

Your Employee Benefits Guide

Enroll Now To Help Secure Your Financial Future



Colorado Employer Benefit Trust (CEBT)

Standard Insurance Company



Welcome To Your Employee Benefits Guide

Protect What Matters Most

Building a financial safety net is important. It can also be easy if you take advantage of the benefits your employer offers. Take a few minutes now to explore your options and help protect your future and your loved ones. By enrolling in valuable insurance coverage from Standard Insurance Company – at affordable group rates – you can close key gaps in your financial safety net.

You Can Count On The Standard

Colorado Employer Benefit Trust (CEBT) trusts The Standard, and you can too. Founded in 1906, The Standard has been keeping promises for more than 100 years. We specialize in employee benefits and offer plans designed to help give you peace of mind. Doing the right thing for our customers is in our DNA. Whether you have a question or need to file a claim, we're easy to reach and ready to help – online or on the phone.

Act Now To Protect Yourself And Those You Love

As you explore your benefit options, think about what – and who – is important to you, now and in the future. You may also want to plan ahead to take care of financial responsibilities. Read on to learn more reasons to enroll. Then refer to the Coverage Highlights included in this guide for the details of each plan.

Life Insurance – Plan Ahead For Peace Of Mind

It's not easy to think about, but what would happen to your loved ones if something happened to you? Or, how would you cope if a family member died? An unexpected death could leave your family with significant extra expenses, including final medical and funeral costs, on top of ongoing bills and possible loss of income.

How much Life insurance is enough? Refer to the Coverage Highlights to learn more about the Life insurance coverage available through your employer. To help determine your needs, use our simple Life Insurance Calculator, available at <http://www.standard.com/calculators/life.html>.

Accidental Death & Dismemberment Insurance

Few people are prepared for the sudden financial loss brought on by an accidental death. Even fewer are financially prepared for the high cost of living after an accident results in a severe physical loss. Your employer offers additional financial support by including Accidental Death and Dismemberment (AD&D) insurance as part of a Group Life insurance policy or as a separate policy from The Standard. AD&D insurance is designed to pay a benefit if you or, if applicable, any other covered family member have an accident that results in a covered loss.

Refer to the Coverage Highlights for more details on your Group Life and AD&D coverage.

Your Employer-Paid Benefits

- Basic Life with Accidental Death & Dismemberment (AD&D)

Valuable Benefits You Can Enroll In Now

You may choose to enroll in any or all of the following plans at affordable group rates, with easy payroll deductions:

- Additional Life with Accidental Death & Dismemberment (AD&D)
- Dependents Life with Accidental Death & Dismemberment (AD&D)

Ready To Enroll? You'll Find The Form Right Here

Now that you've reviewed your options and seen how important your benefits can be, the next step is to enroll using the form included at the end of this guide. If you have any questions, just ask your employee benefits manager. Remember, you have a limited time to enroll, so start securing your financial future today.



Additional Life and Accidental Death and Dismemberment (AD&D) Insurance

Life insurance coverage can help your family meet daily expenses, maintain their standard of living, pay off debt, secure your children’s education, and more in the event of your passing. AD&D insurance can provide you and your family with extra protection in the event of death or dismemberment as a result of a covered accident. Standard Insurance Company (The Standard) has developed this document to provide you with information about the elective coverage you may select through Colorado Employer Benefit Trust (CEBT).

Eligibility Requirements

- Policy**
 - A minimum number of eligible employees must apply and qualify for the proposed plan before Additional Life coverage can become effective
- Employee**
 - You must be insured for Basic Life through The Standard
 - You must be an active employee of a participating employer in the Colorado Employer Benefit Trust (CEBT) working at least 20 hours each week
 - Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible
 - You cannot be insured as both an employee and a dependent
- Dependent**
 - You must elect Additional Life insurance for yourself in order to elect Dependents Life insurance
 - Spouse means a person to whom you are legally married or your civil union partner
 - Child means your child from live birth through age 25
 - Your child cannot be insured by more than one employee
 - Your spouse or children must not be full-time member(s) of the armed forces
- Premium**
 - You pay 100 percent of the premium for this coverage through easy payroll deduction

Coverage Amount Guidelines

Within the coverage amount guidelines shown below, you select the amount of Additional Life and Dependents Life insurance for which you are interested in applying.

	Minimum	Incremental Unit	Guarantee Issue Amount	Maximum
Employee	\$10,000	\$10,000	\$150,000	\$500,000
Spouse	\$5,000	\$5,000	\$30,000	\$250,000

Child	\$20,000
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Note:

- Amounts of coverage elected above the Guarantee Issue amount are subject to medical underwriting approval. To submit a medical history statement online, visit: <https://bit.ly/3AWeXtX>
- All late applications (applying 31 days after becoming eligible), requests for coverage increases and reinstatements are subject to medical underwriting approval. Employees eligible but not insured under the prior life insurance plan are also subject to medical underwriting approval.
- The coverage amount for your spouse cannot exceed 50 percent of your Additional Life coverage.
- The coverage amount for your child(ren) cannot exceed 100 percent of your Additional Life coverage.

Annual Enrollment

During your Employer's annual open enrollment period, if you are currently enrolled in Additional Life insurance for an amount less than \$150,000, you may elect to increase your coverage each year by one or two increments (\$10,000 or \$20,000) but not to exceed \$150,000 without having to submit evidence of insurability. However, we will not waive the evidence of insurability requirements if you previously submitted evidence of insurability that was not approved by us under any group policy issued by us to the Policyholder or covering your Employer.

During your Employer's annual enrollment period, if you are currently enrolled in Dependents Life insurance for your spouse for an amount less than \$30,000, you may elect to increase spouse coverage each year by one or two increments (\$5,000 or \$10,000) but not to exceed \$30,000 without having to submit evidence of insurability. However, we will not waive the evidence of insurability requirements if your spouse previously submitted evidence of insurability that was not approved by us under any group policy issued by us to the Policyholder or covering your Employer.

Coverage Amount Needed

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Additional Life insurance you may need to protect your loved ones, The Standard has created a Life Insurance Needs Calculator found at: <http://www.standard.com/lifeneeds>.

Employee Coverage Effective Date

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period, receive medical underwriting approval (if applicable), agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

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 full day of active work as an eligible employee.

Please contact your human resources representative for more information regarding these requirements that must be satisfied for your insurance to become effective.

Life and AD&D Age Reductions

Under this plan, your coverage amount reduces by your age as follows: by 35 percent at age 65, by 50 percent at age 70, and by 65 percent at age 75.

Your spouse's coverage amount reduces by your age as follows: by 35 percent at age 65, by 50 percent at age 70, and by 65 percent at age 75.

If you are age 65 or over, ask your human resources representative for the amount of coverage available.

Life Insurance Exclusions

This plan contains 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 one year on the date of death. This is subject to state variations.

Life Insurance Features and Benefits

Please see your human resources representative for additional information about the features and benefits below.

Waiver of Premium	If you become totally disabled while insured under this plan and under age 60, and complete a waiting period of 180 days, your Basic and Additional Life insurance may continue without premium payment until age 65 provided you give us satisfactory proof that you remain totally disabled. Waiver of Premium does not apply to AD&D insurance.
Accelerated Benefit	If you become terminally ill, you may be eligible to receive up to 75 percent of your combined Basic and Additional Life benefit to a maximum of \$500,000.
Portability	If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage.
Conversion	If your insurance ends or reduces, you may be eligible to convert your life insurance to an individual life insurance policy without submitting proof of good health.

Additional AD&D Insurance Benefit Schedule

The amount of the Additional AD&D benefit for loss of your, or your dependents, life is equal to the amount payable for your Additional Life or your Dependents Life benefit on the date of the accident. The amount of the Additional AD&D benefit for other covered losses is a percentage of the amount payable for the Additional AD&D benefit on the date of the accident as shown below.

Loss:	Percentage Payable:
Loss of Life ¹	100%
One hand or one foot ²	50%
Sight in one eye, speech, or hearing in both ears	50%
Two or more of the losses listed above	100%
Thumb and index finger of the same hand ³	25%
Quadriplegia	100%
Hemiplegia	50%
Paraplegia	50%

¹ Including loss of life by accidental exposure to adverse weather conditions or disappearance if the disappearance is caused by an accident that could have reasonably resulted in your death.

² Even if the severed part is surgically re-attached. This benefit is not payable if an Additional AD&D benefit is payable for Quadriplegia, Hemiplegia, or Paraplegia involving the same hand or foot.

³ This benefit is not payable if an Additional AD&D benefit is payable for the loss of the entire hand.

The loss must be caused solely and directly by an accident and occurs independently of all other causes, within 365 days after the accident. Loss of life must be evidenced by a certified copy of the death certificate. All other losses must be certified by a physician in the appropriate specialty as determined by The Standard. No more than 100 percent of the AD&D benefit will be paid for all losses resulting from one accident.

Additional AD&D Insurance Exclusions

Subject to state variations, AD&D benefits are not payable for death or dismemberment caused or contributed to by:

- War or act of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature
- Suicide or other intentionally self-inflicted injury
- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Voluntary use or consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a physician
- Sickness or pregnancy existing at the time of the accident
- Heart attack or stroke
- Medical or surgical treatment for any of the above

When Insurance Ends

Coverage ends automatically on the earliest of the following:

- The last date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (coverage may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy
- For Additional AD&D insurance for you, the date your Additional life insurance ends

In addition to the above requirements, your Dependents Life with AD&D coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when insurance ends, contact your human resources representative.

Group Insurance Certificate

If coverage becomes effective, and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

Employee Life with AD&D Monthly Premiums

Coverage Amount	Employee's Age as of January 1											
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75+*
\$10,000	0.75	0.85	1.05	1.15	1.25	1.75	2.55	4.55	6.85	8.42	14.38	20.21
\$20,000	1.50	1.70	2.10	2.30	2.50	3.50	5.10	9.10	13.70	16.84	28.75	40.43
\$30,000	2.25	2.55	3.15	3.45	3.75	5.25	7.65	13.65	20.55	25.25	43.13	60.64
\$40,000	3.00	3.40	4.20	4.60	5.00	7.00	10.20	18.20	27.40	33.67	57.50	80.85
\$50,000	3.75	4.25	5.25	5.75	6.25	8.75	12.75	22.75	34.25	42.09	71.88	101.06
\$60,000	4.50	5.10	6.30	6.90	7.50	10.50	15.30	27.30	41.10	50.51	86.25	121.28
\$70,000	5.25	5.95	7.35	8.05	8.75	12.25	17.85	31.85	47.95	58.92	100.63	141.49
\$80,000	6.00	6.80	8.40	9.20	10.00	14.00	20.40	36.40	54.80	67.34	115.00	161.70
\$90,000	6.75	7.65	9.45	10.35	11.25	15.75	22.95	40.95	61.65	75.76	129.38	181.91
\$100,000	7.50	8.50	10.50	11.50	12.50	17.50	25.50	45.50	68.50	84.18	143.75	202.13
\$110,000	8.25	9.35	11.55	12.65	13.75	19.25	28.05	50.05	75.35	92.59	158.13	222.34
\$120,000	9.00	10.20	12.60	13.80	15.00	21.00	30.60	54.60	82.20	101.01	172.50	242.55
\$130,000	9.75	11.05	13.65	14.95	16.25	22.75	33.15	59.15	89.05	109.43	186.88	262.76
\$140,000	10.50	11.90	14.70	16.10	17.50	24.50	35.70	63.70	95.90	117.85	201.25	282.98
\$150,000	11.25	12.75	15.75	17.25	18.75	26.25	38.25	68.25	102.75	126.26	215.63	303.19
\$160,000	12.00	13.60	16.80	18.40	20.00	28.00	40.80	72.80	109.60	134.68	230.00	323.40
\$170,000	12.75	14.45	17.85	19.55	21.25	29.75	43.35	77.35	116.45	143.10	244.38	343.61
\$180,000	13.50	15.30	18.90	20.70	22.50	31.50	45.90	81.90	123.30	151.52	258.75	363.83
\$190,000	14.25	16.15	19.95	21.85	23.75	33.25	48.45	86.45	130.15	159.93	273.13	384.04
\$200,000	15.00	17.00	21.00	23.00	25.00	35.00	51.00	91.00	137.00	168.35	287.50	404.25
\$210,000	15.75	17.85	22.05	24.15	26.25	36.75	53.55	95.55	143.85	176.77	301.88	424.46
\$220,000	16.50	18.70	23.10	25.30	27.50	38.50	56.10	100.10	150.70	185.19	316.25	444.68
\$230,000	17.25	19.55	24.15	26.45	28.75	40.25	58.65	104.65	157.55	193.60	330.63	464.89
\$240,000	18.00	20.40	25.20	27.60	30.00	42.00	61.20	109.20	164.40	202.02	345.00	485.10
\$250,000	18.75	21.25	26.25	28.75	31.25	43.75	63.75	113.75	171.25	210.44	359.38	505.31
\$260,000	19.50	22.10	27.30	29.90	32.50	45.50	66.30	118.30	178.10	218.86	373.75	525.53
\$270,000	20.25	22.95	28.35	31.05	33.75	47.25	68.85	122.85	184.95	227.27	388.13	545.74
\$280,000	21.00	23.80	29.40	32.20	35.00	49.00	71.40	127.40	191.80	235.69	402.50	565.95
\$290,000	21.75	24.65	30.45	33.35	36.25	50.75	73.95	131.95	198.65	244.11	416.88	586.16
\$300,000	22.50	25.50	31.50	34.50	37.50	52.50	76.50	136.50	205.50	252.53	431.25	606.38
\$310,000	23.25	26.35	32.55	35.65	38.75	54.25	79.05	141.05	212.35	260.94	445.63	626.59
\$320,000	24.00	27.20	33.60	36.80	40.00	56.00	81.60	145.60	219.20	269.36	460.00	646.80
\$330,000	24.75	28.05	34.65	37.95	41.25	57.75	84.15	150.15	226.05	277.78	474.38	667.01
\$340,000	25.50	28.90	35.70	39.10	42.50	59.50	86.70	154.70	232.90	286.20	488.75	687.23
\$350,000	26.25	29.75	36.75	40.25	43.75	61.25	89.25	159.25	239.75	294.61	503.13	707.44
\$360,000	27.00	30.60	37.80	41.40	45.00	63.00	91.80	163.80	246.60	303.03	517.50	727.65
\$370,000	27.75	31.45	38.85	42.55	46.25	64.75	94.35	168.35	253.45	311.45	531.88	747.86
\$380,000	28.50	32.30	39.90	43.70	47.50	66.50	96.90	172.90	260.30	319.87	546.25	768.08
\$390,000	29.25	33.15	40.95	44.85	48.75	68.25	99.45	177.45	267.15	328.28	560.63	788.29
\$400,000	30.00	34.00	42.00	46.00	50.00	70.00	102.00	182.00	274.00	336.70	575.00	808.50
\$410,000	30.75	34.85	43.05	47.15	51.25	71.75	104.55	186.55	280.85	345.12	589.38	828.71
\$420,000	31.50	35.70	44.10	48.30	52.50	73.50	107.10	191.10	287.70	353.54	603.75	848.93
\$430,000	32.25	36.55	45.15	49.45	53.75	75.25	109.65	195.65	294.55	361.95	618.13	869.14
\$440,000	33.00	37.40	46.20	50.60	55.00	77.00	112.20	200.20	301.40	370.37	632.50	889.35
\$450,000	33.75	38.25	47.25	51.75	56.25	78.75	114.75	204.75	308.25	378.79	646.88	909.56
\$460,000	34.50	39.10	48.30	52.90	57.50	80.50	117.30	209.30	315.10	387.21	661.25	929.78
\$470,000	35.25	39.95	49.35	54.05	58.75	82.25	119.85	213.85	321.95	395.62	675.63	949.99
\$480,000	36.00	40.80	50.40	55.20	60.00	84.00	122.40	218.40	328.80	404.04	690.00	970.20
\$490,000	36.75	41.65	51.45	56.35	61.25	85.75	124.95	222.95	335.65	412.46	704.38	990.41
\$500,000	37.50	42.50	52.50	57.50	62.50	87.50	127.50	227.50	342.50	420.88	718.75	1,010.63

* Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Spouse Life with AD&D Monthly Premiums

Coverage Amount	Employee's Age as of January 1											
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75+*
\$5,000	0.38	0.43	0.53	0.58	0.63	0.88	1.28	2.28	3.43	4.21	7.19	10.11
\$10,000	0.75	0.85	1.05	1.15	1.25	1.75	2.55	4.55	6.85	8.42	14.38	20.21
\$15,000	1.13	1.28	1.58	1.73	1.88	2.63	3.83	6.83	10.28	12.63	21.56	30.32
\$20,000	1.50	1.70	2.10	2.30	2.50	3.50	5.10	9.10	13.70	16.84	28.75	40.43
\$25,000	1.88	2.13	2.63	2.88	3.13	4.38	6.38	11.38	17.13	21.04	35.94	50.53
\$30,000	2.25	2.55	3.15	3.45	3.75	5.25	7.65	13.65	20.55	25.25	43.13	60.64
\$35,000	2.63	2.98	3.68	4.03	4.38	6.13	8.93	15.93	23.98	29.46	50.31	70.74
\$40,000	3.00	3.40	4.20	4.60	5.00	7.00	10.20	18.20	27.40	33.67	57.50	80.85
\$45,000	3.38	3.83	4.73	5.18	5.63	7.88	11.48	20.48	30.83	37.88	64.69	90.96
\$50,000	3.75	4.25	5.25	5.75	6.25	8.75	12.75	22.75	34.25	42.09	71.88	101.06
\$55,000	4.13	4.68	5.78	6.33	6.88	9.63	14.03	25.03	37.68	46.30	79.06	111.17
\$60,000	4.50	5.10	6.30	6.90	7.50	10.50	15.30	27.30	41.10	50.51	86.25	121.28
\$65,000	4.88	5.53	6.83	7.48	8.13	11.38	16.58	29.58	44.53	54.71	93.44	131.38
\$70,000	5.25	5.95	7.35	8.05	8.75	12.25	17.85	31.85	47.95	58.92	100.63	141.49
\$75,000	5.63	6.38	7.88	8.63	9.38	13.13	19.13	34.13	51.38	63.13	107.81	151.59
\$80,000	6.00	6.80	8.40	9.20	10.00	14.00	20.40	36.40	54.80	67.34	115.00	161.70
\$85,000	6.38	7.23	8.93	9.78	10.63	14.88	21.68	38.68	58.23	71.55	122.19	171.81
\$90,000	6.75	7.65	9.45	10.35	11.25	15.75	22.95	40.95	61.65	75.76	129.38	181.91
\$95,000	7.13	8.08	9.98	10.93	11.88	16.63	24.23	43.23	65.08	79.97	136.56	192.02
\$100,000	7.50	8.50	10.50	11.50	12.50	17.50	25.50	45.50	68.50	84.18	143.75	202.13
\$105,000	7.88	8.93	11.03	12.08	13.13	18.38	26.78	47.78	71.93	88.38	150.94	212.23
\$110,000	8.25	9.35	11.55	12.65	13.75	19.25	28.05	50.05	75.35	92.59	158.13	222.34
\$115,000	8.63	9.78	12.08	13.23	14.38	20.13	29.33	52.33	78.78	96.80	165.31	232.44
\$120,000	9.00	10.20	12.60	13.80	15.00	21.00	30.60	54.60	82.20	101.01	172.50	242.55
\$125,000	9.38	10.63	13.13	14.38	15.63	21.88	31.88	56.88	85.63	105.22	179.69	252.66
\$130,000	9.75	11.05	13.65	14.95	16.25	22.75	33.15	59.15	89.05	109.43	186.88	262.76
\$135,000	10.13	11.48	14.18	15.53	16.88	23.63	34.43	61.43	92.48	113.64	194.06	272.87
\$140,000	10.50	11.90	14.70	16.10	17.50	24.50	35.70	63.70	95.90	117.85	201.25	282.98
\$145,000	10.88	12.33	15.23	16.68	18.13	25.38	36.98	65.98	99.33	122.05	208.44	293.08
\$150,000	11.25	12.75	15.75	17.25	18.75	26.25	38.25	68.25	102.75	126.26	215.63	303.19
\$155,000	11.63	13.18	16.28	17.83	19.38	27.13	39.53	70.53	106.18	130.47	222.81	313.29
\$160,000	12.00	13.60	16.80	18.40	20.00	28.00	40.80	72.80	109.60	134.68	230.00	323.40
\$165,000	12.38	14.03	17.33	18.98	20.63	28.88	42.08	75.08	113.03	138.89	237.19	333.51
\$170,000	12.75	14.45	17.85	19.55	21.25	29.75	43.35	77.35	116.45	143.10	244.38	343.61
\$175,000	13.13	14.88	18.38	20.13	21.88	30.63	44.63	79.63	119.88	147.31	251.56	353.72
\$180,000	13.50	15.30	18.90	20.70	22.50	31.50	45.90	81.90	123.30	151.52	258.75	363.83
\$185,000	13.88	15.73	19.43	21.28	23.13	32.38	47.18	84.18	126.73	155.72	265.94	373.93
\$190,000	14.25	16.15	19.95	21.85	23.75	33.25	48.45	86.45	130.15	159.93	273.13	384.04
\$195,000	14.63	16.58	20.48	22.43	24.38	34.13	49.73	88.73	133.58	164.14	280.31	394.14
\$200,000	15.00	17.00	21.00	23.00	25.00	35.00	51.00	91.00	137.00	168.35	287.50	404.25
\$205,000	15.38	17.43	21.53	23.58	25.63	35.88	52.28	93.28	140.43	172.56	294.69	414.36
\$210,000	15.75	17.85	22.05	24.15	26.25	36.75	53.55	95.55	143.85	176.77	301.88	424.46
\$215,000	16.13	18.28	22.58	24.73	26.88	37.63	54.83	97.83	147.28	180.98	309.06	434.57
\$220,000	16.50	18.70	23.10	25.30	27.50	38.50	56.10	100.10	150.70	185.19	316.25	444.68
\$225,000	16.88	19.13	23.63	25.88	28.13	39.38	57.38	102.38	154.13	189.39	323.44	454.78
\$230,000	17.25	19.55	24.15	26.45	28.75	40.25	58.65	104.65	157.55	193.60	330.63	464.89
\$235,000	17.63	19.98	24.68	27.03	29.38	41.13	59.93	106.93	160.98	197.81	337.81	474.99
\$240,000	18.00	20.40	25.20	27.60	30.00	42.00	61.20	109.20	164.40	202.02	345.00	485.10
\$245,000	18.38	20.83	25.73	28.18	30.63	42.88	62.48	111.48	167.83	206.23	352.19	495.21
\$250,000	18.75	21.25	26.25	28.75	31.25	43.75	63.75	113.75	171.25	210.44	359.38	505.31

* Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Child Life with AD&D Monthly Premiums*

Coverage

Amount Premium

\$20,000 3.50

* Regardless of the number of eligible children covered.



Explore the world with confidence.

Rely on Travel Assistance when you're away from home.



Standard Insurance Company

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.¹

You and your spouse are covered with Travel Assistance — and so are kids through age 25 — with your group insurance from Standard Insurance Company (The Standard).²

Security That Travels with You

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:



Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories



Credit card and passport replacement and missing baggage and emergency cash coordination



Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission



Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains³



Connection to medical care providers, interpreter services, local attorneys and assistance in coordinating a bail bond



Return travel companion if travel is disrupted due to emergency transportation services or care of minor children if left unattended due to prolonged hospitalization



Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded



Evacuation arrangements in the event of a natural disaster, political unrest and social instability

Contact Travel Assistance

800.872.1414

United States, Canada, Puerto Rico,
U.S. Virgin Islands and Bermuda

Everywhere else
+1.609.986.1234

Text:
+1.609.334.0807

Email:
medservices@assistamerica.com

Get the App

Get the most out of Travel Assistance with the Assist America Mobile App.

Click one of the links below or scan the QR code to download the app. Enter your reference number and name to set up your account. From there, you can use valuable travel resources including:

- One-touch access to Assist America's Emergency Operations Center
- Worldwide travel alerts
- Mobile ID card
- Embassy locator



Reference Number:
01-AA-STD-5201



Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

¹ Travel Assistance is provided through an arrangement with Assist America, Inc. and is not affiliated with The Standard. Travel Assistance is subject to the terms and conditions, including exclusions and limitations of the Travel Assistance Program Description. Assist America, Inc. is solely responsible for providing and administering the included service. Travel Assistance is not an insurance product. This service is only available while insured under The Standard's group policy.

² Spouses and children traveling on business for their employers are not eligible to access these services during those trips.

³ Must be arranged by Assist America, Inc.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

To Be Completed By Human Resources

Group Number 643648	Division	Billing Category	Date of Employment
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To Be Completed By Applicant Apply for Coverage Beneficiary Change *Complete Beneficiary Section below.* Name Change
 Add or Delete Dependent Date of add/delete _____

Your Name (Last, First, Middle)	Your Social Security Number	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Your Address		City	State ZIP
Former Name (Last, First, Middle) <i>Complete only if name change</i>		Phone Number	
Employer Name Colorado Employer Benefit Trust (CEBT)		Job Title/Occupation	

Coverage *Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements.*

Life Insurance

Additional Life with AD&D requested amount \$ _____

Dependents Life Insurance

Spouse Life with AD&D requested amount \$ _____

Spouse Name _____ Date of Birth _____

Child(ren) Life with AD&D \$20,000

Beneficiary *This designation applies to your Life and Accidental Death and Dismemberment Insurance available through your Employer. Designations are not valid unless signed, dated, and delivered in accordance with the terms of the Group Policy, delivered to the Employer during your lifetime.*

Primary – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No. <i>if known</i>	Relationship	% of Benefit*
Contingent – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No. <i>if known</i>	Relationship	% of Benefit*

***Total must equal 100%**

Signature I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.

Member/Employee Signature Required _____ Date (Mo/Day/Yr) _____

Return completed form to your Human Resources Department.

Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
 1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
 2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
 3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, “Dorothy Q. Smith, Trustee under the trust agreement dated _____.”
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer’s coverage under the Group Policy.

Return completed form to your Human Resources Department.

DIRECTIONS FOR APPLYING FOR COVERAGE

Read the Information Practices Notice(s) on page 4. A separate form must be submitted for each applicant (Employee/Member and/or Spouse/Civil Union Partner) when Evidence Of Insurability or Proof of Good Health is required to apply for coverage. Complete all items, date and sign in the space at the bottom of page 3. Keep a copy for your records, and send the original to Standard Insurance Company at the address given above.

MEMBER/EMPLOYEE INFORMATION

Name of Group Colorado Employer Benefit Trust (CEBT)		Group Number 643648	Check who is Applying (One per form) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Spouse/Civil Union Partner <input type="checkbox"/> Child	
Employer Name	Member/Employee Name		Birth Date (Mo/Day/Year)	Date Hired (Mo/Day/Year)
Occupation	Member/Employee Identification No.		Salary	Social Security Number

APPLICANT INFORMATION

Applicant's Name (Person to be insured)			Email Address	
Street Address		City	State/Province	ZIP/Postal Code
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date (Mo/Day/Year)	Birthplace	Social Security Number	Work Phone () Home Phone ()

APPLICATION INFORMATION

Check the type and provide details on the amount of coverage you are requesting.

Life _____ + _____ = _____
 Current Amount In Force, if any Additional Amount Requested Total Amount Requested

Dependents Life _____ + _____ = _____
 Current Amount In Force, if any Additional Amount Requested Total Amount Requested

PHYSICIAN INFORMATION *(Physician name or medical facility with Applicant's complete medical records—provide name and full mailing address)*

Doctor First Name		Doctor Last Name		
Clinic Name			Doctor Phone	
Doctor Address		City	State/Province	ZIP/Postal Code
Date Last Consulted				
Reason Last Consulted				

Applicant Name	Social Security Number
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MEDICAL HISTORY STATEMENT QUESTIONS

Check yes or no for each of these questions, and give details for any "yes" answers. Attach a separate sheet if necessary.

1. Have you been absent from work for a period of 5 or more consecutive days during the last 2 years due to any sickness, surgery, injury, mental or emotional condition? Yes No
2. Has a medical professional ever treated you for, diagnosed you as having, or prescribed medication for you for any of the following:
 - A. Disease of the liver, pancreas, kidney, ulcers, stomach, intestinal disorder, or digestive system disorder? Yes No
 - B. Multiple sclerosis, epilepsy, stroke, paralysis, numbness, visual disturbance, deafness, or another neurological or muscle disorder? Yes No
 - C. Cancer (malignancy or growth), leukemia, lymphoma, chronic anemia, or blood clotting (thrombophlebitis, pulmonary embolism)? Yes No
 - D. Cardiovascular disease, heart ailment, arteriosclerosis, chest pain, high blood pressure, heart murmur, valve, circulatory or vascular disorder? Yes No
 - E. Emphysema, asthma, chronic bronchitis, sleep apnea, or other lung disease? Yes No
 - F. Lupus, scleroderma, vasculitis, connective tissue disease, or other immune system disorder not related to Human Immunodeficiency Virus (HIV)? Yes No
 - G. Osteoarthritis, rheumatoid arthritis, osteoporosis, pain in the joints, amputations, or other disease or disorder of the bones, joints, back or spine, or arthritic conditions? Yes No
 - H. Endocrine (including thyroid or adrenal), diabetes? Yes No
 - I. Drug, alcohol or nicotine use or abuse, or have you used drugs, alcohol or nicotine in a manner that resulted in you having to obtain advice, counseling or treatment? Yes No
 - J. Psychiatric or mental condition, depression, adjustment disorder, affective disorder, or obsessive-compulsive disorder? Yes No
3. Has a medical professional ever diagnosed you as having or prescribed medication to you for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or HIV antibodies? Yes No
4. During the past five years have you been in a hospital or other institution for observation, rest, diagnosis, or treatment of any disease, disorder, condition or injury? Yes No
5. Do you plan any operation or visit to a doctor or practitioner for an existing physical or mental condition, illness, injury, surgery or pregnancy? Yes No
6. Do you currently have any disorder, condition or disease, or are you currently taking medication prescribed by a medical or other practitioner for any disorder, condition (including pregnancy) or disease other than cold or allergies not disclosed above? Yes No

Height _____ Weight _____

DETAILS OF ANY "YES" ANSWERS ABOVE

Include diagnosis, start and end dates, duration, type and frequency of treatment, hospitalization, physician visits, cause, location of disorder, residuals, acute or chronic status, work loss, and operations.

Question #	Diagnosis/Description	Month/Year	Details/Current Status	Physicians Consulted, City and State

Applicant Name	Social Security Number
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ACKNOWLEDGMENT AND AUTHORIZATION FOR RELEASE OF INFORMATION *(Please read carefully.)*

- I represent that the statements contained herein, including those made in response to the Medical History Statement questions and any supplemental information, are true and complete to the best of my knowledge and belief, and I understand that they form the basis of any coverage under the Group Policy(ies). I understand that any misstatements or failure to report information which is material to the issuance of coverage may be used as a basis for rescission of my insurance and/or denial of payment of a claim. I agree to notify Standard Insurance Company (The Standard) of any change in my medical condition while my enrollment application is pending. I agree that if my application is approved by The Standard, the effective date of any coverage will be determined in accordance with the terms of the Group Policy(ies), including any applicable Active Work requirement. I agree that if my application is declined, The Standard's liability is limited to the return of any premium which may have been paid.
- To any health plan, physician, health care provider, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager, medical facility, insurance or reinsurance company, and the MIB, Inc. (MIB), I instruct you to disclose my entire medical record and any other protected health information concerning me to The Standard or its reinsurers. This includes information on any disorder of the immune system, including Acquired Immune Deficiency Syndrome (AIDS) or other related syndromes or complexes, and any communicable or sexually transmitted disease or disorder. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.
- By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct any of the above to release and disclose my entire medical records without restriction.
- I understand that The Standard will use information to determine my eligibility for group insurance coverage. I understand The Standard may release information it has about me to its reinsurers and to any person performing business or legal services for The Standard in connection with my application. I authorize The Standard to release information it has about me to MIB for the purpose of reporting to the MIB information exchange and for MIB to audit The Standard's reporting. I understand The Standard may release information it has about me to other insurance companies to which I have applied for insurance coverage or benefits.
- I understand that information disclosed to The Standard pursuant to authorization may be subject to redisclosure with my authorization or as otherwise permitted by law. Life and disability insurance coverages are not subject to the Privacy Rule under the Health Insurance Portability and Accountability Act (HIPAA), and therefore release of information to The Standard is not protected under the Act.
- I understand that I am entitled to receive a copy of this authorization. This authorization will remain valid six months from the date of the signature below. A photocopy or facsimile of this authorization shall be as valid as the original.
- I understand that I have the right to refuse to sign this authorization. I further understand that I have a right to revoke this authorization at any time by sending a written statement to The Standard, except to the extent it has been relied upon to disclose requested records. I understand that the revocation of the authorization, or the failure to sign the authorization, may impair The Standard's ability to evaluate or process my application and may be a basis for denying my application for insurance coverage.
- I understand that if my application is approved, premiums shall be paid in accordance with the provisions of the Group Policy(ies), and my coverage will be subject to all terms and conditions of the Group Policy(ies) and state limitations.
- For Member/Employee: If I currently have a Life and/or Trust Life beneficiary designation on file with my plan administrator, I understand the designation(s) on file will also apply to any approved amounts. If I have no beneficiary designation(s) on file or I wish to change the name of the current beneficiary(ies), I will contact my plan administrator.
- I understand that insurance on a Spouse or other Dependent, if any, is payable to the Member/Employee, if living, or as provided under the terms of the Group Policy(ies).
- I acknowledge that I have read and received the Information Practices Notice and Fraud Notice (if applicable), and I have made a copy of this Medical History Statement.

Signature of Applicant	Date
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Note: Declinations do not affect either Guarantee Issue Amounts not subject to Evidence Of Insurability or other coverages already in force with Standard Insurance Company.

Applicant Name	Social Security Number
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INFORMATION PRACTICES NOTICE

- To help us determine your eligibility for group insurance we may request information about you from other persons and organizations. For example, we may request information from your doctor or hospital, other insurance companies, or MIB, Inc. (MIB), formerly known as Medical Information Bureau. We will use the authorization you signed on this form when we seek this information.
- MIB – Information regarding your insurability will be treated as confidential. Standard Insurance Company or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health (including short and long term disability) insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.
 Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is: 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.
 Standard Insurance Company may release information in its file to its reinsurers, and Standard Insurance Company, or its reinsurers, may release information in its file to other insurance companies to whom you may apply for life or health (including short and long term disability) insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.
- DISCLOSURE TO OTHERS – The information collected about you is confidential. We will not release any information about you without your authorization, except to the extent necessary to conduct our business or as required or permitted by law.
- YOUR RIGHTS – You have a right to know what information we have about you in our underwriting file. You also have a right to ask us to correct any information you think is incorrect. We will carefully review your request and make changes when justified. If you would like more information about this right or our information practices please write to us at Medical Underwriting, Standard Insurance Company, 900 SW Fifth Avenue, Portland, Oregon 97204 or call 1-800-843-7979.

FRAUD NOTICE

- ARKANSAS, MAINE, OHIO: Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.
- 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 the policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.
- DISTRICT OF COLUMBIA: 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.
- KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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, NEW MEXICO: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.
- MARYLAND, RHODE ISLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.
- NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- NEW YORK: 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 act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- 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.
- PUERTO RICO: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or any other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.
- TENNESSEE, VIRGINIA, 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 include imprisonment, fines, and denial of insurance benefits.



Standard Insurance Company

For more than 100 years we have been dedicated to our core purpose: to help people achieve financial security so they can confidently pursue their dreams. We have earned a national reputation for quality products and superior service by always striving to do what is right for our customers.

Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group Disability, Life, Dental and Vision insurance. We provide insurance to more than 23,000 groups covering nearly 6 million employees nationwide.* Our first group policy, written in 1951 and still in force today, stands as a testament to our commitment to building long-term relationships.

To learn more about The Standard visit us at **www.standard.com**. For more information on Group Additional Life Insurance from The Standard, contact your human resources department.

* As of September 30, 2014, based on internal data developed by Standard Insurance Company.