

Georgia Agribusiness Council

Group Term Life and Accidental Death & Dismemberment Insurance Announcement

General Overview:

The Georgia Agribusiness Council, through AgriHealth of Georgia, is pleased to announce the formation of a Group Term Life and Accidental Death & Dismemberment insurance plan that is available for all GAC member organizations. This program is underwritten by **Reliance Standard Life Insurance Company**.

Plan Description:

Guarantee Issue:

This coverage is **Guarantee Issue** for all eligible employees per the selected amounts subject to the age reduction requirements. No eligible employee will be denied coverage.

Eligibility:

All active full time employees working 30 or more hours per week except any person working on a temporary or seasonal basis.

Coverage Options:

A member firm can purchase Group Term Life and Accidental Death & Dismemberment insurance for its eligible employees. The amount that can be purchased is \$25,000, \$50,000, \$75,000, \$100,000. The one selected amount will apply for all eligible employees.

Age Reduction:

Benefits will be reduced at age 65 by 35% of the pre-age 65 amount, an additional 25% of the pre-age 65 amount at age 70, and an additional 20% of the pre-age 65 amount at age 75. Coverage will terminate upon retirement.

Employer Contribution:

The member firm (employer) will pay 100% of the monthly premium.

Employer Participation:

All active full time employees working 30 or more hours per week except any person working on a temporary or seasonal basis must be enrolled by the member firm (employer).

Effective Date of Coverage:

After completion and forwarding of the Participating Employer Agreement and the Employee Enrollment Form to the GAC, coverage will become effective on the first day of the following month.

Enrollment Form:

Each participating employee will complete an Employee Enrollment Form.

Information to be Returned to the GAC:

The member firm (employer) will return: (1) the Participating Employer Agreement, (2) each employee's Reliance Standard Employee Enrollment Form, and (3) the Authorization Agreement-Direct Payments form with an original signature and voided check.

Billing and Collection of Premium:

The GAC will bill and automatically bank draft the monthly premium on **the 1st of each month**.

New Hires and Terminated Employees:

All new hires will be eligible for coverage on the first day of the following month. Coverage for a terminated employee will expire on the last day of the month of employment.

New Hires and Terminated Employees Change Form:

The member firm (employer) will complete an employee change form and return it to the GAC.

Enrollment Changes:

For all new additions or deletions, please complete the Change Form and fax or mail it to the GAC for processing. All Change Forms must be received by the GAC by **the 20th of each month**.

Death of an Insured Employee:

If a claim occurs, this will be reported to the GAC and a claim form will be forwarded to the member firm (employer) for completion.

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Employer Monthly Cost:

Rates per category selected:

<u>Benefit Amount</u>	<u>Monthly Cost Per Employee</u>
\$25,000	\$9.50
\$50,000	\$19.00
\$75,000	\$28.50
\$100,000	\$38.00

Examples of Member Firms Monthly Cost:

<u>Benefit Amount</u>	<u># Employees</u>	<u>Total Monthly Premium</u>
\$25,000	10	\$95.00
\$50,000	10	\$190.00
\$75,000	10	\$285.00
\$100,000	10	\$380.00

For more information, please contact **Eddie Kinnard** at:
Georgia Agribusiness Council
P.O. Box 119
Commerce, Georgia 30529
706/336-6830 or 800/726-2474 phone
706/336-6898 fax

Georgia Agribusiness Council

Member Firms Group Term Life and Accidental Death & Dismemberment Coverage

Reliance Standard Life Insurance Company

Plan Description:

- ◆ Eligibility: All active full-time employees working 30 or more hours per week except any person working on a temporary or seasonal basis. All eligible employees **must be enrolled for coverage.**

- ◆ Benefit Amount:

Option I	Flat \$25,000 Life and AD&D
Option II	Flat \$50,000 Life and AD&D
Option III	Flat \$75,000 Life and AD&D
Option IV	Flat \$100,000 Life and AD&D

- ◆ Age Reduction: Benefits will be reduced at age 65 by 35% of the pre-age 65 amount, an additional 25% of the pre-age 65 amount at age 70, and an additional 20% of the pre-age 65 amount at age 75. Coverage terminates at retirement.

- ◆ Guarantee Issue:

Less than age 65	up to \$100,000
Greater than age 65	Age reduction limits apply
Living benefit rider	75% of benefit amount
Conversion	Yes
Waiver of premium	Yes
Critical illness benefit	Yes
Family medical leave act	Yes
Bereavement counseling	Yes
WorldNet travel assistance	Yes
AD&D	24 hours coverage, excludes retirees
Employer contribution	100%
Employee participation	100%

- ◆ Monthly Cost Per Employee:

<u>Coverage</u>	<u>Monthly Cost</u>
\$25,000	\$9.50
\$50,000	\$19.00
\$75,000	\$28.50
\$100,000	\$38.00

Georgia Agribusiness Council

Group Term Life and Accidental Death & Dismemberment
Participating Employer Agreement Form

Reliance Standard Life Insurance Company

To enroll in the plan, please complete the following:

Member Firm Name _____

Member Firm Address _____

Member Firm Contact and Number _____

Number of Employees Enrolling _____

Coverage Amount for Each Employee: *Circle One*

\$25,000

\$50,000

\$75,000

\$100,000

Amount per Month to be Debited from Banking Account \$ _____.

In addition to the above, please include:

- 1. Each employee's Employee Enrollment Form.**
- 2. Completed Authorization Agreement-Direct Payments form with an original signature and a voided check.**

Coverage will begin on the first of the month following the initial enrollment.

Coverage will end on the last day of the month.

Monthly Premium will be automatically deducted on the 1st of the month.

Prepared by:

Name

Signature

Date

Please Forward All Documents To:

Georgia Agribusiness Council

P.O. Box 119

Commerce, Georgia 30529

706/336-6830 or 800/726-2474 phone

706/336-6898 fax

Georgia Agribusiness Council

Group Term Life and Accidental Death & Dismemberment Employee Enrollment Form

Reliance Standard Life Insurance Company

Employer Section:

Employer _____

Location _____

Contact Person _____ Email _____

Telephone _____ Fax _____

Employee Section:

Name _____

Gender: *Circle One* Male Female

Date of Birth ____/____/____

Social Security Number ____ - ____ - ____

Primary Beneficiary(ies)

Full Name and Address	Percentage (Must total 100%)	Date of Birth	Relationship	Social Security Number

Secondary Beneficiary(ies) (applicable only if you are not survived by one or more primary beneficiaries)

Full Name and Address	Percentage (Must total 100%)	Date of Birth	Relationship	Social Security Number

- This beneficiary designation revokes all revocable prior beneficiary designations.
- Unless you indicate otherwise, if any beneficiary predeceases you, that beneficiary's share will be divided pro-rata among the surviving beneficiaries of the same class (primary or secondary).
- If no beneficiary (primary or secondary) survives you, payment will be made pursuant to the terms of the applicable policy.

Employee Signature

Date

**AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize the **Georgia Agribusiness Council** to debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

Type of Account: _____ Checking _____ Savings

(Bank Routing Number) (Account Number to Debit)

This authority is to remain in full force and effect until the **Georgia Agribusiness Council** has received written notification from me (or either of us) of its termination in such time and manner as to afford the **Georgia Agribusiness Council** and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Company Name – please print)

By: _____
(Individual Name/Title – please print)

(Signature)

(Date)

PLEASE ATTACH A VOIDED CHECK TO THIS FORM!

