

**TEAMSTERS LIFE INSURANCE TRUST FUND**  
**ELIGIBILITY AND BENEFIT INSERT**

**PLAN C**  
**COWLITZ COUNTY**  
**January 1, 2010**

The information below supplements the information provided on employer-paid coverage and the level of benefits provided in the Summary Plan Description. Keep this insert with your SPD. All provisions described in the Summary Plan Description apply, including all limits, exclusions, and claim procedure requirements.

**Eligibility**

If you are a full-time employee in a classification covered by the bargaining agreement between the Cowlitz County and Teamsters Local 58, you are eligible for employer-paid life insurance and accidental death and dismemberment benefits during each month you work or are compensated for an average of 29 hours or more per week by Cowlitz County. Compensated hours include sick leave (up to certain limits) and vacation.

Non-covered employees

Temporary employees are not covered.

When Employer-Paid Coverage Ends

Employer-paid life insurance coverage ends 31 days (the “extension period”) after the last day of the month following the month you last worked or received compensation as a full time employee for an average of 29 hours per week or more.

**Example** You were compensated by your employer in both January and February  
**Personal** for more than an average of 29 hours per week. On March 5<sup>th</sup> you quit  
**Leave** work. You are covered in January and February because you worked the  
**Or** required number of hours. You are also covered by life insurance during  
**Quit Work** March because of the 31-day “extension period.”

*Unlike your life insurance coverage, your AD&D coverage ends on the last day of the month following the month you were last compensated. In the example above your AD&D coverage would end February 28<sup>th</sup>.*

**Self Pay Premium Rate**

As described in the Summary Plan Description, if you lose employer-paid coverage for some reason other than termination or retirement you may continue group coverage by making self-payments. These self-payments must begin with the month employer-paid

coverage ends without regard to the "extension period" (i.e. the beginning of the month following the month you last received compensation). Using the example above, self payments would begin for coverage starting March 1<sup>st</sup>.

The self-pay premium rate is \$.85 per \$1,000 of coverage based on the loss of life benefit. For employees working for the employer referenced above the rate is:

**Full-time employee self-pay rate** **\$3.40 per month**

If you lose coverage because of termination or retirement, you can also continue coverage by converting your group policy to an individual plan, see SPD.

### **Summary of Benefits**

The Standard Benefit Amount is \$4,000 for full time employees. The chart below shows the benefit for each type of loss covered by the Plan.

Nature of Loss Sustained	Benefit
Loss of life	\$4,000
Accidental death and dismemberment:	
Accidental death (in addition to life insurance benefit)	\$4,000
Loss of hand (permanently severed above wrist and below elbow)	\$2,000
Loss of foot (permanently severed above ankle and below knee)	\$2,000
Loss of sight in one eye (permanent uncorrectable acuity of 20/200 or worse or a field of vision of less than 20 degrees)	\$2,000
Loss of any combination of hand, foot or sight in one eye	\$4,000
Loss of sight in both eyes	\$4,000
Loss of life while disabled:	
Within the first 12 months of disability	\$4,000
Thereafter	\$1,000
Retiree death benefit	\$1,000