

MissVIC
MISSISSIPPI VALLEY INSURANCE COOPERATIVE
P.O. BOX 14
Wood River, IL 62095

Dr. Dennis Burnett
Executive Director

618-254-1755
fax: 618-254-1855
missvic.dennis@gmail.com

May 31, 2023

Billing Statement
For Property and Casualty Insurance
July 1, 2023 - June 30, 2024

Sent Via Electronic Mail

Mr. Richard Cunningham, Dir of Finance
Jacksonville School District 117
211 West State Street
Jacksonville, Illinois 62650

Dear Mr. Cunningham:

Based on a total assessment of \$6,750,000 to operate the Pool for the 2023-24 fiscal year and your District's percentage of the costs being computed by enrollment, building appraisal, workers compensation losses, and payroll, your assessment is:

Regular Assessment	\$570,998.00
Forward Edge Assessment	\$46,702.00
Total Assessment	\$617,700.00

A minimum of one-third of your assessment is due by July 31, 2023 and the total amount is due by September 30, 2023.

Your payments should be made payable to MissVIC and mailed to:

MissVIC
P. O. Box 14
Wood River, Il 62095

PUBLIC RECORDS
ALLIUM DATA
1919 14TH ST STE 700
BOULDER, CO 80302-5482

*****AUTO**MIXED AADC 130
JACKSONVILLE SCHOOL DIST. 117
211 W STATE ST
JACKSONVILLE IL 62650-2001

PL2 T3 P1 S488



9/25/2023

Dear Public Records Department:

Please consider this letter as a public records request for commercial purposes as defined under the laws applicable to your jurisdiction.

We are requesting:

1. A copy of the last property & casualty insurance renewal summary for all lines of insurance purchased by the school district (general liability, auto, workers comp, professional, directors and officers, etc.). This document summarizes the insurance terms, limits, deductibles, premium and exclusions.
2. A copy of the last employee benefits insurance renewal summary for health, dental and vision plans sponsored by the school district. This document shows plan options available to the district's employees and the pricing for employee, employee plus spouse, employee plus family.

Please respond with PDF versions of the requested documents or any questions you may have to the following email address;
publicrecords@alliumdata.com

Thank you,
Michael Rost
Founder & CEO
Allium Data

LGL6035A05A0AAA.000488.01.01.000000





Matthew Moore <mmoore@jsd117.org>

FOIA Request of 9-25-23

1 message

Matthew Moore <mmoore@jsd117.org>
To: publicrecords@alliumdata.com
Cc: Matthew Moore <mmoore@jsd117.org>

Tue, Oct 24, 2023 at 3:30 PM






Mr. Rost,

Please see the attached response to your commercial FOIA request received on 9-25-23.

Thank you,

*Assistant Superintendent
Jacksonville School District 117*

5 attachments

-  **Allium FOIA Jacksonville 2023-24 P_C Assessment.pdf**
751K
-  **Insurance Response Letter 10-24-23.pdf**
368K
-  **Allium EMPLOYEE INFO BOTH OPTIONS 2500 AND 500 HEALTH ALLIANCE.pdf**
237K
-  **Allium FOIA MissVic Final 23-24 Summary2_.pdf**
873K
-  **Insurance Medical.Dental.Vision.Life.pdf**
4945K

Jacksonville School District #117

211 W State Street
Jacksonville, Illinois 62650
Office: (217)243-9411
Fax: (217)243-6844



Matthew Moore, Assistant Superintendent

October 24, 2023

Dear Mr. Rost,

Thank you for writing to Jacksonville School District 117 with your request for information pursuant to the Illinois Freedom of Information Act, 5 ILCS 140/1 et seq.

On September 25, 2023 JSD 117 was in receipt of your commercial FOIA request for the following:

1. A copy of the last property & casualty insurance renewal summary for all lines of insurance purchased by the school district (general liability, auto, workers comp, professional, directors, and officers, etc.). This document summarizes the insurance terms, limits, deductibles, premium, and exclusions.
2. A copy of the last employee benefits insurance renewal summary for health, dental and vision plans sponsored by the school district. This document shows plan options available to the district's employees and the pricing for employee, employee plus spouse, employee plus family.

As the FOIA Officer for Jacksonville School District 117, I am writing to inform you that your request is granted and the requested information is attached to the email accompanying this letter.

You have a right to have the result of your request reviewed by the Public Access Counselor (PAC) at the Office of the Illinois Attorney General. 5 ILCS 140/9.5(a). You can file your Request for Review with the PAC by writing to:

Public Access Counselor
Office of the Attorney General
500 South 2nd Street
Springfield, IL 62706
Fax: 217-782-1396
Email: public.access@ilag.gov.

If you choose to file a Request for Review with the PAC, you must do so within 60 calendar days of the date of this denial. 5 ILCS 140/9.5(a). Please note that you must include a copy of your original FOIA request and this denial letter when filing a Request for Review with the PAC.

Sincerely,



Matthew Moore
Assistant Superintendent
Jacksonville School District 117
(217) 243-9411
mmoore@jsd117.org



MISSISSIPPI VALLEY INTERGOVERNMENTAL COOPERATIVE

SUMMARY OF RISK MANAGEMENT SERVICES AND INSURANCE COVERAGE FOR MEMBERS

Effective 7/1/2023 - 7/1/2024

Prepared by:

Anita Kiehne, Area Vice President
Pam Hopper, Client Service Executive

Arthur J. Gallagher Risk Management Services, Inc.
12444 Powerscourt Dr., Suite 500
St. Louis, MO 63131

anita_kiehne@ajg.com
pam_hopper@ajg.com
www.ajg.com

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

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Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

Service Team

ARTHUR J. GALLAGHER SERVICE TEAM

MissVIC
Dennis Burnett
Executive Director

Anita Kiehne
Area Vice President

Pam Hopper
Client Service Executive
Shamika Rice
Client Service Manager

Alan Schmitt
Tom Shults
Loss Prevention Specialists

BRENTWOOD SERVICES TEAM

Claims

Michelle SHAPER
Senior Vice President
Of Claims

John Balzaine
Liability Claims Supv.
Beth Berberich
WC Supervisor

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

Service Directory

<u>Item</u>	<u>Contact</u>	
MissVIC General Information	Dennis Burnett	(618) 254-1755 - Office (618) 520-8710 – Cell
General account service issues, comments or questions Coverage questions for Property, Automobile, Liability and Workers' Compensation, Certificates of Insurance, Loss Payee Requests, Bonds	Anita Kiehne	(314) 800-2285 - Office (314) 753-1615 - Cell
	Pam Hopper	(314)-800-2208 - Office
	Shamika Rice	(314)-800-2224 - Office
Loss Prevention and Safety Issues	Alan Schmitt	314-800-2255 - Office
Claims Reviews and Special Projects	Anita Kiehne	(314)-800-2285 - Office (314) 205-9611 – Home (314) 753-1615 – Cell

**Mississippi Valley Intergovernmental Cooperative (MissVIC)
Summary of Insurance**

Claims Handling Instructions

WC coverages, report claims to:

Company Nurse
888-375-0285

All other coverages, report claims to:

Brentwood Services Administration:
800-524-0604

Senior Claims Manager:

Michelle Shaiper
Direct: 636-812-9906
Cell: 636-486-5079

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

Your MissVIC Claim Team

WORKERS' COMPENSATION

Brentwood Services Administration
1022 Executive Parkway Drive
PO Box 4605
Chesterfield, MO 63006-4605
Toll Free: 1-855-228-4935
www.bwood.com

WC Supervisor:

Beth Berberich
Direct Dial: 1-636-812-9917
E-Mail: Beth.Berberich@bwood.com

AUTO/GENERAL LIABILITY

Brentwood Services Administration
Toll Free: 1-855-228-4935

Liability Supervisor:

John Balzraine
Direct Dial: 1-615-263-1736
E-Mail: John.Balzraine@bwood.com

Liability Adjuster:

Erin Potter
Direct Dial: TBD
E-Mail: Erin.Potter@bwood.com

PROPERTY

Brentwood Services Administration
Toll Free: 1-855-228-4935

Property Supervisor:

Johna Suchanek
Direct Dial: 1-636-812-9914
E-Mail: Johna.Suchanek@bwood.com

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

How to Report a Claim

No matter how strong your risk management program is you will unfortunately encounter claims.

Accidents do occur and prompt, complete reporting is the first step towards a successful outcome.

The more information you can provide when reporting a claim, the sooner a resolution manager can respond and complete the claim setup.

When reporting a claim, here are several tips to assist you:

- ❖ **Report the claim immediately — don't delay!**
- ❖ Collect as much information as possible regarding the loss, and be prepared to provide the following:

POLICY INFORMATION

- MissVIC Intergovernmental Cooperative and School District Name

CLAIMANT INFORMATION

- Claimant information
- Claimant name
- Claimant address and phone number

LOSS INFORMATION

- Exact date and time of injury or damage
- Exact location where injury or damage occurred
- Specific description of injury or damage
- Witnesses or Passengers – name, address, and phone numbers
- Submit all police reports, estimates, photos and any materials/receipts to the resolution manager handling the claim
- Do not speak with third parties about the claim, and do not discuss “fault”

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

Step by Step Guide by Line to Reporting your Claims

After-Hours / Emergency Losses for ALL Lines of Business:

1-800-524-0604

WORKERS' COMPENSATION

When Company Nurse is applicable:

- + Dial the nurse triage at **1-888-375-0285**
- + Supervisor should initiate the phone call to the triage with the employee present
- + After a series of questions, the supervisor will be asked to leave so that the nurse can communicate with the employee privately
- + After the discussion with the employee/supervisor, the employee will either be directed to treat themselves at home or sent to a doctor's office
- + A FROI will be generated (and a copy sent to the member contact) and the loss will be transmitted to the Risx-Facs system

When Company Nurse is not applicable:

- + Fill out the Form 45 (see below) and submit via fax to:
 - o Call 800-524-0604

LIABILITY/AUTO

- + Fill out the applicable Accident Report form (see below) and submit via any of the methods below:
 - o Call: 800-524-0604

PROPERTY

- + Fill out the applicable Loss Report form (see below) and submit via any of the methods below:
 - o Call: 800-524-0604

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

MissVIC Members

Alton School District #11

Brussels Community Unit School District #42

Cahokia School District #187

Calhoun School District #40

Collinsville Unit 10 School District

Columbia School District #4

E. Alton-Wood River High School #14

Edwardsville School District #7

Granite City School District #9

Jacksonville School District #117

Madison School District #12

Marissa CUSD #40

Roxana CUSD #1

Venice School District

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

Property	
Insured:	Mississippi Valley Intergovernmental Cooperative (MissVIC)
Policy Term:	July 1, 2023 to July 1, 2024
Carrier:	Travelers Indemnity Company
A.M. Best's Rating:	A++ XV
Admitted/Non-Admitted:	Admitted
Coverage Description:	Covers direct loss to buildings and structures, business personal property and other exposures subject to listed sublimits.
LIMIT	ITEM
	<p>\$500,000,000 Ultimate Net Loss to Property (buildings, personal property & extra expense) Per Occurrence, subject to maximum of 120% of value any one building, any one structure or business personal property at any one location, stated on the latest statement of values on file with the Company.</p> <p>Special valuation applies for unscheduled buildings and business personal property</p> <p>The property program responds in excess of any one loss and/or occurrence of \$100,000. If combined loss or multiple locations per occurrence, only one Deductible applies.</p>
Self Insured Retention:	<p style="text-align: center;"><u>Pool:</u></p> <p>\$100,000 per occurrence</p> <ul style="list-style-type: none"> • Above limits are in excess of a \$100,000 all perils MissVIC Retention, except the following coverages – <ul style="list-style-type: none"> ▪ EQ – 2% of insurable value of Building ▪ Flood - \$250,000 applies to all locations except; coverage for Insured Premises within Flood Zone A or Zones prefixed A, as classified under the National Flood Insurance Program, is subject to the minimum of the amount recoverable under the National Flood Insurance Program when the maximum amount of insurance permitted by the National Flood Insurance Program applies; whether coverage is purchased from the National Flood Insurance Program or not and whether or not coverage is

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

	<p>available through the National Flood Insurance Program or not.</p> <ul style="list-style-type: none"> ▪ Wind & Hail – Included in Occurrence Deductible. Occurring in High Hazard Wind Area – 5% applies per unit/\$250,000 ▪ Occurring anywhere else in the Policy Territory where Windstorm or Hail coverage applies, in any one occurrence - \$500,000 ▪ As per Water Damage Deductible endorsement, at each affected School District, in any one occurrence, subject to a minimum, per occurrence - \$100,000 ▪ \$5,000 Boiler and Machinery - Direct Damage or Extra Expense (\$2,500 MissVIC; \$2,500 member) ▪ 24 Hour Utility Services, including Boiler and Machinery Time Element
<p><u>School District</u> <u>Member:</u> <u>Deductible:</u></p>	<p>\$3,000 Building per occurrence \$500 each, per occurrence, Business Personal Property & Automobile Physical Damage \$2,500 Boiler & Machinery – Direct Damage or Extra Expense</p>
<p>Total Insurable Values:</p>	<p>\$1,763,552,692</p> <p>TRIA Included</p>
<p>Covered Property:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Real & Personal Property; Boiler and Machinery Breakdown <input type="checkbox"/> Extra Expense <input type="checkbox"/> Architect's Fees <input type="checkbox"/> Physical Damage to Vehicles – Comprehensive and Collision <input type="checkbox"/> Athletic Equipment (considered Business Personal Property) <input type="checkbox"/> Musical Instruments (considered Business Personal Property)

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

Valuation:

- Replacement Cost
- Actual Cash Value
 - Vehicles
 - Vacant Property
 - Property that is not rebuilt, repaired or replaced

Cancellation:

- By Company - 60 days written notice
- Non-Payment of Premium - 10 days written notice

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

**Coverage Extensions
Sublimits:**

	<p>The following Sublimits apply on a per occurrence basis, unless otherwise stated. Any Sublimit shown as an “annual aggregate” applies per occurrence and to all losses for that peril/coverage in the aggregate during the policy term. All Sublimits listed below apply on a ground up basis over all participating layers of insurance.</p>
<p>Terrorism Certified (Annual Aggregate):</p>	<p>\$500,000,000 subject to a maximum limit of 120% of value for any one building, any one structure or business personal property at any one location as stated on the latest statement of values on file with the Company</p>
<p>Utility Services Combined Direct Damage & Time Element including Boiler & Machinery:</p>	<p>\$500,000</p>
<p>Terrorism Non Certified (Annual Aggregate):</p>	<p>\$0, except “Fire Following”</p>
<p>Flood and Water Damage (Annual Aggregate):</p>	<p>\$5,000,000 Annual Aggregate at all locations in Zones A, or Zones prefixed A (as classified under the National Flood Insurance Program</p> <p>\$10,000,000 Annual Aggregate in Zones B, X (shaded) or Zone X-500 (as classified under the National Flood Insurance Program)</p> <p>No Coverage for Zone V or Zones prefixed V (as classified under the National Flood Insurance Program)</p> <p>\$25,000,000 At All Other Insured Premises</p>

Note: If a building, structure or property in the open is within more than 1 flood zone, the coverage for the most hazardous flood zone will apply.

Earth Movement, Volcanic
Action & Mine Subsidence
(Annual Aggregate):

Coverage excluded for the Pulaski County Illinois, California, Alaska, Hawaii, and Puerto Rico & High Hazard Counties

\$25,000,000 (Moderate Hazard Counties of Alexander, Bond, Clay, Clinton, Crawford, Cumberland, Edwards, Effingham, Fayette, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jasper, Jefferson, Johnson, Lawrence, Macoupin, Madison, Marion, Massac, Monroe, Montgomery, Perry, Pope, Randolph, Richland, St. Clair, Saline, Shelby, Union,

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

	Wabash, Washington, Wayne, White, Williamson) & All Other Locations
Electronic Data Processing Equipment (Data Processing and Media):	\$1,000,000
Newly Constructed or Newly Acquired Property Limit:	\$10,000,000
Days Reporting:	120 Days
Builders Risk, any one construction site:	\$5,000,000 Maximum at any one Construction Site \$5,000,000 Maximum at all Construction Sites
Builders Risk Property at temporary locations:	\$10,000
Builders Risk Property in transit:	\$10,000
Non-reported frame construction is not covered unless reported to the carrier	
Property under Construction/Renovation:	Coverage requires notification to the carrier prior to project commencement – additional premium will apply to new construction
Covered Property in Transit:	\$50,000
Accounts Receivable:	\$10,000,000
Valuable Papers and Records:	\$10,000,000
Pollutant Clean Up and Removal (Annual Aggregate):	\$100,000
Building Ordinance or Law, including loss to undamaged portion of the building, demolition and increased cost of construction:	\$10,000,000
Utility Services Combined Direct Damage & Time Element:	\$500,000
Extra Expense:	\$10,000,000
Ordinance or Law – increased period of restoration:	\$50,000
	\$50,000

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

At Newly Acquired Locations – 120 days: Civil Authority:	30 days
Covered Property in Transit:	\$50,000
Personal Property of Others – any one occurrence:	\$100,000
Fire Arts:	\$1,000,000
Occurrence Per Item Maximum:	\$100,000
Outdoor Property, including debris removal:	\$100,000
Maximum Per Each Tree/Shrub:	\$1,000
Covered Property at Un-described Premises:	\$1,000,000
Ingress and Egress:	# of Miles = 1; # of consecutive dates = 90
Limited “Fungus”, Wet Rot, Dry Rot & Bacteria Coverage:	Direct Damage - \$100,000 Extra Expense – 30 days
Preservation of Property	Pays for removal of property if loss occurs within 180 days after the property is moved
Protection of Property	\$250,000 Annual Aggregate
Perils Insured:	All Risk of Direct Physical Loss or Damage, including Flood & Water Damage, including Earth Movement & Volcanic Action, mine subsidence and landslide, except as excluded or limited
Notable Exclusions:	<input type="checkbox"/> Seepage/Pollution/Contamination <input type="checkbox"/> Asbestos <input type="checkbox"/> Fungi (Mold) Exclusion <input type="checkbox"/> Business Interruption <input type="checkbox"/> Earthquake in AK, HI, PR and the high hazard counties listed on MS C6 09 <input type="checkbox"/> Nuclear Hazard <input type="checkbox"/> War <input type="checkbox"/> Military Action <input type="checkbox"/> Electronic Vandalism <input type="checkbox"/> Pathogenic or Poisonous <input type="checkbox"/> Biological or Chemical Materials <input type="checkbox"/> Computer Virus

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

- Programming Errors or Omissions
- Other Exclusions as more fully detailed in the policy form

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

Boiler & Machinery (Included in Property)

Covered Locations:	see Statement of Values on file with Travelers		
Covered Cause of Loss:	Sudden & accidental breakdown of a covered object, subject to policy definitions & exclusions		
Policy Limits:			
Property Damage:	Included (insured's locations only), Property Damage, in any one accident		
Extra Expense:	Included - In any one Accident.		
Sublimits:			
Hazardous Substances	Ammonia Contamination	\$100,000	Any One Accident
	Any Other Substance	\$100,000	Any One Accident
	Water Damage	\$100,000	Any One Accident
Expediting Expense		\$100,000	Any One Accident
Valuation:	Cost to repair or replace the damaged objects		
Deductibles:	\$5,000 Total Deductible for Direct Damage & Extra Expense –Shared between District & MissVIC \$2,500 MissVIC \$2,500 per District Travelers has a \$100,000 deductible for Utility Services – Direct Damage. Extra Expense deductible for same peril is 24 hours.		
Typical Objects Not Covered: (See policy for complete list)	Structure or foundation; Buried vessel or piping; sewer piping; oven, stove, incinerator, pot or kiln.		
Coverages Include:			
Property Damage:	Included as this is part of Property policy		
Service Interruption:	Included as this is part of Property policy		
Demolition and Ordinance or Law:	\$10,000,000		
Newly Acquired Locations:	\$5,000,000 / 120 Days		
Broad Comprehensive Coverage (including	Included		

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

Production Machines) and Computer Equipment:	
Repair or Replacement:	Yes
Coverage Exclusions Including but not Limited to:	Property perils – ie Lightning, Explosion, Wind, Flood, Earthquake, Earth Movement, Freeze, Ice, Snow, Sleet, Hail, etc. Deliberate Acts Computer Data Recognition Damage to an object caused by hydrostatic, pneumatic, gas pressure or insulation breakdown Testing
Notice of Cancellation	60 Days 10 Days Non-Payment

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

BOILER & MACHINERY INSPECTIONS

Traveler's Indemnity Insurance Company

Our Boiler & Machinery coverage is included in our primary property policy through Traveler's Insurance Company. Part of the boiler policy provides inspections of the district machinery that qualifies under that coverage. These inspections are typically on an annual basis and are done by Traveler's employees who are Illinois State certified engineers.

Any appointments to visit your district for these inspections should be set up by Traveler's in advance with the designated MissVIC Board representative of that district. You may designate a buildings and ground or maintenance representative to accompany the engineer at the walk through.

The engineer will be looking at the equipment and has the authority and is required by the state to identify any potential safety hazards. There are 3 categories which may be identified and depending on the type will require varying degrees of district action.

Category One: **Jurisdictional**

These are state specific and require immediate remedy/attention not to exceed 30 days. The district will be notified in writing and engineer will wait for the district action plan/response to close the recommendation and obtain a renewal certificate. If the 30 days expires with no district response, the engineer will notify the state.

Category Two: **Important**

These are also high priority and re based on Traveler's safety standards. They will demand the same response and timeline as the state.

Category Three: **Advisory**

These are recommendations the engineer will make suggesting improvements (typically not safety related/but efficiency related) and are not a requirement and not a code violation.

Designated district personnel will receive a letter from the engineer identifying any recommendations that will require a response on your part. As indicated above, the timeline in which you need to respond with the action taken will be determined by the type/category of the recommendation and will be indicated in the Traveler's report to you.

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

Employee Dishonesty and Crime (Member Districts)

Insured:	Mississippi Valley Intergovernmental Cooperative (MissVIC)
Policy Term:	July 1, 2023 to July 1, 2024
Carrier:	Travelers Casualty and Surety Company of America
AM Best Rating:	A++ XV
Admitted/Non-Admitted:	Admitted
Locations Covered:	All member district facilities
Public Employee Dishonesty:	
Covers: (Blanket) Form A	Your loss of money, securities, and other property resulting from employee dishonesty while acting alone or in collusion with others
Limit:	\$2,000,000 per loss
Coverage for Employee Dishonesty:	<ul style="list-style-type: none"> • Any loss or losses caused by an employee regardless of the number of acts involved • Direct loss of money, securities, and other property caused by theft or forgery by any employee of any insured • Volunteers covered as employees • Coverage is automatically excluded for any employee if you (or any partner, officers, or directors) not in collusion with that employee having knowledge of any dishonest act committed by that employee before or after being hired
Coverage Includes:	Any other Employee Benefit Plans now existing or hereafter created or acquired which may be required to be bonded under the Employee Retirement Income Security Act of 1974. (Covers 10% of assets up to \$500,000 maximum required by ERISA)
Forgery & Alteration:	
Covers:	Loss resulting from forgery or alteration of checks or similar promises of payment that you or your agent have issued, or similar instruments issued in your name payable to a fictitious entity
Limit:	\$2,000,000

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

Theft, Disappearance, and Destruction:

Covers:	Your loss of money and securities used in your business for the limits indicated below:				
Limit:	<table border="0"> <tr> <td style="vertical-align: top;">\$2,000,000</td> <td style="padding-left: 20px;">Within your covered office or within a bank or savings institution (premises coverage)</td> </tr> <tr> <td style="vertical-align: top;">\$2,000,000</td> <td style="padding-left: 20px;">Outside the premises in care and custody of a messenger (transit coverage)</td> </tr> </table>	\$2,000,000	Within your covered office or within a bank or savings institution (premises coverage)	\$2,000,000	Outside the premises in care and custody of a messenger (transit coverage)
\$2,000,000	Within your covered office or within a bank or savings institution (premises coverage)				
\$2,000,000	Outside the premises in care and custody of a messenger (transit coverage)				
Coverage for Theft Disappearance or Destruction:	<p>Robbery or attempted robbery at listed premises, safe burglary, or attempted safe burglary at listed premises damaged to the premises resulting from robbery or safe burglary</p> <ul style="list-style-type: none"> • Banking premises, night depository, or bank/trust company safe 				

Computer Theft and Funds Transfer Fraud:

Covers:	Loss of or loss from damage to money, securities and property other than money or securities. Computer Fraud means theft of property caused by the use of a computer to fraudulently cause a transfer of covered property from inside a bank or a premises to a place other than those two locations.				
Limit:	\$2,000,000				
Claim Expense	\$5,000 (\$0 retention)				
Retentions:	<table border="0"> <tr> <td style="padding-right: 10px;">\$ 35,000</td> <td>MissVIC</td> </tr> <tr> <td style="padding-right: 10px;">\$ 1,000</td> <td>District</td> </tr> </table>	\$ 35,000	MissVIC	\$ 1,000	District
\$ 35,000	MissVIC				
\$ 1,000	District				
Coverage Exclusions Include but are not Limited to:	<ul style="list-style-type: none"> • War • Acts of Partners • Reproduction of Information • Expenses incurred in establishing existence of an amount of loss 				

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

Coverage Exclusions Include but are not Limited to: (Continued)

- Loss of Income
- Loss of trade secrets or any other confidential information
- Fees, costs or expenses in prosecuting or defending a claim
- Loss unless written notice is given within 60 days after cancellation of coverage or 1 year if termination results in voluntary liquidation
- Loss by employee if elected or appointed office knew of acts of theft, fraud or dishonesty committed by employee (prior to employment – \$25,000 or more)
- Loss to property other than money & securities
- **MissVIC** Board Members while performing their duties for **MissVIC** under Policy #105638317

Reporting Requirements:

Must give written notice upon knowledge of proprietor, partner, officer or insurance representative of ANY insured within 90 days of such discovery.

Special Endorsements: (all same as expiring)

Amend definition of subsidiaries

Illinois Amendatory endorsements

Additional Insureds endorsement (shows member districts)

Valuation Clause Endorsement

Compliance with applicable trade sanction laws

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

Fiduciary Liability (Claims Made Coverage)

Named Insured:	Mississippi Valley Intergovernmental Cooperative Health Plan Mississippi Valley Intergovernmental Cooperative Dental Plan Mississippi Valley Intergovernmental Cooperative Life Plan
Policy Period:	July 1, 2023 to July 1, 2024
Company:	Travelers Casualty and Surety Company of America
A.M. Best's Rating:	A++ XV
Admitted/Non-Admitted:	Admitted
Limits:	\$2,000,000 For all Claims
Sublimits:	\$100,000 for each Settlement Notice Limit of Liability \$100,000 HIPPA Limit of Liability \$100,000 502(c) Penalties Limit of Liability A) The Company will pay on behalf of the Insured, Loss for any Claim first made during the Policy Period, or if exercised during the Extended Reporting Period or Run-Off Extended Reporting Period, for a Wrongful Act. B) The Company will pay on behalf of the Insured, Settlement Fees and Defense Expenses incurred by the Insured in connection with any Settlement Program Notice; provided that participation by the Insured in any Settlement Program commences during the Policy Period or, if exercised, during the Extended Reporting Period or Run-Off Extended Reporting Period
Deductible:	\$1,000 Per Claim
Defense Costs:	Included in the Limits of Liability

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

**Prior and Pending Claim
Dates:**

- 7/1/06

Extended Reporting Period:

- One year for 25% of the policy premium. See Extended Reporting Period section the policy for all terms and conditions

**Coverage Exclusions
Including but Not Limited to:**

- Libel or slander
- Dishonesty fraudulent or criminal act
- Workers' Compensation
- Bodily injury, sickness, disease or death; loss of or use of tangible property
- Illegal personal profit
- Failure to collect contributions owned or failure to return contributions to covered benefit plans
- Liability assumed in a contract
- Failure to maintain bonds
- Nuclear Energy Liability Exclusion
- Pending and Prior Litigation Exclusion

**Endorsements:
(see quote for complete list.)**

- Illinois Amendatory Endorsements
- Punitive Damages covered where allowed by law
- Name of designated Plan or Trust
- HIPAA Civil Money Penalties Endorsement
- 90 day cancellation notice

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

Primary Liability	
Named Insured:	Mississippi Valley Intergovernmental Cooperative (MissVIC)
Policy Term:	July 1, 2023 to July 1, 2024
Carrier:	Safety National Casualty Corporation
A.M. Best's Rating:	A IX
Admitted / Non Admitted:	Admitted
Coverage	General Liability/Automobile Liability (Bodily Injury, Property Damage, Personal Injury) includes coverage for Abuse/Molestation and School Security Officers
Limits:	
Each Occurrence:	\$5,000,000 Combined BI & PD
General Aggregate Limit	\$5,000,000 Annual Aggregate, Each Members
Product, Completed Operations, Employee Occupational Disease Sexual Molestation	
Employee Benefits Liability	\$5,000,000 Each Employee Limit
Claims Made Form	\$5,000,000 Aggregate Limit
Retroactive Date	7/1/1995
Automobile Liability: Symbol 1 Any Auto	\$5,000,000 Combined Single Limit Bodily Injury & Property Damage
Garagekeeper's Legal Liability	\$30,000 Each Auto
Retention	\$500 each auto (comp & collision); \$2,500 maximum per loss
Self-Insured Retention:	\$250,000
Coverage Form:	Occurrence/EBL Claims Made
Sovereign Immunity Endorsement:	Carrier will pay on behalf of member only those sums which MissVIC shall & can become legally obligated to pay by reason of liability imposed by law.
Defense Costs:	Defense is inside the retention/Outside the Limit

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

Primary Liability	
Definitions:	
Member:	School district, community college or other educational entity named as such in the policy
Coverage Exclusions Including But Not Limited to:	<ul style="list-style-type: none"> • See policy for full list
Coverage B: School Board Legal Liability	
Coverage Form:	Claims Made
Date of First Coverage:	7/1/2009
Coverage Agreement:	Pay on behalf of insureds, loss exceeding the self-insured retention up to the Limit of Liability as a result of a Wrongful Act within the Coverage Territory for claims made during the policy period
Limits:	
Annual Aggregate Each Member:	\$5,000,000
Each Wrongful Act:	\$5,000,000
Self-Insured Retention:	\$250,000 (each wrongful act)
Extended Reporting	
Retroactive Date:	7/1/1995
Basic Reporting:	60 days past expiration at no additional premium charge
Extended Reporting Option:	<ul style="list-style-type: none"> • Additional Premium will not exceed 100% of the annual premium for this endorsement.
Defense Costs	Defense is inside the retention/outside the Limit

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

Excess Liability (Retained Limits Form)	
Named Insured:	Mississippi Valley Intergovernmental Cooperative (MissVIC)
Policy Term:	July 1, 2023 to July 1, 2024
Carrier:	General Star Indemnity Company
AM Best Rating:	A++XV
Admitted/Non-Admitted:	Admitted
Coverage Description:	Bodily Injury and Property Damage Liability
Coverage A:	Excess Liability – applicable to losses in excess of underlying schedule of liability.
Coverage B:	Broad Legal Liability coverage – subject to the self-insured retention and policy terms, and applicable to losses not otherwise covered by underlying insurance, nor excluded from this policy.
Limits:	<p>\$5,000,000 Each Event (Occurrence or Claim) - Per Member</p> <p>\$5,000,000 Sexual Molestation Annual Aggregate - Per Member</p> <p>\$5,000,000 Traumatic Brain Injury Annual Aggregate – Per Member</p> <p>\$5,000,000 Fiduciary Liability – Annual Aggregate</p> <p>\$5,000,000 Annual Aggregate (applies separately to each member)</p>
Retained Limit:	None except \$250,000 SIR applicable if underlying is exhausted
Who is an Insured: (See policy for complete list and definitions)	The district; any person who was, is now or will be your elected or appointed officials or members of the Board of Education while acting on your behalf; teachers, student teachers, employees or volunteers; student body organizations, parent-teacher organizations, booster clubs or other auxiliary organizations, but only for liability arising from activities conducted while under your direct supervision and under authority of your governing board.
Underlying Coverage:	Line(s) of Business: General Liability (GL) including Employee Benefits Liability (EBL), Law Enforcement Liability (Law), Automobile Liability (Auto), Sexual

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

Excess Liability (Retained Limits Form)

Features:	<ul style="list-style-type: none"> • Unmanned Aircraft System • Workers' Compensation • Pollution Exclusion • Subsidence • Contracted Buses • Economic or Trade Sanctions • Known Claims • Mold or Fungus • Failure to integrate or desegregate • Care, Custody & Control Real/Personal Property • UM/UIM • Violation of communication or information law • Garagekeepers • No fault • Eminent Domain • Access or Disclosure of Confidential or Personal Information & Data-Related Liability <p>Pay on behalf of insured</p> <p>Defense is included in the limit</p> <p>60 day cancellation notice</p>
Retroactive Dates:	<ul style="list-style-type: none"> • 7/1/95 Employee Benefits Liability all members, (for any new member, the pool initiation/ inception date of that member will be the effective date of entry into the pool) • 7/1/95 School Board Legal Liability (including EPL) (for any new member, the pool initiation/ inception date of that member will be the effective date of entry into the pool) • NA Sexual Abuse and Molestation Liability
Annual Aggregate:	<input type="checkbox"/> Prior and Pending Acts – Excluded if known and not reported before effective date.
Key Conditions:	<input type="checkbox"/> Prior approval for TPA or administrator change <input type="checkbox"/> Defense costs inside the limit <input type="checkbox"/> New members referred to carrier for pricing <input type="checkbox"/> Broad Notice of Occurrence – Claims Made Coverages

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

Excess Workers' Compensation

Named Insured:	Mississippi Valley Intergovernmental Cooperative (MissVIC)
Policy Term:	July 1, 2023 to July 1, 2024
Carrier:	Safety National Casualty Corporation
AM Best Rating:	A+ XIV
Coverage Description:	Excess of Workers' Compensation insurance pays specific benefits, required by state law, to employees injured during the course of their employment. Coverage A is Statutory, Coverage B – Employers' Liability, is for claims involving injured employees filed outside of the statutory Workers' Compensation portion of the law.
State:	Illinois
Specific Excess Coverage:	
Retention:	\$550,000 per loss
Limit:	Statutory
Employers Liability Maximum Limit of Indemnity Per Occurrence:	\$1,000,000
Maximum Limit of Indemnity of the Corporation for the Liability Period:	\$2,000,000
Payroll:	\$283,338,137
Coverage:	Applies to loss sustained by the Employer (Member District) because of liability imposed upon the employer by the Workers' Compensation or Employers' Liability Law of; <ol style="list-style-type: none"> 1) the State designated in the Declaration (IL), 2) other states provided the "Loss" shall not be greater than the liability imposed by the State (IL) designated, and on account of bodily injury by accident or occupational disease due to an "Occurrence" taking place within the policy period and includes resultant death.

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

Excess Workers' Compensation

Key Exclusions (See Policy for complete list and detailed description of each):

Coverage applies to employees of the Member District engaged in the business operations or incidental operations of the Member District. New members are covered the date they join MISSVIC, subject to prior approval by the excess workers compensation carrier.

Voluntary Compensation

Longshore & Harbor Workers' Act

Owners or Officers

Bodily Injury to an Employee While Employed in Violation of Law

Bodily Injury Intentionally Caused by Insured
Federal Employers' Liability Act

Assumptions under Contract

Key Endorsements:

Employer Delineation of Insured Members

Definition of Loss Rund

Broad Form all States for Employee Travel

Voluntary Compensation Endorsement – Premium Delineation

Foreign Voluntary Workers' Compensation and Employers' Liability

Illinois Mandatory Endorsement(s), if applicable,
Policyholder Disclosure Notice of Terrorism Insurance

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

Foreign Liability

Named Insured:	Mississippi Valley Intergovernmental Cooperate (MissVIC)	
Policy Term:	July 1, 2023 to July 1, 2024	
Carrier:	ACE American Ins. Co.	
AM Best Rating:	A++ XV	
Admitted/Non-Admitted:	Admitted	
Coverages Included:		
Commercial General Liability, including:	\$1,000,000	Each occurrence
	\$5,000,000	General Aggregate
	\$2,000,000	Products/ Completed Operations Aggregate
	\$1,000,000	Premises Damage Limit
	\$1,000,000	Personal & Advertising Injury (any one person or Organization)
	\$50,000	Medical Expense Limit
	\$1,000,000	Combined Single Limit BI/PD Any One Accident (Covering Owned and Hired & Non-Owned Autos)
Automobile:		
	Medical Payments	
	\$50,000	Medical Expense Limit
	\$50,000	Any One Accident
	\$50,000	Any One Policy Period

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

Foreign Liability		
Employee Benefits Liability	\$1,000,000	Each Claim (subject to \$1,000 Deductible per claim)
	\$1,000,000	Annual Aggregate
Benefits for Voluntary Compensation		North America – State of Hire Third Country National – Country of Hire Local National – Country of Hire
Employee Liability & Repatriation: (benefits determined by State of Hire)		Contingent Employers Liability Protection – Workers Compensation Protection for Employees Overseas
	\$1,000,000	Each Accident
	\$1,000,000	Each Employee (including endemic disease)
	\$1,000,000	Policy Limit (including endemic disease)
		Repatriation Protection – enabling the individual to be brought back to the United States – included in above Employers Liability Limits
Special Endorsements/Condition:	\$1,000,000	Executive Assistance (Medical) Services
Key Exclusions: (See policy for complete list)		War or terrorism Asbestos Silica or Silica Related Dust Professional Services Accidental Death and Dismemberment (AD & D) Commercial Property Cargo Kidnap and Extortion (K & E) Employee Dishonesty Injury to Participants

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

Cyber Liability

Named Insured:	Mississippi Valley Intergovernmental Cooperative (MissVIC)
Policy Term:	July 1, 2023 to July 1, 2024
Carrier:	Obsidian Specialty Insurance Company
LIABILITY EXPENSE	
Coverage	Limit/Deductible
<ul style="list-style-type: none"> • Liability Costs • PCI Costs • Regulatory Costs 	<ul style="list-style-type: none"> • \$1,000,000/ \$25,000 • \$1,000,000/ \$25,000 • \$1,000,000/ \$25,000
Full Prior Acts	
FIRST PARTY EXPENSE:	
Coverage	Limit/Deductible
<ul style="list-style-type: none"> • Cowbell Breach Fund • Data Restoration • Extortion Costs • Business Impersonation Costs • Reputational Harm Expense 	<ul style="list-style-type: none"> • \$1,000,000/ \$25,000 • \$1,000,000/ \$25,000 • \$1,000,000/ \$25,000 • \$1,000,000/ \$25,000 • \$500,000/ 12 Hours/ 7/1/2021 Retro Active Date
FIRST PARTY LOSS	
<ul style="list-style-type: none"> • Business Interruption Loss • Contingent Business Interruption Loss • System Failure • Contingent System Failure • Cyber Crime Loss • Bricking Costs • Criminal Reward Costs 	<ul style="list-style-type: none"> • \$1,000,000/ \$25,000/ 12 Hours • \$1,000,000/ \$25,000/ 12 Hours • \$1,000,000/ \$25,000/ 12 Hours • \$1,000,000/ \$25,000/ 12 Hours • \$250,000/ \$25,000 • \$1,000,000/ \$25,000 • \$100,000
COVERAGE ENDORSEMENTS	
<ul style="list-style-type: none"> • General Data Protection • Utility Fraud Attack • Media Liability 	<ul style="list-style-type: none"> • \$1,000,000/ \$25,000/ Full Prior Acts • 100,000/ \$25,000/ Full Prior Acts • \$1,000,000/ \$25,000/ Full Prior Acts

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

Cyber Liability

Key Exclusions:

See policy for complete exclusion list

Note:

The above is only a summary of the major conditions and exclusions in this policy. Please review the actual policy for a complete listing of exclusions and conditions.

Extended Reporting Terms:

If this Policy is cancelled or non-renewed for any reason other than non-payment of premium, provided the Insured does not obtain replacement coverage as of the effective date of such cancellation or non-renewal, the Named Insured will have the right to purchase an Additional Extended Reporting Period within sixty (60) days after the end of the Policy Period. Such Additional Extended Reporting period will be for a period of time agreed to by the carrier at a percentage of the annual premium and is fully earned.

Defense Costs:

- Inside the Limit

Definition of Claim:

Claim means any:

(1) written demand for Money or non-monetary relief, written demand for

arbitration or written request to toll or waive a statute of limitations received by the Insured;

(2) civil proceeding in a court of law or equity, including any appeal therefrom, which is commenced by the filing of a complaint, motion for judgment or similar pleading, against the Insured;

(3) administrative or regulatory investigation, inquiry, suit, proceeding, prosecution or governmental actions against the Insured solely with respect to a Privacy Incident;

(4) an arbitration or other alternative dispute resolution proceeding against the Insured for monetary damages or nonmonetary or injunctive relief, commenced by the Insured's receipt of a request or demand for such proceeding, including any appeal thereof; or

(5) written notice received by the Insured for PCI Costs from a third party, with whom the Insured Organization has entered into a Payment

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

Cyber Liability

Incident or Claim Reporting Provision:

Card Services Agreement, as a result of actual or alleged non-compliance with the PCI DSS. As a condition precedent to coverage under this Policy

(a) the Insured must provide written notice to the Insurer of any Privacy Incident, Network Security Incident or Cyber Crime Incident as soon as possible after the Insured is made aware of such Privacy Incident, Network Security Incident or Cyber Crime Incident but in no event more than ninety (90) days after the Privacy Incident, Network Security Incident or Cyber Crime Incident is discovered by the Insured. The Insured will not incur any First Party Loss and First Party Expense without the Insurer's consent; and

(b) the Insured must provide written notice to the Insurer of any Claim as soon as possible after the Insured is made aware of such Claim but no later than ninety (90) days after the end of the Policy Period or end of the Extended Reporting Period (if applicable). The Insured will not incur any Liability Expense without the Insurer's consent.

Punitive Damages:

Punitive, exemplary, or multiplied damages are covered under the Liability Expense Coverage, but only to the extent such damages are insurable under the applicable law most favorable to the insurability of such damages

Claim Reporting Instructions

All notice to Insurer pursuant to Policy Section IV.C., including notice of a potential or actual Claim or Cyber Event, shall be:

Emailed to:
claims@cowbellcyber.ai
Or

Reported at:
1-833-633-8666 Ext. 702
Or

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

Cyber Liability

Logged in using below URL:
<https://console.cowbellcyber.ai>

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

Cyber Coverage Definitions

Cyber Crime Loss Coverage for loss of money or digital currency directly resulting from any of the following covered events: (1) social engineering (2) reverse social engineering, (3) fraudulent transfer of funds. It also provides coverage for charges incurred by the insured from its telecommunications provider as a result of a telecommunications hack.

Bricking Costs Coverage for the reasonable and necessary costs, subject to the insurer's prior consent, to replace, remediate or improve the insured's computer system. Costs must be incurred as a direct result of a network security incident.

Criminal Reward Costs Coverage for amounts offered by the insured for information that leads to the arrest and conviction of any individual(s) committing or trying to commit any illegal act related to any coverage under this policy.

California Consumer Privacy Act Coverage for the amounts that the insured is legally obligated to pay in responding to a CCPA compliance audit or investigation that directly results from a privacy or a network security incident.

General Data Protection Regulation Coverage for the amounts that the insured is legally obligated to pay in responding to a GDPR compliance audit or investigation that directly results from a privacy or a network security incident.

Utility Fraud Attack Coverage for the additional amounts incurred due to the manipulation or deception, by an unauthorized third party for its use, of the insured organization's natural gas, oil, or internet.

Media Liability Liability costs coverage for intellectual property infringement, other than patent infringement, resulting from the advertising of an insured's services. This builds upon the online media liability coverage in the base form to expand to printed. This includes social media.

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

Site Pollution Incident Legal Liability Select (SPILLS)	
Named Insured:	Mississippi Valley Intergovernmental Cooperative (MissVIC)
Policy Term:	July 1, 2023 to July 1, 2024
Carrier:	Ironshore Speciality Insurance Company
Policy Aggregate	\$1,000,000
Each Incident:	\$1,000,000
Third Party Claims for Bodily Injury, Property Damage or Remediation Expenses	\$1,000,000 Each Incident and Aggregate
First Party Remediation Expenses	\$1,000,000 Each Incident and Aggregate
Emergency Response Expenses	\$1,000,000 Each Incident and Aggregate
Business Interruption	\$1,000,000 Aggregate/180 days
Disinfection Event Expenses	\$250,000 Each Incident and Aggregate
Retroactive Date:	7/1/2018
Deductible:	\$50,000 Deductible Coverage A, B, and C Split - \$25,000 Member Deductible \$25,000 MissVIC Deductible Except for \$100,000 Deductible Coverage E Split - \$50,000 Mold Member Deductible \$50,000 Mold MissVIC Deductible
Coverage Description:	Claims Made and Reported, form #IE.COV.SPILLS.EDU.001 (1111)
Special Conditions:	Defense Costs included in the limit of liability

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

Site Pollution Incident Legal Liability Select (SPILLS)	
Key Exclusions: (see policy for complete list)	<ul style="list-style-type: none"> • Acquired Properties Exclusion • Asbestos, PCBs and Lead-Based Paint Exclusion • Specified Conditions Exclusion <p>(See policy for complete exclusion list)</p>
Endorsements:	<ul style="list-style-type: none"> • Definition of Pollutants_Biological Agents • Defense Costs – 25% Outside the Limits • Conditions Amendatory Endorsement • Image Restoration Expenses (\$250,000 Aggregate Limit/\$25,000 Deductible) • Mold Matter and Legionella Deductible Amendatory Endorsement (\$50,000 Deductible) • Per Named Insured Aggregate Limit • New Conditions Only • Insured Definition Amendatory Endorsement • Nucleara and Radiological Exclusion Deletion
Note:	The above is only a summary of the major conditions and exclusions in this policy. Please review the actual policy for a complete listing of exclusions and conditions.
Extended Reporting Endorsement:	90 days automatic coverage, after termination or nonrenewal of the coverage is provided to report claims first made during the 60 day term & arising from covered Wrongful Acts
ERP Premium:	200% of Annual Premium
ERP Premium Due Date:	Within 30 days after the effective date of termination or non renewal
ERP Length	48 Months
Written request from client required:	Written notice must be provided to the insurer of intent to purchase coverage within 60 days after the effective date of termination or non renewal <ul style="list-style-type: none"> • If the Extended Reporting Option is purchased it shall run concurrently with the Automatic Extended Reporting Period above
Defense Costs:	Inside policy limits
Definition of Claim:	Demand, notice or assertion of a legal right alleging liability or responsibility on the part of the Insured.

**Mississippi Valley Intergovernmental Cooperative (MissVIC)
Summary of Insurance**

**Special Events Liability
GatherGuard**

COVERAGE IS NOT AUTOMATIC.

It Should Be Purchased For Each Event

If the Host/Sponsor is unable to provide the District with a Certificate Of Insurance Naming The District as an Additional Insured And Providing Limits Of \$1,000,000 then you can provide the information below to the Host/Sponsor. They will be able to purchase the coverage directly from Intact.

PROVIDE THE HOST/SPONSOR WITH THE FOLLOWING:

1. Host/Sponsor Link to [GatherGuard.com](https://gatherguard.com) access:

NOTE: This coverage is intended for situations:

- Where an entity/group wants to rent the District facilities.
- The District has NO interest in the event.
- The money for the event does NOT run through the District finances.
- There is NO coverage for off campus events.

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

Summary of Coverages

The following is a summary of the property and casualty insurance coverages that apply to all Member school districts of the Mississippi Valley Intergovernmental Cooperative (MissVIC). The summary is a reference for all member school districts of the current insurance policies in place through MissVIC. The summary provides policy numbers, limits, primary coverage highlights and notable exclusions of each policy. However, these are not the actual policies. The policies are on file with the Executive Director and Arthur J. Gallagher Risk Management Services, Inc., St. Louis Office, and are available at the member's request. Any coverage interpretation/consideration must be determined by the actual policy language, terms, conditions and exclusions and will be determined by the insurance carrier at the time of each claim.

The self-insured retentions and Member school district deductibles shown on the following pages apply to the MissVIC pool. Please note that individual member school district deductibles apply as follows:

Coverage	Member Deductible
Property- <ul style="list-style-type: none"> • Buildings • Personal Property 	\$3,000 \$500
Equipment Breakdown (Boiler & Machinery) Each occurrence	\$5,000 Total \$2,500 Member \$2,500 MissVIC
Crime and Dishonesty Coverage (Member Districts) Each occurrence	\$1,000
General Liability Auto Liability School Board Legal Liability including Misconduct Employee Benefits	N/A
Automobile Liability Garagekeepers Legal Liability – Each Auto Garagekeepers Legal Liability – Maximum Per Loss	N/A –Auto Liability \$500 \$2,500
Excess Liability	\$0
Excess Workers Compensation	N/A
Foreign Liability EBL –	\$1,000 Per Claim
Fiduciary Liability	\$1,000
Cyber Liability	\$25,000 \$12,500Member/\$12,500 MissVIC
Site Pollution Incident Legal Liability Select (SPILLS)	\$1,000,000 Incident Limit

**Mississippi Valley Intergovernmental Cooperative (MissVIC)
Summary of Insurance**

Summary of Coverages

	Deductibles
Coverage A –Third Party Claims for B/PD or Remediation Expenses	\$50,000 (50% Member/50% MissVIC)
Coverage, B First Party Remediation Expenses	
C Emergency Response Expenses	5 Days
Coverage D – Business Interruption	5 Days
Coverage E Decontamination Event Expenses	\$100,000 Mold \$50,000 Member/\$50,000 MissVIC

Mississippi Valley Intergovernmental Cooperative (MissVIC) Summary of Insurance

Policy Information

July 1, 2023 to July 1, 2024

<u>Coverage</u>	<u>Carrier</u>	<u>Policy #</u>	<u>Limits*</u>
Property	Travelers Indemnity Co.	KTKCMB7333N30323	\$500,000,000 (Sublimits apply)
Boiler & Machinery	Travelers Indemnity Co.	KTKCMB7333N30323	\$250,000,000
Earthquake	Travelers Indemnity Co.	KTKCMB7333N30323	\$25,000,000
Crime (Board)	Travelers Ins. Co.	105638317	\$2,000,000
Crime (Member)	Travelers Ins. Co.	105638319	\$2,000,000
Fiduciary Liability	Travelers Ins. Co.	105955235	\$2,000,000
Liability Package	Safety National Casualty Corp.	XPR4068260	\$5,000,000
Excess Liability	General Star Indemnity Co..	IXG674732	\$5,000,000
Workers' Compensation	Safety National Casualty Corp.	AGC4066845	Statutory
Foreign Liability	Ace American Insurance Co.	PHFD38407612011	\$1,000,000
Cyber Liability	Obsidian Specialty Ins. Co.	Individual Policies For Each Member	\$1,000,000
Pollution Liability	Ironshore Specialty	ISPILLSCAGSM003	\$1,000,000

*Limits shown may not include sublimits applying to certain coverages. Please refer to the Summary pages for each line of coverage for specific details.

**2023-2024
INSURANCE OPTIONS**

Name _____

Last 4 of SS# _____

Effective Date of Change: _____

No Changes to Any of My Current Benefits

MEDICAL:

A. \$ _____ Health Insurance – **HEALTH ALLIANCE – PPO \$500**
 (Check one of the following and enter the corresponding monthly dollar amount at the left)

_____ Employee Only	\$1,170.00/mo emp cost \$0.00/mo	or	\$0.00 per pay
_____ Employee + Children	\$1,954.00/mo emp cost \$784.00/mo	or	\$392.00 per pay
_____ Employee + Spouse	\$2,083.00/mo emp cost \$913.00/mo	or	\$456.50 per pay
_____ Family	\$2,878.00/mo emp cost \$1,708.00/mo	or	\$854.00 per pay
_____ Medicare	_____ Single \$		_____ Family \$

B. \$ _____ Health Insurance – Health Insurance – **HEALTH ALLIANCE – HDHP \$2500**
 (Check one of the following and enter the corresponding monthly dollar amount at the left)

_____ Employee Only	\$972.00/mo emp cost (\$0.00/mo)	or	\$0.00 per pay
_____ Employee + Children	\$1,623.00/mo emp cost \$651.00/mo	or	\$325.50 per pay
_____ Employee + Spouse	\$1,730.00/mo emp cost \$758.00/mo	or	\$379.00 per pay
_____ Family	\$2,391.00/mo emp cost \$1,419.00/mo	or	\$709.50 per pay
_____ Medicare	_____ Single \$		_____ Family \$

DENTAL:

D. \$ _____ Dental Insurance – **High Plan** (Check one of the following and enter the corresponding monthly dollar amount at the left).

_____ Employee	\$45.06 mo.	or	\$22.53 per pay
_____ Employee + Spouse	\$84.99 mo.	or	\$42.50 per pay
_____ Family	\$145.98 mo.	or	\$72.99 per pay
_____ No Change			

E. \$ _____ Dental Insurance – **Low Plan** (Check one of the following and enter the corresponding monthly dollar amount at the left).

_____ Employee	\$27.39 mo.	or	\$13.70 per pay
_____ Employee + Spouse	\$51.12 mo.	or	\$25.56 per pay
_____ Family	\$84.40 mo.	or	\$42.20 per pay
_____ No Change			

VISION:

F. \$ _____ Vision Insurance (Check one of the following and enter the corresponding monthly dollar amount at the left).

_____ Employee	\$7.39/mo emp cost (\$0.00/mo)	or	\$0.00 per pay
_____ Employee + 1	\$11.20/mo emp cost (\$3.80/mo)	or	\$1.90 per pay
_____ Family	\$19.71/mo emp cost (\$12.32/mo)	or	\$6.16 per pay
_____ No Change			

SUPPLEMENTAL LIFE: (See rate sheet for premium amounts)

G. \$ _____ Total Monthly Cost for Additional Life Insurance

Employee Life Amount: _____	Monthly Premium: _____	Employee AD&D Premium: _____
Spouse Life Amt _____	Monthly Premium: _____	
Children Life Amt: _____	Monthly Premium: _____	
No Change _____		

******PLEASE REVIEW FORM CAREFULLY FOR POSSIBLE RATE CHANGE DUE TO AGE******

Signature : _____ Date : _____

Unless specified by marking this box, all deductions will be taken on a pre-tax basis

Jacksonville School District Health Insurance 10-1-2023

	Health Alliance POSC+ 500 Rx567 NS1 POS Health Alliance POS Network	Health Alliance POSC+ 2500 Rx568 NS1 POS Health Alliance POS Network
Carrier		
Plan Name		
Plan Type		
Network		
In Network		
Deductible: Single	\$500	\$2,500
Deductible: Family	\$1,500	\$7,500
Deductible Type	Embedded	Embedded
Co-Insurance	90%	80%
Out-of-Pocket Limit: Single	\$1,500	\$5,500
Out-of-Pocket Limit: Family	\$4,500	\$12,700
Inpatient Facility	\$500	\$1,000
Outpatient Surgery	Deductible & Coinsurance	Deductible & Coinsurance
Copays		
PCP	\$20	\$20
Specialist	\$40	\$40
Urgent Care	Deductible & Coinsurance	\$40
ER	\$150	\$150
Other Services		
Diagnostic Lab / X-Ray	No Charge	No Charge
MRI & CT Scan	\$500	\$500
Prescription Drugs		
Preferred Generic Rx	\$10	\$10
Non-Preferred Generic Rx	\$35	\$25
Preferred Brand Rx	\$60	\$40
Non-Preferred Brand Rx	\$200	\$200
Preferred Specialty Rx	30% / 50%	30% / 50%
Out of Network		
Deductible: Single	\$1,000	\$5,000
Deductible: Family	\$3,000	\$15,000
Co-Insurance	70%	60%
Out-of-Pocket Limit: Single	\$3,000	\$11,000
Out-of-Pocket Limit: Family	\$9,000	\$33,000
Inpatient Facility	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Surgery	Deductible & Coinsurance	Deductible & Coinsurance



Welcome to

Workplace benefits

Everyone deserves a Guardian

Every day, Guardian gives 26 million Americans the security they deserve through our insurance and wealth management products and services.

We've partnered with your organization to offer you a range of employee benefits. Inside this pack, you'll find the plans your employer thinks you might benefit from.

Your coverage options



Dental insurance

Taking care of teeth and overall health



Vision insurance

Looking after your eyesight and related health issues



Life insurance

Protecting your family's financial future

Know your benefits

Your benefits support your physical and financial wellbeing, to help keep you and your loved ones protected.

With Guardian, you're in good hands. We've been delivering on our promises for over 150 years, and we're looking forward to doing the same for you too.

1 Read through this information.

2 Find out more about your benefits.

3 Talk to your employer if you need help or have any questions.

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Dental insurance

Taking care of your teeth is about more than just covering cavities and cleanings. It also means accounting for more expensive dental work, and your overall health.

With dental insurance, routine preventive care can lead to better overall health. And you'll be able to save money if any extensive dental work is required.

Who is it for?

Everyone should have access to great dental coverage, which is why we offer comprehensive plans that are available through employers as part of your benefit offerings.

What does it cover?

Dental insurance helps to protect your overall oral care. That includes services like preventive cleanings, x-rays, restorative services like fillings, and other more serious forms of oral surgery if you ever need them.

Why should I consider it?

Poor oral health isn't just aesthetic, it's also been linked to conditions including diabetes, heart disease, and strokes. So, while brushing and flossing every day can help keep your teeth clean, nothing should replace regular visits to the dentist.



Staying healthy

Joe visits his dentist for a routine dental cleaning, to take care of his teeth as well as his overall health.

Oral health is about more than just teeth and gums. It's also essential for a range of other health and wellbeing reasons:

Cardiovascular disease: Some research suggests that heart disease, clogged arteries, and infections may be linked to inflammation and infections from oral bacteria.

Osteoporosis: Weak and brittle bones may be linked to tooth loss.

Diabetes: Research shows that people with gum disease find it more difficult to control their blood sugar levels.

Alzheimer's disease: Tooth loss before the age of 35 may be a risk factor for Alzheimer's disease.

All information contained here is from the Mayo Clinic, Oral Health: A Window to Your Overall Health, www.mayoclinic.com. 2018.

You will receive these benefits if you meet the conditions listed in the policy.



Your dental coverage

Option 1 or 2: Low Plan or High Plan plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	Option 1: Low Plan		Option 2: High Plan	
Your Network is	DentalGuard Preferred		DentalGuard Preferred	
Your Monthly premium	\$27.39		\$45.06	
You and 1 dependent (Spouse or Child)	\$51.12		\$84.99	
You, Spouse and Child(ren)	\$84.40		\$145.98	
Calendar year deductible	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$50	\$50	\$50
Family limit	3 per family		3 per family	
Waived for	Preventive	Preventive	Preventive	Preventive
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	80%	80%	100%	100%
Basic Care	70%	70%	90%	80%
Major Care	0%	0%	60%	50%
Orthodontia	Not Covered (applies to all levels)		50%	50%
Annual Maximum Benefit	\$750		\$1500	
Maximum Rollover	No		Yes	
Rollover Threshold			\$700	
Rollover Amount			\$350	
Rollover In-network Amount			\$500	
Rollover Account Limit			\$1250	
Lifetime Orthodontia Maximum	Not Applicable		\$1000	
Dependent Age Limits(Non-Student/Student)	26/30 ‡		26/30 ‡	

‡**Family coverage** for spouse and children. The limiting age for unmarried dependents is extended to age 30 if the dependent is a resident of Illinois and has received a release or discharge, other than dishonorable discharge, from military service.



Your dental coverage

A Sample of Services Covered by Your Plan:

		Option 1: Low Plan		Option 2: High Plan	
		Plan pays (on average)		Plan pays (on average)	
		In-network	Out-of-network	In-network	Out-of-network
Preventive Care	Cleaning (prophylaxis)	80%	80%	100%	100%
	Frequency:	Once Every 6 Months		Once Every 6 Months	
	Fluoride Treatments	80%	80%	100%	100%
	Limits:	Under Age 19		Under Age 19	
	Oral Exams	80%	80%	100%	100%
	X-rays	80%	80%	100%	100%
Basic Care	Anesthesia*	70%	70%	90%	80%
	Fillings‡	70%	70%	90%	80%
	Perio Surgery	70%	70%	90%	80%
	Periodontal Maintenance	70%	70%	90%	80%
	Frequency:	Once Every 6 Months		Once Every 6 Months	
	Repair & Maintenance of Crowns, Bridges & Dentures	70%	70%	60%	50%
	Root Canal	70%	70%	90%	80%
	Scaling & Root Planing (per quadrant)	70%	70%	90%	80%
	Simple Extractions	70%	70%	90%	80%
	Surgical Extractions	70%	70%	90%	80%
Major Care	Bridges and Dentures	0%	0%	60%	50%
	Dental Implants	Not Covered	Not Covered	60%	50%
	Inlays, Onlays, Veneers**	0%	0%	60%	50%
	Single Crowns	0%	0%	60%	50%
Orthodontia	Orthodontia	Not Covered		50%	50%
	Limits:			Child(ren)	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.



Your dental coverage

Manage Your Benefits:

Go to www.Guardianlife.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date.

Find A Dentist:

Visit www.Guardianlife.com Click on “Find A Provider”; You will need to know your plan, which can be found on the first page of your dental benefit summary.

EXCLUSIONS AND LIMITATIONS

Important Information about Guardian’s DentalGuard Indemnity and DentalGuard Preferred Network PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic

consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-I-DG2000 et al. **PPO and or Indemnity Special Limitation:** Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000

DentalGuard Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides DENTAL insurance only. Policy Form # GP-1-DG2000, et al, GP-1-DEN-16

Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.

How maximum rollover works*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
\$1,500 Maximum claims reimbursement	\$700 Claims amount that determines rollover eligibility	\$350 Additional dollars added to a plan's annual maximum for future years	\$500 Additional dollars added if only in-network providers were used during the benefit year	\$1,250 The limit that cannot be exceeded within the maximum rollover account



Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

* This example has been created for illustrative purposes only.

** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states.

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America © Copyright 2019 The Guardian Life Insurance Company of America.

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Vision insurance

Vision insurance helps protect the health of your eyes by providing coverage for benefits that often aren't covered by regular medical insurance.

Protecting your eyesight means allowing for routine visits to the optometrist for eye exams, as well as coverage for glasses and contacts. Make sure your eyes remain in great shape at any age – no matter how much time you spend staring at digital screens.

Who is it for?

Even if you have perfect eyesight, it's important to have regular eye exams to make sure you're still seeing clearly. Most of us may eventually need vision correction, which is why we offer vision insurance to cover some of the costs.

What does it cover?

Vision insurance covers benefits not typically included in medical insurance plans. It covers things like routine eye exams, allowances towards the purchase of eyeglasses and contact lenses, as well as discounts on corrective Lasik surgery.

Why should I consider it?

Regular eye exams can detect more than failing eyesight, they can also pick up diseases like glaucoma and diabetes. Vision problems are one of the most prevalent disabilities in the United States, making vision insurance especially useful for anyone who regularly needs to purchase eyeglasses or contacts, or anyone who simply wants to help protect their eyesight and general health.

You will receive these benefits if you meet the conditions listed in the policy.



20/20 coverage

David notices that his vision is deteriorating. He goes in for an eye exam, and is diagnosed with myopia, which means he needs glasses.

Average cost of vision exam: **\$171**

Average cost of frames and lenses: **\$350**

Total cost: **\$521**

With a Vision policy from Guardian, David pays just **\$10** for his eye exam. After **\$25** in copay, his lenses are fully covered, and he pays **\$96** for his frames.

David's total out-of-pocket expense is **\$131**, saving him **\$390**.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



Your vision coverage

Option 1: Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of Davis Vision's network locations including retail centers such as Costco®, Wal-Mart®, JCPenney®, Target®, Sam's Club®, Pearle®, Visionworks®. You can also use your network benefits online at Visionworks®.com, glasses®.com, WarbyParker®.com, or 1800contacts®.com.

Your Vision Plan	Full Feature - Designer	
Your Network is	Davis Vision	
Your Monthly premium	\$ 7.39	
You and I dependent	\$ 11.20	
You, Spouse and Child(ren)	\$ 19.71	
Copay		
Exams Copay	\$ 10	
Materials Copay (waived for elective contact lenses)	\$ 25	
Sample of Covered Services	<i>You pay (after copay if applicable):</i>	
	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$50
Single Vision Lenses	\$0	Amount over \$48
Lined Bifocal Lenses	\$0	Amount over \$67
Lined Trifocal Lenses	\$0	Amount over \$86
Lenticular Lenses	\$0	Amount over \$126
Frames	80% of amount over \$130* ²	Amount over \$48
Contact Lenses (Elective and conventional)	85% of amount over \$130*	Amount over \$105
Contact Lenses (Planned replacement and disposable)	85% of amount over \$130*	Amount over \$105
Contact Lenses (Medically Necessary)	\$0	Amount over \$210
Cosmetic Extras	Avg. 40-60% off retail price	No discounts
Glasses (Additional pair of frames and lenses)	50% at Visionworks and 30% at other in network providers	No discounts
Laser Correction Surgery Discount	Savings of 40-50% off national average price thru Davis laser vision network	No discounts
Service Frequencies		
Exams	Every calendar year	
Lenses (for glasses or contact lenses)‡‡	Every calendar year	
Frames	Every two calendar years	
Network discounts (glasses and contact lens professional service)	Applies to first purchase & courtesy discount from most providers on subsequent purchases.	
Dependent Age Limits (Non-Student/ Student)	26/30	

Visit www.Guardianlife.com and click on "Find a Provider"

This is only a partial list of vision services. Your certificate of benefits will show exactly what is covered and excluded.



Your vision coverage

Davis

- †Benefit includes coverage for glasses or contact lenses, not both.
- Family coverage for spouse and children. The limiting age for unmarried dependents is extended to age 30 if the dependent is a resident of Illinois and has received a release or discharge, other than dishonorable discharge, from military service.
- Contact lenses from Davis Vision's Collection are available at most private practice locations with Full Feature and Materials Only plans. Contacts from the collection are covered in full including fitting and evaluation, in excess of the plan's materials copay. Elective contacts that are not part of the Collection are covered up to the plan's elective contact lens allowance and the materials copay is waived.
- *Additional discounts are not available at all private practice locations. Costco, Walmart, Sam's Club, glasses.com, and 1800contacts.com do not allow additional discounts.
- For Davis Vision, complete eyeglasses must be purchased at one time from one provider. For example, if a member purchases only lenses, he or she cannot purchase frames later in the same benefit period. The member is not eligible for new vision materials until the next benefit period. Only charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use.
- ²Extra \$50 at Visionworks stores and at Visionworks.com.
- In Network Routine Retinal Screening Covered after no more than a \$39 copay.
- Members can use their in network benefits at visionworks.com, warbyparker.com, glasses.com, and 1800contacts.com. Additional discounts are not available at glasses.com or 1800contacts.com. Discounts may vary at Warby Parker.

EXCLUSIONS AND LIMITATIONS

Important Information: This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; and eye examination or corrective eyewear required by an employer as a condition of employment; replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes.

The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-I-DAVIS-05-VIS et al.

Laser Correction Surgery:

In Network savings of 40-50% off national average price of traditional Lasik are available at over 1000 locations across the Davis nationwide network of laser vision correction providers

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

Guardian's Vision Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. This policy provides vision care limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Plan documents are the final arbiter of coverage.
Policy Form # GP-I-GVSN-17

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Life insurance

If something happens to you, life insurance can help your family reduce financial stress.

Life insurance helps protect your family's finances by providing a cash benefit if you pass away. This ensures that they'll be financially supported, and can cover important things from bills to funeral costs. With life policies, you can get affordable life insurance protection for a set period of time.

Who is it for?

Everyone's life insurance needs are different, depending on their family situation. That's why group life insurance through an employer is an easier and more affordable option than individual life insurance.

What does it cover?

Life insurance protects your loved ones by providing a benefit (which is usually tax-exempt) if you pass away.

Why should I consider it?

Life insurance is about more than just covering expenses. Depending on your circumstances, it could take your family years to recover from the loss of your income.

With a life insurance benefit, your family will have extra money to cover mortgage and rent payments, legal or medical fees, childcare, tuition, and any outstanding debts.

Guardian, its subsidiaries, agents, and employees do not provide tax, legal, or accounting advice. Consult your tax, legal, or accounting professional regarding your individual situation.

You will receive these benefits if you meet the conditions listed in the policy.



Preparing and planning

Jorge's never considered purchasing life insurance, but after being offered it through work, he decides it's a smart way to protect his family.

Jorge has a mortgage, and because his wife is helping to take care of her mother, she only works part-time. In addition, his daughter is about to start college.

Jorge looks at how his family would be affected by losing him.

Average funeral cost: **\$9,000**

Average mortgage debt: **\$202,000**

Average cost of college: **\$17,000 - \$44,000**

Average household credit card debt: **\$8,500**

With life insurance, Jorge can make sure that part of these costs are covered if something happens to him.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



Your life coverage

	BASIC LIFE	VOLUNTARY TERM LIFE
Employee Benefit	Your employer provides \$40,000 Basic Term Life coverage for all full time employees.	\$1,000 increments to a maximum of \$500,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Your Basic Life coverage includes Enhanced Accidental Death and Dismemberment coverage.	Enhanced employee, spouse, and child(ren) coverage. Maximum 1 times life amount.
Spouse Benefit	N/A	50% of employee coverage to a max of \$250,000‡
Child Benefit	N/A	Your dependent children age 14 days to 26 years. You may elect one of the following benefit options: \$5,000, \$10,000. Subject to state limits. See Cost Illustration page for details.
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	Guarantee Issue coverage up to \$40,000 per employee	We Guarantee Issue coverage up to: Employee Less than age 65 \$175,000, 65-69 \$50,000, 70+ \$10,000. Spouse Less than age 65 \$37,500, 65-69 \$10,000, \$0. Dependent children \$10,000.
Premiums	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take coverage with you if you terminate employment.	No	Yes, with age and other restrictions, including evidence of insurability



Your life coverage

	BASIC LIFE	VOLUNTARY TERM LIFE
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes	Yes
Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until normal retirement age, if conditions are met	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	50% at age 70	35% at age 65, 50% at age 70

Subject to coverage limits

‡ **Spouse coverage terminates at age 70.**

Annual Election Option allows employees to increase the amount of their life coverage without a medical exam when they re-enroll in their company's Voluntary Life plan. This option allows employees to step up to an amount of up to \$50,000, up to the Guarantee Issue amount.

Voluntary Life Cost Illustration:

To determine the most appropriate level of coverage, as a rule of thumb, you should consider about 6 - 10 times your annual income, factoring in projected costs to help maintain your family's current life style.

Monthly premiums displayed. Cost of AD&D is included.

Policy Election Cost Per Age Bracket

		< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$10,000 Policy Election Amount										
Employee	\$10,000	\$.77	\$.84	\$ 1.12	\$ 1.72	\$ 2.49	\$ 3.61	\$ 5.55	\$ 8.93	\$ 14.30
Spouse	\$5,000	\$.30	\$.35	\$.50	\$.75	\$ 1.20	\$ 1.85	\$ 3.20	\$ 3.90	\$ 5.50
Child	\$5,000	\$.63	\$.63	\$.63	\$.63	\$.63	\$.63	\$.63	\$.63	\$.63
\$11,000 Policy Election Amount										
Employee	\$11,000	\$.85	\$.92	\$ 1.23	\$ 1.89	\$ 2.74	\$ 3.97	\$ 6.11	\$ 9.82	\$ 15.73
Spouse	\$5,500	\$.33	\$.39	\$.55	\$.83	\$ 1.32	\$ 2.04	\$ 3.52	\$ 4.29	\$ 6.05
Child	\$10,000	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26
\$12,000 Policy Election Amount										
Employee	\$12,000	\$.92	\$ 1.01	\$ 1.34	\$ 2.06	\$ 2.99	\$ 4.33	\$ 6.66	\$ 10.72	\$ 17.16
Spouse	\$6,000	\$.36	\$.42	\$.60	\$.90	\$ 1.44	\$ 2.22	\$ 3.84	\$ 4.68	\$ 6.60
Child	\$10,000	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26
\$13,000 Policy Election Amount										
Employee	\$13,000	\$ 1.00	\$ 1.09	\$ 1.46	\$ 2.24	\$ 3.24	\$ 4.69	\$ 7.22	\$ 11.61	\$ 18.59
Spouse	\$6,500	\$.39	\$.46	\$.65	\$.98	\$ 1.56	\$ 2.41	\$ 4.16	\$ 5.07	\$ 7.15
Child	\$10,000	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26
\$14,000 Policy Election Amount										
Employee	\$14,000	\$ 1.08	\$ 1.18	\$ 1.57	\$ 2.41	\$ 3.49	\$ 5.05	\$ 7.77	\$ 12.50	\$ 20.02
Spouse	\$7,000	\$.42	\$.49	\$.70	\$ 1.05	\$ 1.68	\$ 2.59	\$ 4.48	\$ 5.46	\$ 7.70
Child	\$10,000	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26
\$15,000 Policy Election Amount										
Employee	\$15,000	\$ 1.16	\$ 1.26	\$ 1.68	\$ 2.58	\$ 3.74	\$ 5.42	\$ 8.33	\$ 13.40	\$ 21.45
Spouse	\$7,500	\$.45	\$.53	\$.75	\$ 1.13	\$ 1.80	\$ 2.78	\$ 4.80	\$ 5.85	\$ 8.25
Child	\$10,000	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26
\$16,000 Policy Election Amount										
Employee	\$16,000	\$ 1.23	\$ 1.34	\$ 1.79	\$ 2.75	\$ 3.98	\$ 5.78	\$ 8.88	\$ 14.29	\$ 22.88
Spouse	\$8,000	\$.48	\$.56	\$.80	\$ 1.20	\$ 1.92	\$ 2.96	\$ 5.12	\$ 6.24	\$ 8.80
Child	\$10,000	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26
\$17,000 Policy Election Amount										
Employee	\$17,000	\$ 1.31	\$ 1.43	\$ 1.90	\$ 2.92	\$ 4.23	\$ 6.14	\$ 9.44	\$ 15.18	\$ 24.31
Spouse	\$8,500	\$.51	\$.60	\$.85	\$ 1.28	\$ 2.04	\$ 3.15	\$ 5.44	\$ 6.63	\$ 9.35
Child	\$10,000	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26
\$18,000 Policy Election Amount										
Employee	\$18,000	\$ 1.39	\$ 1.51	\$ 2.02	\$ 3.10	\$ 4.48	\$ 6.50	\$ 9.99	\$ 16.07	\$ 25.74
Spouse	\$9,000	\$.54	\$.63	\$.90	\$ 1.35	\$ 2.16	\$ 3.33	\$ 5.76	\$ 7.02	\$ 9.90
Child	\$10,000	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26
\$19,000 Policy Election Amount										
Employee	\$19,000	\$ 1.46	\$ 1.60	\$ 2.13	\$ 3.27	\$ 4.73	\$ 6.86	\$ 10.55	\$ 16.97	\$ 27.17
Spouse	\$9,500	\$.57	\$.67	\$.95	\$ 1.43	\$ 2.28	\$ 3.52	\$ 6.08	\$ 7.41	\$ 10.45
Child	\$10,000	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26	\$ 1.26

Voluntary Life Cost Illustration *continued*

		< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69 [†]
\$20,000 Policy Election Amount										
Employee	\$20,000	\$1.54	\$1.68	\$2.24	\$3.44	\$4.98	\$7.22	\$11.10	\$17.86	\$28.60
Spouse	\$10,000	\$.60	\$.70	\$1.00	\$1.50	\$2.40	\$3.70	\$6.40	\$7.80	\$11.00
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$21,000 Policy Election Amount										
Employee	\$21,000	\$1.62	\$1.76	\$2.35	\$3.61	\$5.23	\$7.58	\$11.66	\$18.75	\$30.03
Spouse	\$10,500	\$.63	\$.74	\$1.05	\$1.58	\$2.52	\$3.89	\$6.72	\$8.19	\$11.55
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$22,000 Policy Election Amount										
Employee	\$22,000	\$1.69	\$1.85	\$2.46	\$3.78	\$5.48	\$7.94	\$12.21	\$19.65	\$31.46
Spouse	\$11,000	\$.66	\$.77	\$1.10	\$1.65	\$2.64	\$4.07	\$7.04	\$8.58	\$12.10
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$23,000 Policy Election Amount										
Employee	\$23,000	\$1.77	\$1.93	\$2.58	\$3.96	\$5.73	\$8.30	\$12.77	\$20.54	\$32.89
Spouse	\$11,500	\$.69	\$.81	\$1.15	\$1.73	\$2.76	\$4.26	\$7.36	\$8.97	\$12.65
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$24,000 Policy Election Amount										
Employee	\$24,000	\$1.85	\$2.02	\$2.69	\$4.13	\$5.98	\$8.66	\$13.32	\$21.43	\$34.32
Spouse	\$12,000	\$.72	\$.84	\$1.20	\$1.80	\$2.88	\$4.44	\$7.68	\$9.36	\$13.20
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$25,000 Policy Election Amount										
Employee	\$25,000	\$1.93	\$2.10	\$2.80	\$4.30	\$6.23	\$9.03	\$13.88	\$22.33	\$35.75
Spouse	\$12,500	\$.75	\$.88	\$1.25	\$1.88	\$3.00	\$4.63	\$8.00	\$9.75	\$13.75
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$26,000 Policy Election Amount										
Employee	\$26,000	\$2.00	\$2.18	\$2.91	\$4.47	\$6.47	\$9.39	\$14.43	\$23.22	\$37.18
Spouse	\$13,000	\$.78	\$.91	\$1.30	\$1.95	\$3.12	\$4.81	\$8.32	\$10.14	\$14.30
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$27,000 Policy Election Amount										
Employee	\$27,000	\$2.08	\$2.27	\$3.02	\$4.64	\$6.72	\$9.75	\$14.99	\$24.11	\$38.61
Spouse	\$13,500	\$.81	\$.95	\$1.35	\$2.03	\$3.24	\$5.00	\$8.64	\$10.53	\$14.85
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$28,000 Policy Election Amount										
Employee	\$28,000	\$2.16	\$2.35	\$3.14	\$4.82	\$6.97	\$10.11	\$15.54	\$25.00	\$40.04
Spouse	\$14,000	\$.84	\$.98	\$1.40	\$2.10	\$3.36	\$5.18	\$8.96	\$10.92	\$15.40
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$29,000 Policy Election Amount										
Employee	\$29,000	\$2.23	\$2.44	\$3.25	\$4.99	\$7.22	\$10.47	\$16.10	\$25.90	\$41.47
Spouse	\$14,500	\$.87	\$1.02	\$1.45	\$2.18	\$3.48	\$5.37	\$9.28	\$11.31	\$15.95
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$30,000 Policy Election Amount										
Employee	\$30,000	\$2.31	\$2.52	\$3.36	\$5.16	\$7.47	\$10.83	\$16.65	\$26.79	\$42.90
Spouse	\$15,000	\$.90	\$1.05	\$1.50	\$2.25	\$3.60	\$5.55	\$9.60	\$11.70	\$16.50
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$31,000 Policy Election Amount										
Employee	\$31,000	\$2.39	\$2.60	\$3.47	\$5.33	\$7.72	\$11.19	\$17.21	\$27.68	\$44.33
Spouse	\$15,500	\$.93	\$1.09	\$1.55	\$2.33	\$3.72	\$5.74	\$9.92	\$12.09	\$17.05
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26

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JACKSONVILLE SCHOOL DISTRICT #117

ALL OTHER ELIGIBLE EMPLOYEES**

Kit created 08/02/2022

Group number: 00489403

Voluntary Life Cost Illustration *continued*

\$32,000 Policy Election Amount										
Employee	\$32,000	\$2.46	\$2.69	\$3.58	\$5.50	\$7.97	\$11.55	\$17.76	\$28.58	\$45.76
Spouse	\$16,000	\$.96	\$1.12	\$1.60	\$2.40	\$3.84	\$5.92	\$10.24	\$12.48	\$17.60
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$33,000 Policy Election Amount										
Employee	\$33,000	\$2.54	\$2.77	\$3.70	\$5.68	\$8.22	\$11.91	\$18.32	\$29.47	\$47.19
Spouse	\$16,500	\$.99	\$1.16	\$1.65	\$2.48	\$3.96	\$6.11	\$10.56	\$12.87	\$18.15
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$34,000 Policy Election Amount										
Employee	\$34,000	\$2.62	\$2.86	\$3.81	\$5.85	\$8.47	\$12.27	\$18.87	\$30.36	\$48.62
Spouse	\$17,000	\$1.02	\$1.19	\$1.70	\$2.55	\$4.08	\$6.29	\$10.88	\$13.26	\$18.70
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$35,000 Policy Election Amount										
Employee	\$35,000	\$2.70	\$2.94	\$3.92	\$6.02	\$8.72	\$12.64	\$19.43	\$31.26	\$50.05
Spouse	\$17,500	\$1.05	\$1.23	\$1.75	\$2.63	\$4.20	\$6.48	\$11.20	\$13.65	\$19.25
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$36,000 Policy Election Amount										
Employee	\$36,000	\$2.77	\$3.02	\$4.03	\$6.19	\$8.96	\$13.00	\$19.98	\$32.15	\$51.48
Spouse	\$18,000	\$1.08	\$1.26	\$1.80	\$2.70	\$4.32	\$6.66	\$11.52	\$14.04	\$19.80
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$37,000 Policy Election Amount										
Employee	\$37,000	\$2.85	\$3.11	\$4.14	\$6.36	\$9.21	\$13.36	\$20.54	\$33.04	\$52.91
Spouse	\$18,500	\$1.11	\$1.30	\$1.85	\$2.78	\$4.44	\$6.85	\$11.84	\$14.43	\$20.35
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$38,000 Policy Election Amount										
Employee	\$38,000	\$2.93	\$3.19	\$4.26	\$6.54	\$9.46	\$13.72	\$21.09	\$33.93	\$54.34
Spouse	\$19,000	\$1.14	\$1.33	\$1.90	\$2.85	\$4.56	\$7.03	\$12.16	\$14.82	\$20.90
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$39,000 Policy Election Amount										
Employee	\$39,000	\$3.00	\$3.28	\$4.37	\$6.71	\$9.71	\$14.08	\$21.65	\$34.83	\$55.77
Spouse	\$19,500	\$1.17	\$1.37	\$1.95	\$2.93	\$4.68	\$7.22	\$12.48	\$15.21	\$21.45
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$40,000 Policy Election Amount										
Employee	\$40,000	\$3.08	\$3.36	\$4.48	\$6.88	\$9.96	\$14.44	\$22.20	\$35.72	\$57.20
Spouse	\$20,000	\$1.20	\$1.40	\$2.00	\$3.00	\$4.80	\$7.40	\$12.80	\$15.60	\$22.00
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$41,000 Policy Election Amount										
Employee	\$41,000	\$3.16	\$3.44	\$4.59	\$7.05	\$10.21	\$14.80	\$22.76	\$36.61	\$58.63
Spouse	\$20,500	\$1.23	\$1.44	\$2.05	\$3.08	\$4.92	\$7.59	\$13.12	\$15.99	\$22.55
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$42,000 Policy Election Amount										
Employee	\$42,000	\$3.23	\$3.53	\$4.70	\$7.22	\$10.46	\$15.16	\$23.31	\$37.51	\$60.06
Spouse	\$21,000	\$1.26	\$1.47	\$2.10	\$3.15	\$5.04	\$7.77	\$13.44	\$16.38	\$23.10
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$43,000 Policy Election Amount										
Employee	\$43,000	\$3.31	\$3.61	\$4.82	\$7.40	\$10.71	\$15.52	\$23.87	\$38.40	\$61.49
Spouse	\$21,500	\$1.29	\$1.51	\$2.15	\$3.23	\$5.16	\$7.96	\$13.76	\$16.77	\$23.65
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26

Voluntary Life Cost Illustration *continued*

\$44,000 Policy Election Amount										
Employee	\$44,000	\$3.39	\$3.70	\$4.93	\$7.57	\$10.96	\$15.88	\$24.42	\$39.29	\$62.92
Spouse	\$22,000	\$1.32	\$1.54	\$2.20	\$3.30	\$5.28	\$8.14	\$14.08	\$17.16	\$24.20
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$45,000 Policy Election Amount										
Employee	\$45,000	\$3.47	\$3.78	\$5.04	\$7.74	\$11.21	\$16.25	\$24.98	\$40.19	\$64.35
Spouse	\$22,500	\$1.35	\$1.58	\$2.25	\$3.38	\$5.40	\$8.33	\$14.40	\$17.55	\$24.75
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$46,000 Policy Election Amount										
Employee	\$46,000	\$3.54	\$3.86	\$5.15	\$7.91	\$11.45	\$16.61	\$25.53	\$41.08	\$65.78
Spouse	\$23,000	\$1.38	\$1.61	\$2.30	\$3.45	\$5.52	\$8.51	\$14.72	\$17.94	\$25.30
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$47,000 Policy Election Amount										
Employee	\$47,000	\$3.62	\$3.95	\$5.26	\$8.08	\$11.70	\$16.97	\$26.09	\$41.97	\$67.21
Spouse	\$23,500	\$1.41	\$1.65	\$2.35	\$3.53	\$5.64	\$8.70	\$15.04	\$18.33	\$25.85
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$48,000 Policy Election Amount										
Employee	\$48,000	\$3.70	\$4.03	\$5.38	\$8.26	\$11.95	\$17.33	\$26.64	\$42.86	\$68.64
Spouse	\$24,000	\$1.44	\$1.68	\$2.40	\$3.60	\$5.76	\$8.88	\$15.36	\$18.72	\$26.40
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$49,000 Policy Election Amount										
Employee	\$49,000	\$3.77	\$4.12	\$5.49	\$8.43	\$12.20	\$17.69	\$27.20	\$43.76	\$70.07
Spouse	\$24,500	\$1.47	\$1.72	\$2.45	\$3.68	\$5.88	\$9.07	\$15.68	\$19.11	\$26.95
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$50,000 Policy Election Amount										
Employee	\$50,000	\$3.85	\$4.20	\$5.60	\$8.60	\$12.45	\$18.05	\$27.75	\$44.65	\$71.50
Spouse	\$25,000	\$1.50	\$1.75	\$2.50	\$3.75	\$6.00	\$9.25	\$16.00	\$19.50	\$27.50
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$51,000 Policy Election Amount										
Employee	\$51,000	\$3.93	\$4.28	\$5.71	\$8.77	\$12.70	\$18.41	\$28.31	\$45.54	\$72.93
Spouse	\$25,500	\$1.53	\$1.79	\$2.55	\$3.83	\$6.12	\$9.44	\$16.32	\$19.89	\$28.05
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$52,000 Policy Election Amount										
Employee	\$52,000	\$4.00	\$4.37	\$5.82	\$8.94	\$12.95	\$18.77	\$28.86	\$46.44	\$74.36
Spouse	\$26,000	\$1.56	\$1.82	\$2.60	\$3.90	\$6.24	\$9.62	\$16.64	\$20.28	\$28.60
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$53,000 Policy Election Amount										
Employee	\$53,000	\$4.08	\$4.45	\$5.94	\$9.12	\$13.20	\$19.13	\$29.42	\$47.33	\$75.79
Spouse	\$26,500	\$1.59	\$1.86	\$2.65	\$3.98	\$6.36	\$9.81	\$16.96	\$20.67	\$29.15
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$54,000 Policy Election Amount										
Employee	\$54,000	\$4.16	\$4.54	\$6.05	\$9.29	\$13.45	\$19.49	\$29.97	\$48.22	\$77.22
Spouse	\$27,000	\$1.62	\$1.89	\$2.70	\$4.05	\$6.48	\$9.99	\$17.28	\$21.06	\$29.70
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$55,000 Policy Election Amount										
Employee	\$55,000	\$4.24	\$4.62	\$6.16	\$9.46	\$13.70	\$19.86	\$30.53	\$49.12	\$78.65
Spouse	\$27,500	\$1.65	\$1.93	\$2.75	\$4.13	\$6.60	\$10.18	\$17.60	\$21.45	\$30.25
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26

Voluntary Life Cost Illustration *continued*

\$56,000 Policy Election Amount										
Employee	\$56,000	\$4.31	\$4.70	\$6.27	\$9.63	\$13.94	\$20.22	\$31.08	\$50.01	\$80.08
Spouse	\$28,000	\$1.68	\$1.96	\$2.80	\$4.20	\$6.72	\$10.36	\$17.92	\$21.84	\$30.80
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$57,000 Policy Election Amount										
Employee	\$57,000	\$4.39	\$4.79	\$6.38	\$9.80	\$14.19	\$20.58	\$31.64	\$50.90	\$81.51
Spouse	\$28,500	\$1.71	\$2.00	\$2.85	\$4.28	\$6.84	\$10.55	\$18.24	\$22.23	\$31.35
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$58,000 Policy Election Amount										
Employee	\$58,000	\$4.47	\$4.87	\$6.50	\$9.98	\$14.44	\$20.94	\$32.19	\$51.79	\$82.94
Spouse	\$29,000	\$1.74	\$2.03	\$2.90	\$4.35	\$6.96	\$10.73	\$18.56	\$22.62	\$31.90
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$500,000 Policy Election Amount										
Employee	\$500,000	\$38.50	\$42.00	\$56.00	\$86.00	\$124.50	\$180.50	\$277.50	\$446.50	\$715.00
Spouse	\$250,000	\$15.00	\$17.50	\$25.00	\$37.50	\$60.00	\$92.50	\$160.00	\$195.00	\$275.00
Child	\$10,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26

Refer to Guarantee Issue row on page above for Voluntary Life GI amounts.

Premiums for Voluntary Life Increase in five-year increments

Spouse coverage premium is based on Employee age.

†Benefit reductions apply.

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR LIFE AND AD&D COVERAGE:

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations. Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.

Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid.

Voluntary Life Only:

We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law. Late entrants and benefit increases require underwriting approval.

GP-1-R-LB-90, GP-1-R-EOPT-96

Guarantee Issue/Conditional Issue amounts may vary based on age and case size. See your Plan Administrator for details. Late entrants and benefit increases require underwriting approval.

For AD&D: We pay no benefits for any loss caused: by willful self-injury; sickness, disease or medical treatment; by participating in a civil disorder or committing a felony; Traveling on any type of aircraft while having duties on that aircraft; by declared or undeclared act of war or armed aggression; while a member of any armed force (May vary by state); while driving a motor vehicle without a current, valid driver's license; by legal intoxication; or by voluntarily using a non-prescription controlled substance. Contract #GP-1-R-ADCLI-00 et al. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

Enhanced AD&D: A loss may be defined as death, quadriplegia, loss of speech and hearing, loss of cognitive function, comatose state in excess of one month, hemiplegia or paraplegia. The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

Guardian Group Life Insurance underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.

Policy Form # GP-1-LIFE-15

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JACKSONVILLE SCHOOL DISTRICT #117

ALL OTHER ELIGIBLE EMPLOYEES**

Kit created 08/02/2022

Group number: 00489403

WillPrep

Protect the ones you love with a range of dedicated services designed to help you provide for your family.

WillPrep Services includes a range of different resources that make it easier for you to prepare a will.

These range from a library of online planning documents to accessing experienced professionals that can help you with the more complicated details.

How it can help



Access simple documents including wills and power of attorney letters



Speak with consultants to discuss estate planning



Prepare your will with the assistance or support of an attorney

This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.

WillPrep Services are provided by Uprise Health, and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of Will Prep Services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and Uprise Health reserve the right to discontinue the WillPrep Services at any time without notice. Legal services will not be provided in connection with or preparation for any action against Guardian, Uprise Health, or your employer.



How to access

To access WillPrep Services, you'll need a few personal details.



Visit

willprep.uprisehealth.com



Username

WillPrep



Password

GLIC09

For more information or support, you can reach out by phoning **1 877 433 6789**.

Electronic Evidence of Insurability (EOI)

Our online EOI forms are an easier, quicker alternative to traditional paper forms, helping you get covered when you need to provide additional information.

There are a few situations where you need to answer health questions, enroll for higher amounts of coverage, or request coverage after the initial eligibility period. In all of these situations, our online EOI form keeps things simple.

Electronic EOI keeps things simple

With Guardian's electronic EOI forms, your data is kept secure at every stage of the process. And with fewer errors than hand-written forms, and faster submission digitally, it's easier than ever to complete it and get covered.

Electronic EOI can be used for*:

- Basic life
- Voluntary life
- Short term disability
- Long term disability



How it works

You will receive a letter or email from your employer or Guardian with instructions and a unique link to submit your EOI form online.

First register and create an account on Guardian Anytime. Then simply fill out the form, electronically sign it, and click 'Submit'.

Once we receive the form, we'll contact you with any questions, before notifying you (and your employer if the coverage amount changes).

*Applicable to coverage requiring full Evidence of Insurability (not applicable to conditional issue amounts). Electronic EOI is available using most internet browsers.

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guardianlife.com

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2020-109652 (10/22)

Employee Assistance Program

We all need a little support every now and then.

Guardian's Employee Assistance Program gives you and your family members access to confidential personal support, across everything from stress management and nutrition to handling legal or financial issues.

The services available include consultations with experienced professionals, as well as access to resources and discounts designed to help you in a variety of different ways.

How it can help



Consultative services are available to provide direct support and assistance



Work/life assistance that can help you save money and balance commitments



Access legal and financial assistance and resources – including WillPrep Services

This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.

WorkLifeMatters Program services are provided by Uprise Health, and its contractors. Guardian does not provide any part of WorkLifeMatters program services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and Uprise Health reserve the right to discontinue the WorkLifeMatters program at any time without notice. Legal services provided through WorkLifeMatters will not be provided in connection with or preparation for any action against Guardian, Uprise Health, or your employer. WorkLifeMatters Program is not an insurance benefit and may not be available in all states.

¹Office hours: Monday-Friday 6 a.m.–5 p.m. PST.



How to access

To access the WorkLifeMatters Employee Assistance Program, you'll need a few personal details.



Visit

worklife.uprisehealth.com



Access Code

worklife

For more information or support, you can reach out by phoning **1 800 386 7055**. The team is available 24 hours a day, 7 days a week¹.

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Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

Important information



Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.

Visit <https://www.guardiananytime.com/notice48> to read more.

No Cost Language Services

Guardian provides language assistance in multiple languages for members who have limited English proficiency.

Visit <https://www.guardiananytime.com/notice46> to read more.

Vision insurance



Guardian's HIPAA Notice of Privacy Practices

The notice describes how health information about you may be used and disclosed and how you can access this information.

Visit <https://www.guardiananytime.com/notice50> to read more.

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Guardian Life, P.O. Box 14319,
Lexington, KY 40512

Please print clearly and mark carefully.

Employer Name: JACKSONVILLE SCHOOL DISTRICT #117	Group Plan Number: 00489403	Benefits Effective: _____
PLEASE CHECK APPROPRIATE BOX	Initial Enrollment	Add Employee/Dependents
	Drop/Refuse Coverage	Information Change

Class: ALL OTHER ELIGIBLE EMPLOYEES** Division: _____ Subtotal Code: _____ (Please obtain this from your Employer)

About You: First, MI, Last Name:	Employer Provided Identification: _____	Social Security Number ____ - ____ - ____ <small>Your Social Security Number must be provided if enrolling for Life Coverage. Short Term Disability Coverage and/or Long Term Disability Coverage.</small>	
Address _____	City _____	State _____	Zip _____
Gender: M F	Date of Birth (mm-dd-yy): ____ - ____ - ____		
Phone (indicate primary): Home (____) ____ - ____ Work (____) ____ - ____ Mobile (____) ____ - ____			
Email Address (indicate primary) Home _____ Work _____			
Are you married or do you have a partner? Yes No		Date of marriage/union: ____ - ____ - ____	
Do you have children or other dependents? Yes No		Placement date of adopted child: ____ - ____ - ____	

About Your Job:	Job Title: _____
Work Status: Active Retired Cobra/State Continuation	Date of full time hire: ____ - ____ - ____
Hours worked per week: _____	Annual Salary: \$ _____

About Your Family: Please include the names of the dependents you wish to enroll for coverage. If additional space is needed, please attach a separate sheet of paper with this information along with your enrollment form. Your dependent's Social Security Number must be provided if enrolling for Life Coverage. Be sure to sign and date (mm-dd-yy) the paper and keep a copy for your records. Additional information may be required for non-standard dependents such as a grandchild, a niece or a nephew.

Spouse (wherever the term "Spouse" appears on this form, it also includes "Partner").	Gender M F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____	
Child/Dependent 1:	Add Drop Gender M F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check all that apply) Student (post high school) Disabled Non standard dependent
Child/Dependent 2:	Add Drop Gender M F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check all that apply) Student (post high school) Disabled Non standard dependent
Child/Dependent 3:	Add Drop Gender M F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check all that apply) Student (post high school) Disabled Non standard dependent
Child/Dependent 4:	Add Drop Gender M F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check all that apply) Student (post high school) Disabled Non standard dependent

Drop Coverage:

Drop Employee Drop Dependents
The date of withdrawal cannot be prior to the date this form is completed and signed.
Last Day of Coverage: ____ - ____ - ____
Termination of Employment Retirement
Last Day Worked: ____ - ____ - ____
Other Event: _____
Date of Event: ____ - ____ - ____

Coverage Being Dropped:

Dental	Employee	Spouse	Child(ren)
Vision	Employee	Spouse	Child(ren)
Basic Life			
Voluntary Life	Employee	Spouse	Child(ren)

Loss Of Other Coverage:

I and/or my dependents were previously covered under Loss of coverage was due to:
Termination of Employment: ____ - ____ - ____
Divorce/Separation ____ - ____ - ____
Death of Spouse ____ - ____ - ____
Termination/Expiration of Coverage ____ - ____ - ____

I have been offered the above coverage(s) and wish to drop enrollment for the following reasons:

Covered under another insurance plan
Other _____
(additional information may be required)

Coverage Lost Dental Vision

Dental Coverage: You must be enrolled to cover your dependents. Check only one box.

Your Monthly Premium	Employee Only	Employee and 1 Dependent	EE, Spouse & Dependent/Child(ren)
Option 1: Low Plan	\$27.39	\$51.12	\$84.40
Option 2: High Plan	\$45.06	\$84.99	\$145.98

I do not want Dental Coverage because (Check all that apply):
I am covered under another Dental plan
My spouse is covered under another Dental plan
My dependents are covered under another Dental plan

Vision Coverage: You must be enrolled to cover your dependents. Check only one box.

Your Monthly Premium	Employee Only	Employee and 1 Dependent	EE, Spouse & Dependent/Child(ren)
Full Feature - Designer	\$7.39	\$11.20	\$19.71

I do not want this Vision coverage because (Check all that apply):
I am covered under another Vision plan
My spouse is covered under another Vision plan
My dependents are covered under another Vision plan

Basic Life Coverage:

Benefit reductions apply. Please see plan administrator.

The amount of life insurance coverage you select may be either a specific dollar amount or an amount that is a multiple of your salary and may be subject to certain reductions as stated in the certificate of coverage covering you or your dependents.

Policy Amount

Employee Only

\$40,000

The Guarantee Issue Amount is \$40,000.

* If Employee is 65+ benefit reductions may apply which may change the GI amount. Please see enrollment materials for details.

Name your beneficiaries: (Primary beneficiary percentages must total 100%)

If additional space is needed, please attach a separate sheet of paper with this information along with your enrollment form. Be sure to sign and date (mm-dd-yy) the paper and keep a copy for your records.

Primary Beneficiaries:

Name: _____ Social Security Number: _____ - _____ - _____ %

Date of Birth (mm-dd-yy): _____ - _____ - _____ Address/City/State/Zip: _____

Phone: () - _____ Relationship to Employee: _____

Name: _____ Social Security Number: _____ - _____ - _____ %

Date of Birth (mm-dd-yy): _____ - _____ - _____ Address/City/State/Zip: _____

Phone: () - _____ Relationship to Employee: _____

Contingent Beneficiary: _____ Social Security Number: _____ - _____ - _____

Date of Birth (mm-dd-yy): _____ - _____ - _____ Address/City/State/Zip: _____

Phone: () - _____ Relationship to Employee: _____

(In the event the primary beneficiaries are deceased, the contingent beneficiary will receive the benefit. Employer maintains beneficiary information.)

Please contact your employer for any record of or changes to your beneficiary information.

Spouse and dependent child(ren) – If the intended beneficiary is to be someone other than the employee, please complete the Beneficiary Designation form.

Attention: If any of the beneficiaries named above is a minor (a person under the age of 18 or 21, depending on their state of residency), state law may limit Guardian’s ability to pay life insurance proceeds directly to them for as long as they remain a minor. State Uniform Transfers to Minors Act (UTMA) laws, where applicable, may allow for the normal course of payment of these proceeds, or a portion thereof, to the minor beneficiary’s designated Custodian to manage on the minor’s behalf until they reach adult age. At that time, the proceeds are turned over to the adult child, who can use the proceeds in any way he or she chooses.

Are any of the beneficiaries identified above considered a minor in the state in which they reside? Check one box only. Yes No

If you answered “Yes”, please name the legally designated UTMA Custodian for all minor beneficiaries you have designated:

Custodian to Minor Beneficiaries:

Name: _____ Social Security Number (or

FEIN/TIN # if a corporate entity): _____ - _____ - _____

Date of Birth (mm-dd-yyyy) (if an individual): _____ - _____ - _____

Address/City/State/Zip: _____

Phone: () - _____

If this Basic Life policy will replace your existing life insurance policy under your current employer, provide the amount of the previous policy \$ _____

Important Notes:

- Based on your plan benefits and age, you may be required to complete an evidence of insurability form.

LIFE INSURANCE *continued*

Voluntary Term Life Coverage With Accidental Death and Dismemberment (AD&D): You must be enrolled to cover your dependents. *Benefit reductions apply. Please see plan administrator.*

The amount of life insurance coverage you select may be either a specific dollar amount or an amount that is a multiple of your salary and may be subject to certain reductions as stated in the certificate of coverage covering you or your dependents.

Employee

Policy Amount	Check one box only				
\$10,000	\$11,000	\$12,000	\$13,000	\$14,000	\$15,000
\$16,000	\$17,000	\$18,000	\$19,000	\$20,000	\$21,000
\$22,000	\$23,000	\$24,000	\$25,000	\$26,000	\$27,000
\$28,000	\$29,000	\$30,000	\$31,000	\$32,000	\$33,000
\$34,000	\$35,000	\$36,000	\$37,000	\$38,000	\$39,000
\$40,000	\$41,000	\$42,000	\$43,000	\$44,000	\$45,000
\$46,000	\$47,000	\$48,000	\$49,000	\$50,000	\$51,000
\$52,000	\$53,000	\$54,000	\$55,000	\$56,000	\$57,000
\$58,000	\$175,000*				

Guarantee Issue up to: Employee Less than age 65 \$175,000*, 65-69 \$50,000, 70+ \$10,000. The Health History section must be completed if any amount above the Guarantee Issue Amount is elected.

I do not want this coverage

Add Voluntary Life for Spouse

50% of employee's amount to maximum \$250,000

Guarantee Issue up to: Spouse Less than age 65 \$37,500, 65-69 \$10,000, \$0.

***The amount may not be more than 50% of the employee amount for Voluntary Life.**

I do not want this coverage

Add Voluntary Life for Dependent/Child(ren)

Policy Amount

\$5,000 **\$10,000***

**Guarantee Issue Amount*

***The amount may not be more than 10% of the employee amount for Voluntary Life.**

I do not want this coverage

Important Notes:

- Based on your plan benefits and age, you may be required to complete an evidence of insurability form.

LIFE INSURANCE *continued*

Name your beneficiaries: (Primary beneficiary percentages must total 100%) If electing different beneficiaries that are not the same as those named for Basic Life, please name below.

If additional space is needed, please attach a separate sheet of paper with this information along with your enrollment form. Be sure to sign and date (mm-dd-yyyy) the paper and keep a copy for your records.

Primary Beneficiaries:

Name: _____ **Social Security Number:** _____ - _____ - _____ % _____

Date of Birth (mm-dd-yy): ____ - ____ - ____ **Address/City/State/Zip:** _____

Phone: () - _____ **Relationship to Employee:** _____

Name: _____ **Social Security Number:** _____ - _____ - _____ % _____

Date of Birth (mm-dd-yy): ____ - ____ - ____ **Address/City/State/Zip:** _____

Phone: () - _____ **Relationship to Employee:** _____

Contingent Beneficiary: _____ **Social Security Number:** _____ - _____ - _____

Date of Birth (mm-dd-yy): ____ - ____ - ____ **Address/City/State/Zip:** _____

Phone: () - _____ **Relationship to Employee:** _____

(In the event the primary beneficiaries are deceased, the contingent beneficiary will receive the benefit. Employer maintains beneficiary information.)

Spouse and dependent/child(ren) – If the intended beneficiary is to be someone other than the employee, please complete the Beneficiary Designation form.

Please contact your employer for any record of or changes to your beneficiary information.

Attention: If any of the beneficiaries named above is a minor (a person under the age of 18 or 21, depending on their state of residency), state law may limit Guardian's ability to pay life insurance proceeds directly to them for as long as they remain a minor. State Uniform Transfers to Minors Act (UTMA) laws, where applicable, may allow for the normal course of payment of these proceeds, or a portion thereof, to the minor beneficiary's designated Custodian to manage on the minor's behalf until they reach adult age. At that time, the proceeds are turned over to the adult child, who can use the proceeds in any way he or she chooses.

Are any of the beneficiaries identified above considered a minor in the state in which they reside? Check one box only. Yes No

If you answered "Yes", please name the legally designated UTMA Custodian for all minor beneficiaries you have designated:

Custodian to Minor Beneficiaries:

Name: _____ **Social Security Number (or FEIN/TIN # if a corporate entity):** _____ - _____ - _____

Date of Birth (mm-dd-yyyy) (if an individual): ____ - ____ - ____ **Address/City/State/Zip:** _____

Phone: () - _____

Signature

I understand that my dependent(s) cannot be enrolled for a coverage if I am not enrolled for that coverage.

An employee's decision to elect Vision or not elect Vision must be retained until the next plan's Open Enrollment period. If the employee elects not to enroll in vision coverage, they are not eligible to enroll until the plan's next Open Enrollment period.

LIFE ONLY: I understand that life insurance coverage for a dependent, other than a newborn child, will not take effect if that dependent is confined to a hospital or other health care facility, or is home confined, or is unable to perform the normal activities of someone of like age and sex.

Submission of this form does not guarantee coverage. Among other things, coverage is contingent upon underwriting approval and meeting the applicable eligibility requirements as set forth in the applicable benefit booklet.

I understand that I must be actively at work or my elected coverage will not take effect until I have met the eligibility requirements (as defined in the benefit booklet.) This does not apply to eligible retirees.

I understand that if I waive coverage, I may not be eligible to enroll until the next open enrollment period. Late entrant penalties may apply. I understand that I may also have to provide, at my own expense, proof of each person's insurability. Guardian or its designee has the right to reject my request.

I understand that my coverage will not be effective until approved by Guardian or its designated underwriter.

I hereby apply for the group benefit(s) that I have chosen above.

I understand that I must meet eligibility requirements for all coverages that I have chosen above.

I agree that my employer may deduct premiums from my pay if they are required for the coverage I have chosen above.

I acknowledge and consent to receiving electronic copies of applicable insurance related documents, in lieu of paper copies, to the extent permitted by applicable law. I may change this election only by providing thirty (30) day prior written notice.

I consent to electronic communication from Guardian, such as emails and text messages, regarding my coverage(s). I may change this election only by providing (thirty) 30 days prior written notice.

I attest that the information provided above is true and correct to the best of my knowledge.

Any person who with intent to defraud any insurance company or other person files an application for insurance or statements of claim containing any materially, false information or conceals for purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may also be subject to civil penalties, or denial of insurance benefits.

The state in which you reside may have a specific state fraud warning. Please refer to the attached Fraud Warning Statements page.

NOTICE: This coverage under the policy may only be issued if you have minimum essential coverage within the meaning of section 500A(f) of the Internal Revenue Code. By signing below, you are confirming that you have other health coverage.

SIGNATURE OF EMPLOYEE X _____

DATE _____

Enrollment Kit 00489403, 0002, EN

Fraud Warning Statements

The laws of several states require the following statements to appear on the enrollment form:

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware, Indiana and Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinements in state prison.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefit.

Maryland : Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Missouri: Any person who with intent to defraud any insurance company or other person files an application for insurance or statements of claim containing any knowingly false information, or conceals for purpose of misleading information concerning any fact material hereto, commits a fraudulent insurance act, which is a crime, and may also be subject to civil penalties, or denial of insurance benefits subject to the conditions/provisions of the policy.

Oregon: Any person who with intent to defraud any insurance company or other person files an application for insurance or statements of claim containing any materially false information, or conceals for purpose of misleading information concerning any fact material thereto, may be committing a fraudulent act, and may be subject to civil penalties or denial of insurance benefits.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

Ohio: Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Rhode Island: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Virginia: Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Jacksonville School District Health Insurance 10-1-2023

	Health Alliance POSC+ 500 Rx567 NS1 POS Health Alliance POS Network	Health Alliance POSC+ 2500 Rx568 NS1 POS Health Alliance POS Network
Carrier		
Plan Name		
Plan Type		
Network		
In Network		
Deductible: Single	\$500	\$2,500
Deductible: Family	\$1,500	\$7,500
Deductible Type	Embedded	Embedded
Co-Insurance	90%	80%
Out-of-Pocket Limit: Single	\$1,500	\$5,500
Out-of-Pocket Limit: Family	\$4,500	\$12,700
Inpatient Facility	\$500	\$1,000
Outpatient Surgery	Deductible & Coinsurance	Deductible & Coinsurance
Copays		
PCP	\$20	\$20
Specialist	\$40	\$40
Urgent Care	Deductible & Coinsurance	\$40
ER	\$150	\$150
Other Services		
Diagnostic Lab / X-Ray	No Charge	No Charge
MRI & CT Scan	\$500	\$500
Prescription Drugs		
Preferred Generic Rx	\$10	\$10
Non-Preferred Generic Rx	\$35	\$25
Preferred Brand Rx	\$60	\$40
Non-Preferred Brand Rx	\$200	\$200
Preferred Specialty Rx	30% / 50%	30% / 50%
Out of Network		
Deductible: Single	\$1,000	\$5,000
Deductible: Family	\$3,000	\$15,000
Co-Insurance	70%	60%
Out-of-Pocket Limit: Single	\$3,000	\$11,000
Out-of-Pocket Limit: Family	\$9,000	\$33,000
Inpatient Facility	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Surgery	Deductible & Coinsurance	Deductible & Coinsurance