

Voluntary Group Accidental Death and Dismemberment Insurance

Musco Olive Products

Class: All Active Full-Time Eligible Employees

Earnings Definition: Base earnings

See your benefit certificate for specific plan details, eligibility definitions, limitations and exclusions.

Voluntary group accidental death and dismemberment insurance benefit amount: **\$10,000** to a maximum benefit amount of **\$500,000**.

Benefits after age 65

You will still have benefits after you turn 65, though they will reduce as follows:

By 35% reduction at age 65; 55% reduction at age 70; 70% at age 75 and 80% at age 80

All benefits end at retirement.

Coverage for your family

You also have the option to select the following voluntary accidental death and dismemberment coverage amounts for your spouse and children:

Spouse Only: **\$5,000 up to \$250,000**

Child(ren) Only: **\$1,000 up to \$10,000**

Dependent Maximum benefit : **Spouse is \$250,000; Child(ren) is \$10,000**

This is not a contract. It is a partial listing of benefits and services that is dependent on the Plan Options chosen. This benefit overview is only one piece of your entire enrollment package. All benefits and services are subject to the conditions, limitations, exclusions and provisions listed in the contract documents: the Certificate, Policy, and/or Trust Agreement for this product. In the event of a conflict between the contract documents and this benefits description, the contract documents will prevail. If you have any questions, please contact your Human Resources/Benefits manager.

Cost for voluntary AD&D benefits

Coverage	Monthly Rate per \$1,000 of Employee Monthly Benefit
VAD&D employee	\$0.031
VAD&D Spouse	\$0.031
VAD&D Child(ren)	\$0.030

How to Calculate Your Voluntary AD&D Premium

In the above rate chart, you will see monthly rates per \$1,000 of coverage. Determine if you want to cover only yourself, or do you want to cover yourself and your spouse and children; then complete the information below to find your monthly, weekly, bi-weekly or semi-monthly premium.

Employee Monthly Rate per \$1,000 of Coverage: _____ (A)

Spouse Monthly Rate per \$1,000 of Coverage: _____ (B)

Child(ren) Monthly Rate per \$1,000 of Coverage: _____ (C)

_____ of coverage X _____ (A) / 1,000 = _____ Monthly Premium for Employee (D)

_____ of coverage X _____ (B) / 1,000 = _____ Monthly Premium for Spouse (E)

_____ of coverage X _____ (C) / 1,000 = _____ Monthly Premium for Child (F)

TOTAL MONTHLY PREMIUM (D) + (E) + (F) = _____ (G)

_____ (G) * 12 / 52 (pays per year) = _____ Weekly Premium

_____ (G) * 12 / 26 (pays per year) = _____ Bi-weekly Premium

_____ (G) * 12 / 24 (pays per year) = _____ Semi-Monthly Premium