become effective. Normal daily activities means that the individual is not confined at home under the care of a doctor for a sickness or injury or is not entitled to receive any disability income from any source.

If you meet the eligibility requirements described above for the date of enrollment and for effective date of coverage, your Optional Employee Life Insurance will become effective on the date of your eligibility provided you are then actively at work; otherwise, on the day you return to active work.

If you enroll for Optional Dependent Life Insurance, that coverage will become effective on the date your Optional Employee Life Insurance becomes effective, for any dependents who meet the eligibility requirements described above.

TERMINATION OF COVERAGE

All insurance under the plan will terminate upon your retirement, termination of employment, when the plan ceases or when you withdraw from the plan.

PORTABILITY OPTION

If your Optional Employee Life Insurance is scheduled to end as a result of your termination of employment or retirement, you are eligible to elect the portability option and take your coverage with you. Please ask the Benefits Office for details.

CONVERSION

If your employment terminates while you are covered under the plan, you may purchase without medical evidence of insurability, any individual insurance policy, except a term policy, issued by Metropolitan Life in any amount up to the amount of your life coverage in effect on your date of termination. You must apply for this policy within 31 days after the date your insurance terminates. This privilege applies to Optional Employee Life Insurance and Dependent Life Insurance.