



Roman Catholic
Archdiocese of
Atlanta

Basic Life, Basic AD&D, Supplemental Life Benefit Highlights Sheet*

Eligibility:	All Active Full-time Employees
Coverage Effective Date:	May 1, 1998
Eligibility Waiting Period:	You are eligible for coverage on the date on which You complete a waiting period of 60 days of continuous service.
Basic Life and AD&D Benefit:	Basic Life: An amount equal to \$50,000 (Employee Only, subject to reductions due to age). Basic Accidental Death & Dismemberment: A maximum benefit of \$50,000 (Employee Only).
Supplemental Life Benefit:	Supplemental Life - Employee: Increments of \$10,000, subject to an overall maximum of \$250,000.
Guaranteed Issue Amount:	The guaranteed issue amount is the amount of insurance that you may elect without providing evidence of good health. If you enroll within 31 days of the date you are first eligible; the guaranteed issue amount for Supplemental Life Insurance (on the employee only) is \$100,000. If you enroll after your initial eligibility period, evidence of good health will be required for all coverage enrollments or changes, including any increases in coverage.
Dependent Coverage:	Spouse Benefit Amount: \$10,000 increments, subject to a maximum of \$100,000. You may not elect coverage for your spouse if your spouse is covered as an employee under this policy. <i>If you enroll your spouse for Dependent Coverage within 31 days of the date you are first eligible, the Spouse Guaranteed Issue Amount is \$50,000.</i> A Personal Health Statement won't be required for your spouse unless you are a late enrollee or your spouse coverage exceeds the Spouse Guaranteed Issue amount. Child Benefit Amount: 15 day(s) but less than 6 month(s) of age: \$500 6 month(s) of age or older: \$2,000 increments, subject to a maximum of \$10,000 per family unit (includes all eligible dependent children). <i>Child Guaranteed Issue Amount: \$10,000.</i> <i>To qualify, children must be at least 15 day(s) old but under age 26 years.</i>
Portability or Conversion Option:	If you leave your employer, Portability is a continuation option that allows you to continue your coverage for you. To be eligible you must terminate your employment while you are under the Social Security definition of retirement age (age 65 or older based on your year of birth) and you must be porting a minimum of \$5,000. The option allows you to continue all or a portion of your Supplemental Life Insurance under a separate Portability term policy. Portability is subject to a maximum of \$250,000. If portability is also offered on spouse and child coverage, it is subject to a maximum of \$50,000 spouse and \$10,000 child, at economical group rates. To elect Portability, you must apply and pay the premium within 31 days of the termination of your Supplemental Life Insurance. Proof of good health will not be required. If your Supplemental Life insurance terminates, the plan's Conversion Privilege allows you or your dependents to convert all or a portion of your group coverage to an individual policy from Hartford Life. The conversion amount will depend on the reason coverage is terminating. You must request conversion and pay the required premium within 31 days of the date your Supplemental Life insurance ends. No evidence of good health will be required. CONVERSION MAY BE ELECTED UPON TERMINATION OF BENEFITS.

Living Benefits Option: Should you or your dependents be diagnosed as terminally ill with a 12-month life expectancy, the Living Benefits Option allows you to receive an accelerated payment of a portion of your or your dependent's life insurance proceeds. The option is available to individuals with at least \$10,000 in group coverage from Hartford Life, subject to any maximum age limit described in your booklet.

You may request a minimum accelerated payment of \$3,000 up to a maximum of 80% of the person's coverage or \$500,000, whichever is less. Funds are paid directly to you, with no policy restrictions on how you use them. The remaining benefit is then payable to the beneficiary.

Waiver of Premium: This provision applies if you become totally disabled before age 65 and your disability lasts for at least 9 months. You must provide proof of your condition within one year of your last day of work and once we approve, your coverage can be continued for your lifetime without payment of premium, as long as you remain totally disabled. Payment of premium is required until waiver is approved by Hartford Life.

Accidental Death & Dismemberment: If accident or injury occurs, directly and independently of all other causes, and results in any of the following losses within 365 days of the accident, Hartford Life will pay as follows:

Loss:	An Amount Equal To:
Loss of Life	The Supplemental Life Benefit Amount
Either one hand, one foot or one eye	One-half of the Supplemental Life Benefit Amount
More than one of the above resulting from one accident	The Supplemental Life Benefit Amount

Benefit Costs: The monthly rate:

Basic Life and AD&D: Employer provided

Supplemental/Dependent Life rates:

Child Life (per family unit): \$0.07 per \$1,000 (in \$2,000 increments to maximum of \$10,000)

Supplemental Employee/Spouse Life rates below:

Employee Age	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Employee & Spouse Rate	0.061	0.081	0.091	0.158	0.249	0.407	0.696	0.99	1.905	3.09

*This Benefit Highlights Sheet explains the general purposes of the insurance described, but in no way changes or affects the policy as actually issued. In the event of any discrepancy between any of these documents and the policy, the terms of the policy apply. Complete coverage information is in the certificate of insurance booklet issued to each insured individual. Please read it carefully and keep it in a safe place with your other important papers.