



Explore Your Employee Benefits

We believe in protecting what matters.



Colorado Employer Benefit Trust (CEBT)

Standard Insurance Company



Help Protect What You Care About

Explore Your Benefit Options With Colorado Employer Benefit Trust (CEBT)

You may wonder which benefit options are the best for you and your family. Think of insurance as a financial safety net that helps protect you when life doesn't go as planned. Each benefit can play a role in helping you achieve financial security and protection from the unexpected.

Enrolling in coverage now is an easy way to make sure you and your loved ones are ready for anything. Use this guide to explore your group insurance options from Standard Insurance Company.



When you buy insurance through work, you get competitive group rates. And it's convenient, with premiums deducted right from your paycheck.

Your Employer-Paid Benefits

- Basic Life and Accidental Death and Dismemberment insurance

Benefits You Can Add at Group Rates

- Additional Life and AD&D insurance
- Dependents Life and AD&D insurance



Protect Your Loved Ones

Life insurance helps take care of your family if something happens to you. It can help your loved ones get through a difficult time and pay for important things, like a home or college plans.

Accidental Death and Dismemberment insurance helps protect your family's finances if an accident causes death or a severe physical loss. It pays a benefit in addition to any life insurance you have, which can help pay for a funeral or ongoing special care.



Group Life and AD&D Insurance

We can help provide for your family when you can't.

Group Life and Accidental Death and Dismemberment insurance can help protect your family's finances if something happens to you. This coverage can help provide financial support and stability to your family if you pass away or have a serious accident.

Life and AD&D insurance can help make things easier for the people you care about.

How much Life insurance do you need?

Consider your family's everyday expenses and big-ticket items. How will they manage without your income? How much help do they need to maintain their standard of living? Pay off debt? And fund your children's education?

AD&D insurance provides coverage for accidental death and dismemberment. It provides an extra layer of protection if you die or have a covered injury due to an accident.

Life and AD&D insurance is an easy, responsible way to help your loved ones during a difficult time — and into the future.

What's at stake.

A death or serious accident might leave your family facing expenses they couldn't pay without your income. That could include extra costs for medical care or a funeral.

This Life insurance coverage lets you take advantage of group rates. It's also convenient. Your premium payments are deducted directly from your paycheck. **Plan now to help your family cover future expenses, such as:**



Tuition



Child Care



Housing Costs



Daily Living Expenses

Life Insurance

How Much Can I Apply For?

The coverage amount for your spouse cannot exceed 50% of your Life coverage. The coverage amount for your child(ren) cannot exceed 100% of your Life coverage.

For You:

\$10,000 – \$500,000 in increments of \$10,000

For Your Spouse:

\$5,000 – \$250,000 in increments of \$5,000

For Your Children:

\$20,000

What Is The Guarantee Issue Amount?

Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.

For You:

Up to \$150,000

For Your Spouse:

Up to \$30,000

What Does My AD&D Benefit Provide?

For You:

The AD&D insurance coverage amount matches what you elect for Life insurance.

For Your Spouse:

The AD&D insurance coverage amount matches what you elect for Dependents Life insurance for your spouse.

For Your Child(ren)

The AD&D insurance coverage amount matches what you elect for Dependents Life insurance for your child.

Keep in mind that the amount payable for certain losses is less than 100% of the AD&D Insurance benefit.

See the Important Details section for more information, including requirements, exclusions, limitations, age reductions and definitions.

Annual Enrollment

During Your Employer's Annual Enrollment Period:

For You. If you are currently enrolled in Life insurance for an amount less than \$150,000, you may elect to increase your coverage by one or two increments of \$10,000, up to, but not to exceed, the guarantee issue amount of \$150,000 without having to answer health questions.

For Your Spouse. If your spouse is currently enrolled in Dependents Life insurance for an amount less than \$30,000, you may elect to increase coverage by one or two increments of \$5,000, up to the guarantee issue amount of \$30,000 without having to answer health questions.

Prior Declines. If you were previously declined coverage by the Standard on or after Jan. 1, 2020, and/or if your spouse was previously declined coverage by The Standard, you and/or your spouse will need to submit a Medical History Statement in order to apply for any amount of coverage during the annual enrollment period.

Submit a Medical History Statement for approval online at myeoi.standard.com/643648.

Additional Features

Accelerated Benefit If you become terminally ill, you may be eligible to receive up to 75% of your Life benefit, to a maximum of \$500,000.

Travel Assistance¹ Available 24 hours a day, this service connects you to resources when you're traveling at least 100 miles from home or in a foreign country for up to 180 days.

Life Services Toolkit² This service allows you and your beneficiaries access to online content for will preparation, identity theft support and other tools and calculators, and provides your beneficiaries with services for grief, legal and financial matters.

1 This service is provided through an arrangement with a service provider that is not affiliated with The Standard. Travel Assistance is not an insurance product in any state, except Oregon. For more information, visit standard.com/travel-info.

2 The Life Services Toolkit is offered through an arrangement with a service provider that is not affiliated with The Standard. For more information, visit standard.com/mytoolkit-info.

Additional AD&D Features

Seat Belt and Air Bag Benefits The Standard may pay an additional benefit if you die while wearing a seat belt, provided certain conditions are met. If the car's air bags deploy during an accident, an air bag benefit may also be payable.

Family Benefits Package This benefit is designed to help surviving family members maintain their standard of living and pursue their dreams. Included in the package are benefits to help with child care, career adjustment for your spouse and higher education for your child(ren).

How Much Your Coverage Costs

Because this insurance is offered through Colorado Employer Benefit Trust (CEBT), you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck.

For You:

How much your premium costs depends on your age and the benefit amount. To find your monthly premium, use the Employee Life with AD&D Monthly Premiums table on the next page. Your monthly AD&D rate of \$0.025 per \$1,000 of AD&D benefit is included.

For Your Spouse:

If you buy coverage for your spouse, your monthly premium is shown in the Spouse Life with AD&D Monthly Premiums table on page 6. Use your age and your spouse's benefit amount. Your monthly AD&D rate of \$0.025 per \$1,000 of AD&D benefit is included.

For Your Child(ren):

If you buy Dependents Life with AD&D for your child(ren), your monthly rate is \$3.50 for \$20,000, no matter how many children you're covering. Your monthly AD&D rate of \$0.150 per \$1,000 of AD&D benefit is included.

How Much Life Insurance Do You Need?

After a serious accident or death in the family, there are many unexpected expenses.

Your benefits could help your family pay for:

- Outstanding debt
- Your child(ren)'s education
- Burial expenses
- Daily expenses
- Medical bills

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at standard.com/life/needs.

Employee Life with AD&D Monthly Premiums												
Coverage Amount	Employee's Age as of Jan. 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 and AD&D Age Reductions section).

Spouse Life with AD&D Monthly Premiums												
Coverage Amount	Employee's Age as of Jan. 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 and AD&D Age Reductions section).

Important Details

Here's where you'll find the details about the plan.

Life and AD&D Insurance Eligibility Requirements

A minimum number of eligible employees must apply and qualify for the proposed plan before coverage can become effective. If this requirement is not met, this plan will not become effective.

To be eligible for coverage, you must be:

- An active employee of a participating employer in the Colorado Employer Benefit Trust (CEBT) regularly working at least 20 hours per week

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

If you buy Life and AD&D insurance for yourself and your employer has elected to offer Dependents Life insurance, you may also buy Life and AD&D coverage for your eligible child(ren) and/or spouse. This is called Dependents Life and AD&D insurance.

You can choose to cover your spouse, meaning a person to whom you are legally married or your civil union partner.

You may also choose to cover your child. Child means your child from live birth through age 25.

Please note:

- Your child cannot be insured by more than one employee.
- Your spouse or child(ren) must not be full-time member(s) of the armed forces.
- You cannot be insured as both an individual and a dependent.

Medical Underwriting Approval for Life Coverage

Required for:

- Coverage amounts higher than the guarantee issue amount
- All late applications for you or your spouse (applying 31 days after becoming eligible)
- Requests for coverage increases
- Reinstatements
- Employees and spouses eligible but not insured under the prior life insurance plan

Submit a Medical History Statement for approval online at myeoi.standard.com/643648.

Note: If your family status changes, you may have the ability to apply for coverage or increase your coverage for a limited time without having to submit a Medical History Statement. Please see your human resources representative or plan administrator for more information.

Coverage Effective Date for Life Coverage

To become insured, you must:

- Meet the eligibility requirements listed in the previous sections
- Serve an eligibility waiting period*
- Receive medical underwriting approval (if applicable)
- Apply for coverage and agree to pay premium
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective

*You are eligible on the first day of the month that follows the date you become a member, but not before the effective date of your employer's participation under the group policy.

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. You may have a different effective date for Life coverage below and above the guarantee issue amount. Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your insurance, including Dependents Life insurance.

Life and AD&D Age Reductions

Under this plan, your coverage amount reduces to 65% at age 65, to 50% at age 70 and to 35% at age 75. Your spouse's coverage amount reduces by your age to 65% at age 65, to 50% at age 70 and to 35% at age 75. Coverage amounts following reduction will be rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000. If you are age 65 or over, ask your human resources representative or plan administrator for the amount of coverage available.

Life Insurance Waiver of Premium

Your Life premiums may be waived if you:

- Become totally disabled while insured under this plan
- Are under age 60
- Complete a waiting period of 180 days

If these conditions are met, your Life insurance coverage may continue without cost until age 65, provided you give us satisfactory proof that you remain totally disabled.

Life and AD&D Insurance Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage from The Standard.

Life Insurance Conversion

If your insurance reduces or ends, you may be eligible to convert your existing Life insurance to an individual life insurance policy without submitting proof of good health.

Life Insurance Exclusions

Subject to state variations, you and your dependent spouse are not covered for death resulting from suicide or other intentionally self-inflicted injury, while sane or insane. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.

AD&D Benefits

The amount of the AD&D benefit is equal to the amount payable for your or your spouse's or child(ren)'s Life benefit on the date of the accident. For all other covered losses, the amount is shown as a percentage of the amount payable for the benefit on the date of the accident. No more than 100% of the AD&D benefit will be paid for all losses resulting from one accident.

Any loss must be caused solely and directly by an accident within 365 days of the accident. A certified copy of the death certificate is needed to prove loss of life.

All other losses must be certified by a physician in the appropriate specialty determined by The Standard.

Covered Loss	Percentage of AD&D Payable Benefit
Life ¹	100%
One hand or one foot	50%
Sight in one eye	50%
Two or more of the losses listed above	100%

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

AD&D Insurance Exclusions

You are not covered for death or dismemberment caused or contributed to by any of the following:

- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Suicide or other intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared), and any substantial armed conflict between organized forces of a military nature
- Voluntary 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 Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The 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 (insurance 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
- The date your Life coverage ends, your AD&D coverage will end as well

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 your insurance ends, contact your human resources representative or plan administrator.

Group Insurance Certificate

If coverage becomes effective and you become insured, contact your human resources representative for 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. The information presented in this summary does not modify the group policy, certificate or the insurance coverage in any way.

Standard Insurance Company
1100 SW Sixth Avenue
Portland, OR 97204

GP190-LIFE/S399, GP399-LIFE/TRUST,
GP899-LIFE, GP190-LIFE/A997/S399,
GP411-LIFE, GP190-LIFE/S214

VLVA-643648
(5/26)

SI 20348



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 Participants are responsible for arranging transportation from the point of injury or illness to the initial point of medical care or assessment and the cost related to this transportation. Any emergency evacuation services provided by Assist America, Inc. 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.

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

<i>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.</i>				
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 well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits.

To learn more about products from The Standard, contact your benefits officer or visit us at [standard.com](https://www.standard.com).



Standard Insurance Company | [standard.com](https://www.standard.com)

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue, Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.