

RELIANCE STANDARD LIFE
Group Term Life/Accidental Death & Dismemberment Benefit

Palm Beach County Fire Fighters Employees Benefit Fund

SCHEDULE OF BENEFITS:

- **Employer pays 100% of Premium**

Class 1	Each Active Full-Time member of the Palm Beach County Fire Fighters Employees Benefit Fund * See certificate of coverage for exact wording	\$100,000
Class 2	Retirees of the Palm Beach County Fire Fighters Employees Benefit Fund	\$50,000

Age Reduction:

- Class 1 The Principal Sum will be reduced to 65% at age 70, and then to 50% at age 75.
 Reduces at retirement to \$50,000.
- Class 2 The Principal Sum will be reduced to 50% at age 70.

Group Term Life and AD&D Features:

Conversion-

The conversion privilege gives an Insured the right, under certain conditions to continue life insurance protection under a non-term permanent insurance policy. No medical examination or other evidence of insurability is required regardless of age or state of health as long as application is made and the first premium paid within 31 days of termination of insurance coverage.

Waiver of Premium

If an Insured becomes Totally Disabled before reaching age 60 and is not able to work for at least six consecutive months, the amount of life insurance protection will be continued without further premium payments as long as the Total Disability meets the requirements of the Group Insurance policy.

Living Benefit Rider

The living benefit rider has been designed to help offset the high cost of medical care for the terminally ill employee, by providing an advance payment of a portion of the death benefit. The living benefit will be an amount equal to 75% of the Death Benefit on the date of certification of Terminal Illness, subject to a maximum of \$500,000.

Bereavement Counseling Services

The assistance program is provided for employees, beneficiaries, and families, who have suffered a loss, and may benefit from talking with a professional counselor experienced in dealings with grief and loss. In cooperation with Health Management Systems of America, a toll-free professional counseling service is offered to those who have experienced a loss and need help dealing with the emotions associated with the death of a loved one.

This form is a benefit highlight, not a certificate of Insurance. The coverage outlined here highlights the Life Insurance Benefits available through Reliance Standard Life Insurance Company and does not include exclusions or limitations. A Certificate of Insurance will be issued by RSL, providing a complete list of contract provisions, benefits, exclusions, and limitations.

Designation of Beneficiary

Policyholder	PALM BEACH COUNTY FIREFIGHTERS' EMPLOYEE BENEFITS FUND	Policy Number(s)	GL 160157 (BASIC)
Insured Name		Social Security Number	

I hereby designate the following as my beneficiary (ies) under the above policy number(s):

Primary Beneficiary(ies)

Full Name and Address (Please Print)	Percentage* (Must total 100%)	Date of Birth	Relationship	Social Security Number

* If no percentages are indicated, benefits will be divided equally between all primary beneficiaries.

Contingent Beneficiary(ies) (applicable only if you are not survived by one or more primary beneficiaries)

Full Name and Address (Please Print)	Percentage* (Must total 100%)	Date of Birth	Relationship	Social Security Number

* If no percentages are indicated, any benefits payable to contingent beneficiaries will be divided equally between all contingent beneficiaries.

- ! This beneficiary designation revokes all revocable prior beneficiary designations.
- ! Unless you indicate otherwise, if any beneficiary predeceases you, that beneficiary's share will be divided pro-rata among the surviving beneficiaries of the same class (primary or contingent).
- ! If no beneficiary (primary or contingent) survives you, payment will be made pursuant to the terms of the applicable policy.

Date	Signature of Insured
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