



## LOS ANGELES COMMUNITY COLLEGES

CITY • EAST • HARBOR • MISSION • PIERCE • SOUTHWEST • TRADE-TECHNICAL • VALLEY • WEST

### Administrative Offices

Dear Employee:

You are entitled to a 50,000 life insurance policy with premiums paid by LACCD. In addition, you're entitled to purchase additional life insurance for yourself and your dependents. Please review the attached documents, including the brochures explaining the plans and the rates, make a decision as to whether additional insurance is for you, and submit documents as they meet your needs:

1. Beneficiary Designation
  - a. Mandatory because you have to designate someone as a beneficiary to your Basic LACCD plan. Please, also, include a Contingent Beneficiary.
  - b. A Contingent is someone to receive the inheritance if we can't locate the Beneficiary.
2. Application for Insurance – If you choose to purchase additional insurance for yourself and your dependents.
3. Statement of Health – If you choose to submit insurance above the guaranteed amount for yourself and your spouse.

#### NOTES:

1. In order to purchase life insurance for a spouse you must purchase at least twice that amount for yourself.
2. LACCD has a guaranteed amount of insurance that you can purchase for yourself and for your spouse without having to submit a physician's report; it is 120,000.00 for you and 50,000.00 for your spouse. If you purchase over that amount, you must submit a Statement of Insurability.
3. In order to calculate your premium for yourself 1) Find the Premium Rate based on your Age, 2) Determine the number of units by knowing that each 1,000.00 of insurance equals 1 unit, and 3) Multiply the Age Premium times Number of Units:
  - a. EE is 45. Rates for a 45 year old is .202 cents.  
EE wants \$120,000.00.  
 $\$120,000.00 = 120 \text{ Units.}$
  - b.  $\text{AgeRate} \times \text{\#ofUnits} = \text{Amount per month}$   
 $.202 \times 120 = \$24.24.$
4. To determine the premium for a spouse, use the formula above. Premium for spouse is based on **your** age.
5. To determine the premium for your child (or children) the rate is .185; one rate covers one or multiple children.
6. You're entitled to add accident coverage to your life insurance. The premium is .017 for each unit and the insurance will be for the same number of units that you purchase for voluntary life insurance.

(Over)

- a. You can not purchase accident insurance without purchasing life insurance.
  - b. You must purchase the same number of units for accident as for life.
  - c. You can not purchase accident insurance for your dependents.
7. Fax the completed documents to (213) 891 – 2008.

If you have questions, you may contact the health benefits at (888) 428-2980 and any of the health benefits employees can answer your questions.

**VOLUNTARY LIFE INSURANCE RATES**

<b>Benefit</b>	<b>Premium Rate</b>
Voluntary Term Life Employee	See the following Step-Rate Table
Voluntary Spouse	See the following Step-Rate Table
Voluntary Child	\$0.185

**VOLUNTARY LIFE INSURANCE STEP TENTHLY RATES FOR EMPLOYEE/SPOUSE**

<b>Age</b>	<b>Employee and Spouse Tenthly Rates</b>
<20	\$0.054
20-24	\$0.054
25-29	\$0.054
30-34	\$0.072
35-39	\$0.082
40-44	\$0.125
45-49	\$0.202
50-54	\$0.320
55-59	\$0.540
60-64	\$0.722
65-69	\$1.354
70-74	\$2.701
75-99	\$3.472

**Rates are guaranteed for 3 Years**

LACCD Health Benefits Unit