

**Supplemental Term Life
Plan Design for: Lakeside HCS-JPG Healthcare Plan
Original Plan Effective Date: 05/01/2010**

Build Your Benefit. With MetLife's Supplemental Life insurance, your employer gives you the opportunity to buy valuable life insurance coverage for yourself, your spouse and your dependent children – all at affordable group rates.

	Employee	Spouse & Child	
Life Coverage: Provides a benefit in the event of death Schedules:		Spouse ¹	Child
	\$10,000 Increments	\$5,000 Increments	\$10,000 Increments
Non Medical Maximum	\$100,000	\$25,000	\$10,000
Overall Benefit Maximum	\$500,000, not to exceed 5X Salary	\$100,000, not to exceed 50% of Employee	\$10,000
Employee Contribution	100%	100%	100%

Any purchase or increase in benefits, which does not take place within 31 days of employee's or dependent's eligibility effective date is subject to evidence of insurability. Coverage is subject to approval by MetLife.

To request coverage:

1. Choose the amount of employee coverage that you want to buy.
2. Look up the premium costs for your age group for the coverage amount you are selecting on the chart below.
3. Choose the amount of coverage you want to buy for your spouse. Again, find the premium costs on the chart below. Note: Premiums are based on your age, not your spouse's.
4. Decide if you want to cover your dependent child(ren). The cost is the same whether you have 1 or more children.
5. Fill in the enrollment form with the amounts of coverage you are selecting. To request coverage over the non-medical maximum please complete the medical questionnaire found on your website www.veritynational.com/lakeside. Remember, you must purchase coverage for yourself in order to purchase coverage for your spouse or child.

Employee Age	Employee & Spouse Coverage – Monthly Premium For:						
	\$1,000	\$5,000	\$10,000	\$20,000	\$40,000	\$50,000	\$100,000
Under 30	\$0.079	\$0.395	\$0.790	\$1.580	\$3.160	\$3.950	\$7.900
30-34	\$0.099	\$0.495	\$0.990	\$1.980	\$3.960	\$4.950	\$9.900
35-39	\$0.109	\$0.545	\$1.090	\$2.180	\$4.360	\$5.450	\$10.900
40-44	\$0.135	\$0.675	\$1.350	\$2.700	\$5.400	\$6.750	\$13.500
45-49	\$0.1920	\$0.960	\$1.920	\$3.840	\$7.680	\$9.600	\$19.200
50-54	\$0.2910	\$1.455	\$2.910	\$5.820	\$11.640	\$14.550	\$29.100
55-59	\$0.4850	\$2.425	\$4.850	\$9.700	\$19.400	\$24.250	\$48.500
60-64	\$0.6790	\$3.395	\$6.790	\$13.580	\$27.160	\$33.950	\$67.900
65-69	\$1.2890	\$6.445	\$12.890	\$25.780	\$51.560	\$64.450	\$128.900
70+	\$2.2040	\$11.020	\$22.040	\$44.080	\$88.160	\$110.200	\$220.400

Due to rounding, your actual payroll deduction amount may vary slightly.

¹Spouse amount cannot exceed 50% of the employee's Supplemental Life benefit.

Dependent Child(ren) Monthly Rate: \$2.71 for \$10,000 of Coverage

