Additional Life Insurance
Standard Insurance Company has developed this document to provide you with information about the optional coverage you may select through The San Diego Unified Port District. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please refer to the Additional Life Employee Brochure included in your packet or check with your human resources representative.

Employer Plan Effective Date
The group policy effective date is January 1, 2008. The San Diego Unified Port District will provide Basic Life with AD&D coverage from The Standard. If you qualify for Basic Life, you may also apply for Additional Life coverage to supplement your Basic Life amount.

Eligibility
To be eligible for this plan:

- You must be insured for Basic Life
- You must be an active employee of The San Diego Unified Port District, excluding temporary or seasonal employees, full-time members of the armed forces, leased employees, or independent contractors
- You must be regularly working at least 1,560 hours per year
- For Dependents Life insurance – Your spouse or children must not be full-time members of the armed forces

Employee Coverage Amount
You may elect Additional Life coverage for an amount equal to 1, 2, 3, 4 or 5 times your annual earnings, rounded to the next higher multiple of $10,000, up to a maximum of $500,000. The minimum amount you can elect is 1 times your annual earnings.

If you wish to be insured for an amount of Additional Life in excess of $250,000, the excess will be subject to medical approval. All late applications and requests for coverage increases are also subject to medical underwriting approval.

Spouse Coverage Amount
This coverage is available for an amount equal to 1, 2 or 3 times your annual earnings to a maximum of $100,000, but not to exceed 100 percent of your combined Basic and Additional Life coverage.

If you elect an amount for your spouse greater than $20,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases will also require medical underwriting approval.

Coverage Amount for Children
You may elect $10,000 of Dependents Life insurance for your eligible children. This amount may not exceed 100 percent of your combined Basic and Additional Life coverage. All late applications will be subject to medical underwriting approval.
Employee Rates
If you elect Additional Life insurance, your monthly premium rate for this plan is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

<table>
<thead>
<tr>
<th>Employee’s Age (as of last January 1)</th>
<th>Rate (Per $1000 of Total Coverage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;30</td>
<td>$0.07</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.09</td>
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<tr>
<td>35-39</td>
<td>$0.12</td>
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<tr>
<td>40-44</td>
<td>$0.15</td>
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<tr>
<td>45-49</td>
<td>$0.24</td>
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<td>50-54</td>
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<td>55-59</td>
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<tr>
<td>60-64</td>
<td>$0.70</td>
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<tr>
<td>65-69</td>
<td>$1.33</td>
</tr>
<tr>
<td>70-74</td>
<td>$2.15</td>
</tr>
<tr>
<td>75+</td>
<td>$8.99</td>
</tr>
</tbody>
</table>

To calculate your premium:
1. Amount Elected: Write this amount on the Additional/Optional Life Requested Amount line on your Enrollment and Change Form. Line 1: __________
2. Line 1 divided by $1,000 = Line 2. Line 2: __________
3. Select your rate from the rate table and enter on Line 3. Line 3: __________
4. Line 2 multiplied by Line 3 = Your monthly cost. Line 4: __________

Spouse Rates
If you elect Dependents Life insurance for your *spouse*, your monthly premium rate for this coverage is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

<table>
<thead>
<tr>
<th>Spouse’s Age (as of last January 1)</th>
<th>Rate (Per $1000 of Total Coverage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;30</td>
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<tr>
<td>75+</td>
<td>$8.99</td>
</tr>
</tbody>
</table>

To calculate the premium for your *spouse*:
1. Amount Elected (Write this amount on the Dependent Life Spouse Requested Amount line on your Enrollment and Change Form.): Line 1: __________
2. Line 1 divided by $1,000 = Line 2. Line 2: __________
3. Select your rate from the rate table and enter on Line 3. Line 3: __________
4. Line 2 multiplied by Line 3 = Your monthly cost. Line 4: __________

Child(ren) Rates
If you elect Dependents Life insurance for your eligible *child(ren)*, your monthly premium rate for this coverage is $1.20 regardless of the number of eligible *children* covered. Premiums for this coverage will be deducted directly from your paycheck.
Employee Coverage Effective Date
Please contact your human resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An eligibility waiting period
- An evidence of insurability requirement, if applicable
- An active work requirement. This means that if you are not actively at work on the day before the scheduled effective date of insurance, including Dependents Life insurance, your insurance will not become effective until the day after you complete one day of active work as an eligible employee.

Age Reductions
Under this plan, insurance coverage does not reduce due to age.

Suicide Exclusion
This plan includes an exclusion for death resulting from suicide or other intentionally self-inflicted injury. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death. This is subject to state variations.

Waiver of Premium Provision
The Standard may continue your Life insurance without premium payments if you:

- Become totally disabled while insured under the group policy
- Are under the age of 60
- Complete the waiting period of 180 days.
- Give us satisfactory proof of loss

Portability
If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage. Please see your human resources representative for additional information. This is subject to state variations.

When Spouse and Child Coverage Ends
Your brochure includes information about when your insurance ends. Any spouse and child coverage will automatically end on the earliest of the following:

- Five months after the date you die
- The date your Life insurance ends
- The date Dependents Life insurance terminates under the group policy
- The date The San Diego Unified Port District’s coverage under the group policy for Dependents Life insurance terminates
- The date the last period ends for which a premium was paid for your Dependents Life insurance
- When the dependent ceases to be an eligible dependent
- For your spouse the date of your divorce or legal separation
- For a child who is disabled, 90 days after we mail you a proof of disability request, if proof is not given

Group Insurance Certificate
If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the group policy and does not modify it in any way. The controlling provisions are in the group policy issued by Standard Insurance Company.