

Life Insurance



Kansas City Life
Insurance Company

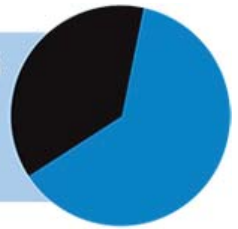


Group
Benefits

Do you have a spouse, dependent children or a parent in your life who relies on you for support? If the answer is "Yes," life insurance may be the choice for you.

Given the loss of the primary wage earner, 1 in 3 households would have immediate trouble paying living expenses.

Source: 2016 Insurance Barometer Study, Life Happens and LIMRA.



93% of U.S. workers with employer-based life insurance benefits believe most people need life insurance.

Source: 2015 Life Insurance Awareness Month Fact Sheet, LIMRA.

Life insurance continues to be an integral part of an employer's benefits package. Today, employees have come to recognize that having life insurance is a necessity. Stories of loved ones leaving behind families with no financial protection are becoming all too familiar. Kansas City Life Insurance Company's Group Life plan can help you get the protection and comfort you need.

Take this opportunity to review the life insurance benefits available to you on behalf of Douglas County NV.

Benefit Summary

All Full-time active employees working 30 hours per week year-round, who are U.S. Citizens or legal U.S. residents and are performing the duties of their occupation on their last scheduled working day immediately preceding the effective date of the plan are eligible for insurance on that effective date.

Your benefit coverage is your annual salary, rounded to the next higher \$1,000, and to a maximum of \$25,000 or \$50,000 for supervisors and managers. This coverage is automatic, the cost of which is paid for by the County.

Additional coverage is available for your dependents, as a single selection. Your spouse's benefit is \$2,000.

The benefit amount for your children is \$1,000. Infants will be covered for \$1,000. Infants are defined as being fourteen days of age to six months, and children are six months of age to 19 (or 25 if a full-time student*).

Coverage reduces 35 percent at age 65, 50 percent of the original amount at age 70. Coverage terminates at retirement.

*May vary by state.

LIFE BENEFIT SUMMARY FOR Douglas County NV

Accidental Death & Dismemberment

The amount shown is paid if a covered loss occurs within 90 days after accidental bodily injury or death, on or off the job.

Loss of	Percentage of Amount Insured
Life	100%
Movement of both upper and lower limbs (Quadriplegia)	100%
Movement of three limbs (Triplegia)	75%
Movement of both lower limbs (Paraplegia)	75%
Movement of both upper and lower limbs on one side of the body (Hemiplegia)	50%
One hand, one foot or sight of one eye	50%
Speech or hearing	50%
Movement of one limb (Uniplegia)	25%
Thumb and index finger only	25%

Kansas City Life will not pay more than 100 percent of the amount insured for all losses sustained by an individual in one accident. Only the largest amount shown will be paid for injuries to the same limb resulting from any single accident.

Additional Benefits
Waiver of Premium
Conversion Privilege
Accelerated Death Benefit
Spouse Education Benefit
Child(ren) Education Benefit
AD&D Benefits include: Seat Belt/Air Bag Benefit, Repatriation Benefit

This outline is intended to be a summary of your benefits and does not include all plan provisions and limitations. Details of your benefits can be found in your certificate of coverage, provided to you at a later date. If there are any discrepancies between this outline and the group certificate, the group certificate governs.

This is a brief description only and is not a contract. The Group Master Policy will determine all rights and benefits. For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force or discontinued, see your agent or write to the Company. The policy is cancellable or renewable at the option of the Company. The Company has the right to increase the premium rates. Coverage is not available in all states

Policy and certificate referenced: PJ136/CJ136

Enroll today!

Complete, sign and turn in your enrollment form to Human Resources and know that you have taken an important step to help offset a financial burden in the event of an untimely death.

*Dedicated to excellence.
Your partner in employee benefits.*



KANSAS CITY LIFE

GROUP BENEFITS

Underwritten by:
Kansas City Life Insurance
Company
3520 Broadway
Kansas City, MO 64111-2565
P.O. Box 219425
Kansas City, MO 64121-9425
Toll-free: 877-266-6767, ext.
8200
Fax: 816-531-4648
groupbenefits@kclife.com
www.kclgroupbenefits.com

Voluntary Life Insurance



Kansas City Life
Insurance Company

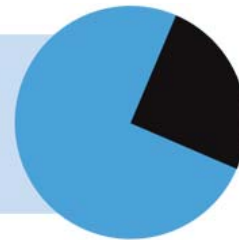


Group
Benefits

Determining how much life insurance you need requires a careful evaluation of your current and future financial obligations. Ask yourself: How much money will my family need after my death to meet immediate expenses, such as funeral expenses and debts? How much money will my family need to maintain its standard of living over the long run?

Nearly 1 in 4 people with only group insurance feel they need more.

Source: 2016 Insurance Barometer Study, Life Happens and LIMRA.



If you are one of those four individuals, now is the time to consider purchasing additional coverage. Typically, voluntary life insurance coverage offered through an employer is more affordable than purchasing an individual policy. Insurance premiums will be automatically deducted from your paycheck, and if you enroll in a timely manner, you may select a benefit in which you are not required to supply evidence of good health.

In order to evaluate how much life insurance you need, review your family's circumstances. In order to make this process easier for you, and to get a general sense of your needs, look at the calculator below. It will walk you through the process and provide you with an estimate of your insurance needs in a matter of minutes.

Most individuals are surprised to find out they are underinsured. How much life insurance do you need to protect your family? This simple worksheet can give you an idea.

- 1) Your current annual income: \$ _____
- 2) Years spouse will need your income (do not exceed seven years): _____
- Simply multiply line 1 by line 2 and put total here.** \$ _____
- 3) Mortgage and other outstanding debts: \$ _____
- 4) College costs for each child, in today's dollars: \$ _____
- Add lines 3 and 4 and put total here.** \$ _____
- Now add your two totals and put total here.** \$ _____
- 5) Other life insurance \$ _____
- 6) Subtract line 5 from the total \$ _____
- Estimated life insurance needed** \$ _____

Based on the amounts listed above, this is an estimate of the life insurance you need.

VOLUNTARY LIFE BENEFIT SUMMARY FOR Douglas County NV

All Full-time active employees working 30 hours per week year-round, who are U.S. Citizens or legal U.S. residents and are performing the duties of their occupation on their last scheduled working day immediately preceding the effective date of the plan are eligible for insurance on that effective date; spouses and unmarried children up to age 26 (may vary depending on state requirements).

Your benefit coverage is in increments of \$10,000, minimum of \$10,000, to a maximum of \$500,000, not to exceed 6 times annual earnings, whichever is less. Amounts in excess of the guaranteed issue amount of \$150,000 will require evidence of insurability. If the employee is age 70 or over, the amount is \$25,000.

Your spouse's benefit is in increments of \$5,000, minimum of \$5,000, to a maximum of \$250,000, or one half of the employee's elected amount, whichever is less. Amounts in excess of the guaranteed issue amount of \$50,000 will require evidence of insurability. The spouse's premiums are based on the employee's age.

The benefit amount for your children is in increments of \$2,500 to a maximum of \$10,000. Infants will be covered for \$1,500. Infants are defined as being fourteen days of age to six months, and children are six months of age to 19 (or 25 if a full-time student*).

*May vary by state.

Employee & Spouse Age/Rates per \$1,000					
Age 29 and under	\$0.090	45-49	\$0.264	65-69	\$1.821
30-34	\$0.110	50-54	\$0.372	70-74	\$2.802
35-39	\$0.120	55-59	\$0.620	75+	\$4.674
40-44	\$0.156	60-64	\$0.912	Child rates per \$2,500	\$0.525

Coverage reduces 35 percent at age 65, 50 percent of the original amount at age 70. Coverage terminates at retirement.

Additional Benefits
Waiver of Premium
Conversion
Portability
Accelerated Death Benefit
Accidental Death and Dismemberment including*
- Seat Belt / Airbag
- Repatriation
- Day Care
- Spouse and Child Education
- Common Disaster

*Subject to state approval

Enroll today!

Complete, sign and turn in your enrollment form to Human Resources.

Coverage Limitation*

If a Covered Person dies by suicide, while sane or insane, within two years of the policy effective date, the amount payable by Us will be equal to the total premiums paid. If a Covered Person dies by suicide, while sane or insane, within two years after the effective date of any increase in the specified amount, the amount payable by Us associated with such increase will be limited to the cost of insurance associated with the increase.

*May vary by state.

This outline is intended to be a summary of your benefits and does not include all plan provisions and limitations. Details of your benefits can be found in your certificate of coverage, provided to you at a later date. If there are any discrepancies between this outline and the group certificate, the group certificate governs.

This is a brief description only and is not a contract. The Group Master Policy will determine all rights and benefits. For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force or discontinued, see your agent or write to the Company. The policy is cancellable or renewable at the option of the Company. The Company has the right to increase the premium rates. Coverage is not available in all states.

Policy and certificate referenced:
PJ136/CJ136



KANSAS CITY LIFE

GROUP BENEFITS

Underwritten by:
Kansas City Life Insurance Company
Toll-free: 877-266-6767, ext. 8200
Fax: 816-531-4648
groupbenefits@kclife.com
www.kclgroupbenefits.com

Douglas County
Employee Voluntary Life Monthly Premium Calculator



You may enroll in increments of \$10,000 with a minimum of \$10,000 and a maximum of \$500,000, not to exceed 5 times annual earnings, whichever is less.

		Benefit	10,000	20,000	30,000	40,000	50,000	60,000	70,000	80,000	90,000	100,000
Age	Rate per \$1000											
00-29	0.090		\$0.90	\$1.80	\$2.70	\$3.60	\$4.50	\$5.40	\$6.30	\$7.20	\$8.10	\$9.00
30-34	0.110		\$1.10	\$2.20	\$3.30	\$4.40	\$5.50	\$6.60	\$7.70	\$8.80	\$9.90	\$11.00
35-39	0.120		\$1.20	\$2.40	\$3.60	\$4.80	\$6.00	\$7.20	\$8.40	\$9.60	\$10.80	\$12.00
40-44	0.156		\$1.56	\$3.12	\$4.68	\$6.24	\$7.80	\$9.36	\$10.92	\$12.48	\$14.04	\$15.60
45-49	0.264		\$2.64	\$5.28	\$7.92	\$10.56	\$13.20	\$15.84	\$18.48	\$21.12	\$23.76	\$26.40
50-54	0.372		\$3.72	\$7.44	\$11.16	\$14.88	\$18.60	\$22.32	\$26.04	\$29.76	\$33.48	\$37.20
55-59	0.620		\$6.20	\$12.40	\$18.60	\$24.80	\$31.00	\$37.20	\$43.40	\$49.60	\$55.80	\$62.00
60-64	0.912		\$9.12	\$18.24	\$27.36	\$36.48	\$45.60	\$54.72	\$63.84	\$72.96	\$82.08	\$91.20
65-69	1.821		\$18.21	\$36.42	\$54.63	\$72.84	\$91.05	\$109.26	\$127.47	\$145.68	\$163.89	\$182.10
70-74	2.802		\$28.02	\$56.04	\$84.06	\$112.08	\$140.10	\$168.12	\$196.14	\$224.16	\$252.18	\$280.20
75-79	4.674		\$46.74	\$93.48	\$140.22	\$186.96	\$233.70	\$280.44	\$327.18	\$373.92	\$420.66	\$467.40

		Benefit	110,000	120,000	130,000	140,000	150,000	160,000	170,000	180,000	190,000	200,000
Age	Rate per \$1000											
00-29	0.090		\$9.90	\$10.80	\$11.70	\$12.60	\$13.50	\$14.40	\$15.30	\$16.20	\$17.10	\$18.00
30-34	0.110		\$12.10	\$13.20	\$14.30	\$15.40	\$16.50	\$17.60	\$18.70	\$19.80	\$20.90	\$22.00
35-39	0.120		\$13.20	\$14.40	\$15.60	\$16.80	\$18.00	\$19.20	\$20.40	\$21.60	\$22.80	\$24.00
40-44	0.156		\$17.16	\$18.72	\$20.28	\$21.84	\$23.40	\$24.96	\$26.52	\$28.08	\$29.64	\$31.20
45-49	0.264		\$29.04	\$31.68	\$34.32	\$36.96	\$39.60	\$42.24	\$44.88	\$47.52	\$50.16	\$52.80
50-54	0.372		\$40.92	\$44.64	\$48.36	\$52.08	\$55.80	\$59.52	\$63.24	\$66.96	\$70.68	\$74.40
55-59	0.620		\$68.20	\$74.40	\$80.60	\$86.80	\$93.00	\$99.20	\$105.40	\$111.60	\$117.80	\$124.00
60-64	0.912		\$100.32	\$109.44	\$118.56	\$127.68	\$136.80	\$145.92	\$155.04	\$164.16	\$173.28	\$182.40
65-69	1.821		\$200.31	\$218.52	\$236.73	\$254.94	\$273.15	\$291.36	\$309.57	\$327.78	\$345.99	\$364.20
70-74	2.802		\$308.22	\$336.24	\$364.26	\$392.28	\$420.30	\$448.32	\$476.34	\$504.36	\$532.38	\$560.40
75-79	4.674		\$514.14	\$560.88	\$607.62	\$654.36	\$701.10	\$747.84	\$794.58	\$841.32	\$888.06	\$934.80

		Benefit	210,000	220,000	230,000	240,000	250,000	260,000	270,000	280,000	290,000	300,000
Age	Rate per \$1000											
00-29	0.090		\$18.90	\$19.80	\$20.70	\$21.60	\$22.50	\$23.40	\$24.30	\$25.20	\$26.10	\$27.00
30-34	0.110		\$23.10	\$24.20	\$25.30	\$26.40	\$27.50	\$28.60	\$29.70	\$30.80	\$31.90	\$33.00
35-39	0.120		\$25.20	\$26.40	\$27.60	\$28.80	\$30.00	\$31.20	\$32.40	\$33.60	\$34.80	\$36.00
40-44	0.156		\$32.76	\$34.32	\$35.88	\$37.44	\$39.00	\$40.56	\$42.12	\$43.68	\$45.24	\$46.80
45-49	0.264		\$55.44	\$58.08	\$60.72	\$63.36	\$66.00	\$68.64	\$71.28	\$73.92	\$76.56	\$79.20
50-54	0.372		\$78.12	\$81.84	\$85.56	\$89.28	\$93.00	\$96.72	\$100.44	\$104.16	\$107.88	\$111.60
55-59	0.620		\$130.20	\$136.40	\$142.60	\$148.80	\$155.00	\$161.20	\$167.40	\$173.60	\$179.80	\$186.00
60-64	0.912		\$191.52	\$200.64	\$209.76	\$218.88	\$228.00	\$237.12	\$246.24	\$255.36	\$264.48	\$273.60
65-69	1.821		\$382.41	\$400.62	\$418.83	\$437.04	\$455.25	\$473.46	\$491.67	\$509.88	\$528.09	\$546.30
70-74	2.802		\$588.42	\$616.44	\$644.46	\$672.48	\$700.50	\$728.52	\$756.54	\$784.56	\$812.58	\$840.60
75-79	4.674		\$981.54	\$1,028.28	\$1,075.02	\$1,121.76	\$1,168.50	\$1,215.24	\$1,261.98	\$1,308.72	\$1,355.46	\$1,402.20

		Benefit	310,000	320,000	330,000	340,000	350,000	360,000	370,000	380,000	390,000	400,000
Age	Rate per \$1000											
00-29	0.090		\$27.90	\$28.80	\$29.70	\$30.60	\$31.50	\$32.40	\$33.30	\$34.20	\$35.10	\$36.00
30-34	0.110		\$34.10	\$35.20	\$36.30	\$37.40	\$38.50	\$39.60	\$40.70	\$41.80	\$42.90	\$44.00
35-39	0.120		\$37.20	\$38.40	\$39.60	\$40.80	\$42.00	\$43.20	\$44.40	\$45.60	\$46.80	\$48.00
40-44	0.156		\$48.36	\$49.92	\$51.48	\$53.04	\$54.60	\$56.16	\$57.72	\$59.28	\$60.84	\$62.40
45-49	0.264		\$81.84	\$84.48	\$87.12	\$89.76	\$92.40	\$95.04	\$97.68	\$100.32	\$102.96	\$105.60
50-54	0.372		\$115.32	\$119.04	\$122.76	\$126.48	\$130.20	\$133.92	\$137.64	\$141.36	\$145.08	\$148.80
55-59	0.620		\$192.20	\$198.40	\$204.60	\$210.80	\$217.00	\$223.20	\$229.40	\$235.60	\$241.80	\$248.00
60-64	0.912		\$282.72	\$291.84	\$300.96	\$310.08	\$319.20	\$328.32	\$337.44	\$346.56	\$355.68	\$364.80
65-69	1.821		\$564.51	\$582.72	\$600.93	\$619.14	\$637.35	\$655.56	\$673.77	\$691.98	\$710.19	\$728.40
70-74	2.802		\$868.62	\$896.64	\$924.66	\$952.68	\$980.70	\$1,008.72	\$1,036.74	\$1,064.76	\$1,092.78	\$1,120.80
75-79	4.674		\$1,448.94	\$1,495.68	\$1,542.42	\$1,589.16	\$1,635.90	\$1,682.64	\$1,729.38	\$1,776.12	\$1,822.86	\$1,869.60

		Benefit	410,000	420,000	430,000	440,000	450,000	460,000	470,000	480,000	490,000	500,000
Age	Rate per \$1000											
00-29	0.090		\$36.90	\$37.80	\$38.70	\$39.60	\$40.50	\$41.40	\$42.30	\$43.20	\$44.10	\$45.00
30-34	0.110		\$45.10	\$46.20	\$47.30	\$48.40	\$49.50	\$50.60	\$51.70	\$52.80	\$53.90	\$55.00
35-39	0.120		\$49.20	\$50.40	\$51.60	\$52.80	\$54.00	\$55.20	\$56.40	\$57.60	\$58.80	\$60.00
40-44	0.156		\$63.96	\$65.52	\$67.08	\$68.64	\$70.20	\$71.76	\$73.32	\$74.88	\$76.44	\$78.00
45-49	0.264		\$108.24	\$110.88	\$113.52	\$116.16	\$118.80	\$121.44	\$124.08	\$126.72	\$129.36	\$132.00
50-54	0.372		\$152.52	\$156.24	\$159.96	\$163.68	\$167.40	\$171.12	\$174.84	\$178.56	\$182.28	\$186.00
55-59	0.620		\$254.20	\$260.40	\$266.60	\$272.80	\$279.00	\$285.20	\$291.40	\$297.60	\$303.80	\$310.00
60-64	0.912		\$373.92	\$383.04	\$392.16	\$401.28	\$410.40	\$419.52	\$428.64	\$437.76	\$446.88	\$456.00
65-69	1.821		\$746.61	\$764.82	\$783.03	\$801.24	\$819.45	\$837.66	\$855.87	\$874.08	\$892.29	\$910.50
70-74	2.802		\$1,148.82	\$1,176.84	\$1,204.86	\$1,232.88	\$1,260.90	\$1,288.92	\$1,316.94	\$1,344.96	\$1,372.98	\$1,401.00
75-79	4.674		\$1,916.34	\$1,963.08	\$2,009.82	\$2,056.56	\$2,103.30	\$2,150.04	\$2,196.78	\$2,243.52	\$2,290.26	\$2,337.00

Payroll deductions are an approximation. Please see your paystub for actual deductions.

Douglas County
Spouse Voluntary Life Monthly Premium Calculator



You may enroll your spouse in increments of \$5,000, with a minimum of \$5,000 and a maximum of \$250,000, not to exceed 50% of the employee amount.
 The spouse premium is based on employee's age.

Age	Benefit	5,000	10,000	15,000	20,000	25,000	30,000	35,000	40,000	45,000	50,000
	Rate per \$1000										
00-29	0.090	\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50
30-34	0.110	\$0.55	\$1.10	\$1.65	\$2.20	\$2.75	\$3.30	\$3.85	\$4.40	\$4.95	\$5.50
35-39	0.120	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
40-44	0.156	\$0.78	\$1.56	\$2.34	\$3.12	\$3.90	\$4.68	\$5.46	\$6.24	\$7.02	\$7.80
45-49	0.264	\$1.32	\$2.64	\$3.96	\$5.28	\$6.60	\$7.92	\$9.24	\$10.56	\$11.88	\$13.20
50-54	0.372	\$1.86	\$3.72	\$5.58	\$7.44	\$9.30	\$11.16	\$13.02	\$14.88	\$16.74	\$18.60
55-59	0.620	\$3.10	\$6.20	\$9.30	\$12.40	\$15.50	\$18.60	\$21.70	\$24.80	\$27.90	\$31.00
60-64	0.912	\$4.56	\$9.12	\$13.68	\$18.24	\$22.80	\$27.36	\$31.92	\$36.48	\$41.04	\$45.60
65-69	1.821	\$9.11	\$18.21	\$27.32	\$36.42	\$45.53	\$54.63	\$63.74	\$72.84	\$81.95	\$91.05
70-74	2.802	\$14.01	\$28.02	\$42.03	\$56.04	\$70.05	\$84.06	\$98.07	\$112.08	\$126.09	\$140.10
75-79	4.674	\$23.37	\$46.74	\$70.11	\$93.48	\$116.85	\$140.22	\$163.59	\$186.96	\$210.33	\$233.70

Age	Benefit	55,000	60,000	65,000	70,000	75,000	80,000	85,000	90,000	95,000	100,000
	Rate per \$1000										
00-29	0.090	\$4.95	\$5.40	\$5.85	\$6.30	\$6.75	\$7.20	\$7.65	\$8.10	\$8.55	\$9.00
30-34	0.110	\$6.05	\$6.60	\$7.15	\$7.70	\$8.25	\$8.80	\$9.35	\$9.90	\$10.45	\$11.00
35-39	0.120	\$6.60	\$7.20	\$7.80	\$8.40	\$9.00	\$9.60	\$10.20	\$10.80	\$11.40	\$12.00
40-44	0.156	\$8.58	\$9.36	\$10.14	\$10.92	\$11.70	\$12.48	\$13.26	\$14.04	\$14.82	\$15.60
45-49	0.264	\$14.52	\$15.84	\$17.16	\$18.48	\$19.80	\$21.12	\$22.44	\$23.76	\$25.08	\$26.40
50-54	0.372	\$20.46	\$22.32	\$24.18	\$26.04	\$27.90	\$29.76	\$31.62	\$33.48	\$35.34	\$37.20
55-59	0.620	\$34.10	\$37.20	\$40.30	\$43.40	\$46.50	\$49.60	\$52.70	\$55.80	\$58.90	\$62.00
60-64	0.912	\$50.16	\$54.72	\$59.28	\$63.84	\$68.40	\$72.96	\$77.52	\$82.08	\$86.64	\$91.20
65-69	1.821	\$100.16	\$109.26	\$118.37	\$127.47	\$136.58	\$145.68	\$154.79	\$163.89	\$173.00	\$182.10
70-74	2.802	\$154.11	\$168.12	\$182.13	\$196.14	\$210.15	\$224.16	\$238.17	\$252.18	\$266.19	\$280.20
75-79	4.674	\$257.07	\$280.44	\$303.81	\$327.18	\$350.55	\$373.92	\$397.29	\$420.66	\$444.03	\$467.40

Age	Benefit	105,000	110,000	115,000	120,000	125,000	130,000	135,000	140,000	145,000	150,000
	Rate per \$1000										
00-29	0.090	\$9.45	\$9.90	\$10.35	\$10.80	\$11.25	\$11.70	\$12.15	\$12.60	\$13.05	\$13.50
30-34	0.110	\$11.55	\$12.10	\$12.65	\$13.20	\$13.75	\$14.30	\$14.85	\$15.40	\$15.95	\$16.50
35-39	0.120	\$12.60	\$13.20	\$13.80	\$14.40	\$15.00	\$15.60	\$16.20	\$16.80	\$17.40	\$18.00
40-44	0.156	\$16.38	\$17.16	\$17.94	\$18.72	\$19.50	\$20.28	\$21.06	\$21.84	\$22.62	\$23.40
45-49	0.264	\$27.72	\$29.04	\$30.36	\$31.68	\$33.00	\$34.32	\$35.64	\$36.96	\$38.28	\$39.60
50-54	0.372	\$39.06	\$40.92	\$42.78	\$44.64	\$46.50	\$48.36	\$50.22	\$52.08	\$53.94	\$55.80
55-59	0.620	\$65.10	\$68.20	\$71.30	\$74.40	\$77.50	\$80.60	\$83.70	\$86.80	\$89.90	\$93.00
60-64	0.912	\$95.76	\$100.32	\$104.88	\$109.44	\$114.00	\$118.56	\$123.12	\$127.68	\$132.24	\$136.80
65-69	1.821	\$191.21	\$200.31	\$209.42	\$218.52	\$227.63	\$236.73	\$245.84	\$254.94	\$264.05	\$273.15
70-74	2.802	\$294.21	\$308.22	\$322.23	\$336.24	\$350.25	\$364.26	\$378.27	\$392.28	\$406.29	\$420.30
75-79	4.674	\$490.77	\$514.14	\$537.51	\$560.88	\$584.25	\$607.62	\$630.99	\$654.36	\$677.73	\$701.10

Age	Rate per \$1000	Benefit	155,000	160,000	165,000	170,000	175,000	180,000	185,000	190,000	195,000	200,000
00-29	0.090		\$13.95	\$14.40	\$14.85	\$15.30	\$15.75	\$16.20	\$16.65	\$17.10	\$17.55	\$18.00
30-34	0.110		\$17.05	\$17.60	\$18.15	\$18.70	\$19.25	\$19.80	\$20.35	\$20.90	\$21.45	\$22.00
35-39	0.120		\$18.60	\$19.20	\$19.80	\$20.40	\$21.00	\$21.60	\$22.20	\$22.80	\$23.40	\$24.00
40-44	0.156		\$24.18	\$24.96	\$25.74	\$26.52	\$27.30	\$28.08	\$28.86	\$29.64	\$30.42	\$31.20
45-49	0.264		\$40.92	\$42.24	\$43.56	\$44.88	\$46.20	\$47.52	\$48.84	\$50.16	\$51.48	\$52.80
50-54	0.372		\$57.66	\$59.52	\$61.38	\$63.24	\$65.10	\$66.96	\$68.82	\$70.68	\$72.54	\$74.40
55-59	0.620		\$96.10	\$99.20	\$102.30	\$105.40	\$108.50	\$111.60	\$114.70	\$117.80	\$120.90	\$124.00
60-64	0.912		\$141.36	\$145.92	\$150.48	\$155.04	\$159.60	\$164.16	\$168.72	\$173.28	\$177.84	\$182.40
65-69	1.821		\$282.26	\$291.36	\$300.47	\$309.57	\$318.68	\$327.78	\$336.89	\$345.99	\$355.10	\$364.20
70-74	2.802		\$434.31	\$448.32	\$462.33	\$476.34	\$490.35	\$504.36	\$518.37	\$532.38	\$546.39	\$560.40
75-79	4.674		\$724.47	\$747.84	\$771.21	\$794.58	\$817.95	\$841.32	\$864.69	\$888.06	\$911.43	\$934.80

Age	Rate per \$1000	Benefit	205,000	210,000	215,000	220,000	225,000	230,000	235,000	240,000	245,000	250,000
00-29	0.090		\$18.45	\$18.90	\$19.35	\$19.80	\$20.25	\$20.70	\$21.15	\$21.60	\$22.05	\$22.50
30-34	0.110		\$22.55	\$23.10	\$23.65	\$24.20	\$24.75	\$25.30	\$25.85	\$26.40	\$26.95	\$27.50
35-39	0.120		\$24.60	\$25.20	\$25.80	\$26.40	\$27.00	\$27.60	\$28.20	\$28.80	\$29.40	\$30.00
40-44	0.156		\$31.98	\$32.76	\$33.54	\$34.32	\$35.10	\$35.88	\$36.66	\$37.44	\$38.22	\$39.00
45-49	0.264		\$54.12	\$55.44	\$56.76	\$58.08	\$59.40	\$60.72	\$62.04	\$63.36	\$64.68	\$66.00
50-54	0.372		\$76.26	\$78.12	\$79.98	\$81.84	\$83.70	\$85.56	\$87.42	\$89.28	\$91.14	\$93.00
55-59	0.620		\$127.10	\$130.20	\$133.30	\$136.40	\$139.50	\$142.60	\$145.70	\$148.80	\$151.90	\$155.00
60-64	0.912		\$186.96	\$191.52	\$196.08	\$200.64	\$205.20	\$209.76	\$214.32	\$218.88	\$223.44	\$228.00
65-69	1.821		\$373.31	\$382.41	\$391.52	\$400.62	\$409.73	\$418.83	\$427.94	\$437.04	\$446.15	\$455.25
70-74	2.802		\$574.41	\$588.42	\$602.43	\$616.44	\$630.45	\$644.46	\$658.47	\$672.48	\$686.49	\$700.50
75-79	4.674		\$958.17	\$981.54	\$1,004.91	\$1,028.28	\$1,051.65	\$1,075.02	\$1,098.39	\$1,121.76	\$1,145.13	\$1,168.50

Payroll deductions are an approximation. Please see your paystub for actual deductions.

**Douglas County
Dependent Child Monthly Premium Calculator**

You may enroll your eligible dependents in increments of \$2,500 to a maximum of \$10,000. Infants aged 14 days to 6 months will be covered for a flat \$1,500.

Benefit	2,500	5,000	7,500	10,000
Rate per unit				
0.525	\$0.53	\$1.05	\$1.58	\$2.10

Payroll deductions are an approximation. Please see your paystub for actual deductions.

Accident Insurance



Kansas City Life
Insurance Company



Group
Benefits

An accident can happen to anyone at any time. Treatment and recovery is something that can strain a family's budget when unexpected, out-of-pocket expenses add up.

One in every eight U.S. residents sought medical attention for an unintentional injury in 2014.

Source: *National Safety Council, Injury Facts, 2016 Edition*



With accident insurance from Kansas City Life Insurance Company, benefits can help take care of expenses associated with a covered injury and related services. Benefit payments are made directly for hospitalization, fractures and dislocations, emergency room visits, diagnostic exams, therapy services and more.

Regardless of other coverage, our accident coverage offers immediate help when an accidental injury occurs. Here is a hypothetical example of how the Kansas City Life Accident plan pays.

A covered employee falls from a ladder and is transported via ambulance to a hospital emergency room.

Accident payments

Ground ambulance services	\$200
Emergency room treatment	\$100
Medical imaging	\$100
Dislocated ankle – closed reduction	\$300
Hospital admission	\$750
Appliances (crutches)	\$100
Follow-up visits (two visits)	\$100
Six physical therapy visits (\$15 each)	\$90
Total benefits paid	\$1,740

With Kansas City Life, directly paid benefits can help you pay deductibles, treatment and other expenses.

ACCIDENT BENEFIT SUMMARY FOR Douglas County NV

All Full-time active employees working 30 hours per week year-round, who are U.S. Citizens or legal U.S. residents and are performing the duties of their occupation on their last scheduled working day immediately preceding the effective date of the plan are eligible for insurance on that effective date; spouses and unmarried children up to age 26 (may vary depending on state requirements).

Coverage is On and Off the Job and there are no medical questions to answer.

Below is an abbreviated listing of benefits and amounts payable. Benefits are payable once per Covered Accident unless otherwise noted. Specific covered injuries will be payable based on type and severity. This list is not all inclusive. Please refer to the certificate for the full list.

Wellness Benefit*	\$50
Hospital Admission	\$750
Hospital Confinement	\$100 per day
Hospital Confinement due to a Covered Sickness*	Not Included
Air/Ground Ambulance	\$600/\$200
Emergency Room Treatment	\$100
Emergency Treatment in a Physician Office/ Urgent Care Facility	\$50
Fractures - bone (Benefit payable varies by type)	Up to \$5,000
Dislocations (Benefit payable varies by type)	Up to \$4,000
Burns - 2nd degree (Based on size)	\$500
- 3rd degree (Based of size)	Up to \$7,500
Lacerations repaired by stitches (Based on length)	Up to \$500
Eye Injury with surgical repair	\$200
Tendon/Ligament/Rotator Cuff	
- One with surgical repair	\$600
- Two or more with surgical repair	\$900
Physician Follow-up Visits (two visits per Covered Accident)	\$50 per visit
Accidental Death (not payable with Common Carrier)	
Employee	\$25,000
Spouse	\$10,000
Child	\$5,000

*Not available in all states.

This is a brief description only and is not a contract. The Group Master Policy will determine all rights and benefits. For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force or discontinued, see your agent or write to the Company. The policy is cancellable or renewable at the option of the Company. The Company has the right to increase the premium rates. Coverage is not available in all states.

Policy and certificate referenced: PJ145/CJ145

Enroll today!

Complete, sign and turn in your enrollment form to Human Resources. And know that should you or a covered dependent have an accident, you have taken an important step to help offset a financial burden.

Employee Only: \$10.16
Employee + Spouse: \$19.31
Employee + Child/ren: \$29.19
Family: \$41.87

*Dedicated to excellence.
Your partner in employee benefits.*



KANSAS CITY LIFE

GROUP BENEFITS

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Fax: 816-531-4648
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www.kclgroupbenefits.com

Critical Illness Plan Summary



Kansas City Life
Insurance Company



Group
Benefits

Millions of Americans could be diagnosed with a critical illness at any time. When it comes to choosing a health care plan, many people may be challenged with the decision to pay more out-of-pocket every month, or pay less and run the risk of having higher costs down the line, which is why Critical Illness insurance can be important.

24.6

million – the number of visits to physician offices with malignant neoplasms (cancer) as the primary diagnosis

Source: www.cdc.gov/nchs/data/ahcd/namcs_summary/2015_namcs_web_tables.pdf

According to the Centers for Disease Control, in 2015, over 600 thousand deaths were reported from heart disease and more than 500 thousand deaths were reported from malignant neoplasms (cancer), making heart disease and cancer the leading causes of death in the United States.*

Source: www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_06.pdf

**Based on a total of 2,712,630 total deaths reported in 2015 by the U.S. Department of Health and Human Services.*

With Critical Illness Insurance from Kansas City Life Insurance Company, benefits can help pay for treatments not covered by your health plan. The plan will pay a lump sum benefit upon diagnosis. The benefit received may cover costs for care and treatment, recuperation or lost income.

Benefits may be paid for any number of conditions, including, but not limited to:

- Cancer
- Heart attack
- Stroke
- Major organ transplant
- Kidney failure

CRITICAL ILLNESS PLAN SUMMARY FOR Douglas County NV

All Full-time active employees working 30 hours per week year-round, who are U.S. Citizens or legal U.S. residents and are performing the duties of their occupation on their last scheduled working day immediately preceding the effective date of the plan are eligible for insurance on that effective date; spouses and unmarried children up to age 26 (may vary depending on state requirements). Guaranteed issue amount is \$20,000. Requested amounts in excess of the guaranteed issue amount will require a completed health statement.

Critical Illness or Critical Illness Procedure	Percentage of Initial Benefit Amount Payable	Eligible for Payment as a Recurrence?
Critical Illness Coverage		
Benign Brain Tumor	100%	Yes 50% of Initial Percentage Payable
Blindness	100%	No
Full Benefit Cancer	100%	Yes 50% of Initial Percentage Payable
Partial Benefit Cancer	25%	Yes 50% of Initial Percentage Payable
Coma	100%	Yes 50% of Initial Percentage Payable
Deafness	100%	No
End Stage Renal Failure	100%	Yes 50% of Initial Percentage Payable
Heart Attack	100%	Yes 50% of Initial Percentage Payable
Major Organ Failure	100%	Yes 50% of Initial Percentage Payable
Permanent Paralysis	100%	Yes 50% of Initial Percentage Payable
Severe Burns	100%	Yes 50% of Initial Percentage Payable
Stroke	100%	Yes 50% of Initial Percentage Payable
Aorta Surgery	25%	Yes 50% of Initial Percentage Payable
Coronary Artery Angioplasty	25%	Yes 50% of Initial Percentage Payable
Coronary Artery Bypass Grafting (CABG)	25%	Yes 50% of Initial Percentage Payable
Heart Valve Surgery	25%	Yes 50% of Initial Percentage Payable

Wellness Benefit: \$50 per year per Covered Person
A Covered Person can receive a benefit for each Critical Illness or Critical Illness Procedure only once at the specified percentage above, unless the Recurrence Benefit is included in the coverage.
Recurrence benefit is included.
Employee coverage reduces 50% at age 70 and ceases at retirement. Spouse coverage ceases at age 70.

Pre-existing Condition – A sickness or symptoms of a sickness, whether Diagnosed or not, for which the Covered Person received medical treatment, consultation, care or services, including diagnostic measures, took prescribed drugs or medicine or had been prescribed drugs or medicine to be taken during the 12 months just prior to the Covered Person’s coverage effective date. Any loss due to a Pre-existing Condition will not be covered if the loss begins within 12 months after the Covered Person’s effective date of coverage.

THIS COVERAGE PROVIDES LIMITED BENEFITS. This outline is intended to be a summary of your benefits and does not include all plan provisions and limitations. Details of your benefits can be found in your certificate of coverage, provided to you at a later date. If there are any discrepancies between this outline and the group certificate, the group certificate governs. This is a brief description only and is not a contract. The Group Master Policy will determine all rights and benefits. For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force or discontinued, see your agent or write to the Company. The policy is cancellable or renewable at the option of the Company. The Company has the right to increase the premium rates. Coverage is not available in all states. Policy form PJ148 and certificate form CJ148.



KANSAS CITY LIFE
GROUP BENEFITS

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Section 2. Schedule of Benefits

Classification of Individual

All Full-Time Active Elected Officials working 30 or more hours per week

All Full-Time Active Managers & Supervisors working 30 or more hours per week

All Full-Time Active Members Douglas County Sheriffs Protective Association(DCSPA) & Douglas County Employees Associate (DCEA) working 30 hours/week

All Full-Time Active Members Douglas County Sheriffs Protective Association-Sergeants Bargaining Unit(DCSPASBU) working 30 hours/week

All Other Full-Time Active Employees working 30 or more hours per week

Critical Illness or Procedure Benefit Amount

Benefit Amounts are subject to the percentage limitations shown in the Critical Illness Coverage table and are per Critical Illness or Critical Illness Procedure.

Employee age is 69 and under: \$20,000
Guaranteed Issue Amount is \$20,000

Employee age is 70 and over: \$10,000
Guaranteed Issue Amount is \$10,000

Dependent Spouse and Child(ren)

Eligible Spouse age is 69 and under: \$10,000 not to exceed 50% of the Employee's amount
Guaranteed Issue Amount is \$10,000

Eligible Child(ren) age is 25 and under: \$5,000 not to exceed 25% of the Employee's amount
Guaranteed Issue Amount is \$5,000

Amounts in excess of the Guaranteed Issue Amount require satisfactory Evidence of Insurability as deemed by Kansas City Life.

Coverage reduces 50% at the Employee's age 70. Coverage ceases at the Insured Individual's Retirement from the Policyholder.

Dependent coverage reduces 50% at the Employee's age 70. Coverage ceases at the Spouse's attainment of age 70 or the Employee's Retirement from the Policyholder whichever occurs first.

Initial Monthly Premium Rate Table

Attained Age	Employee Only	Employee + Spouse*	Employee + Child(ren)	Family*
< 25	\$6.98	\$11.97	\$14.21	\$19.19
25 - 29	\$8.52	\$14.31	\$15.74	\$21.53
30 - 34	\$11.06	\$18.19	\$18.28	\$25.41
35 - 39	\$14.59	\$23.57	\$21.81	\$30.79
40 - 44	\$20.12	\$32.01	\$27.34	\$39.23
45 - 49	\$34.28	\$53.59	\$41.50	\$60.82
50 - 54	\$47.69	\$74.05	\$54.91	\$81.27
55 - 59	\$67.08	\$103.62	\$74.30	\$110.84
60 - 64	\$96.72	\$148.81	\$103.94	\$156.03

65 - 69	\$151.27	\$232.00	\$158.49	\$239.23
70 and over	\$138.57	\$212.63	\$145.79	\$219.86

*Spouse rate based on Employee's age.

The period between Critical Illness or Critical Illness Procedure Diagnoses for a different Critical Illness or Critical Illness Procedure must be at least 180 days to be considered payable.

Voluntary Short Term Disability (STD)



Kansas City Life
Insurance Company



Group
Benefits

Disability plays no favorites. It can strike at any time, in any industry or occupation. Protecting yourself with Short Term Disability (STD) benefits may alleviate the financial stress which often coincides with a disability.

In 2017, 41% of all private industry workers had access to short-term disability insurance.

Source: *Bureau of Labor Statistics, National Compensation Survey, March 2017*, www.bls.gov/ncs/ebs/benefits/2017/ownership/private/table16a.pdf

Nearly 13,000 American workers are injured each day.

Source: *National Safety Council, Injury Facts, 2016 edition, U.S. Bureau of Labor Statistics*

Your employer has selected Kansas City Life to provide a short term disability benefit that can help protect your income against the unexpected.

Short term disability insurance through your employer is an affordable way to help ensure that you have coverage to protect you and your family against the unexpected.

VOLUNTARY STD BENEFIT SUMMARY FOR Douglas County NV

All Full-time active employees working 30 hours per week year-round, who are U.S. Citizens or legal U.S. residents and are performing the duties of their occupation on their last scheduled working day immediately preceding the effective date of the plan are eligible for insurance on that effective date.

Plan of Benefits	
Weekly Benefit:	60.00% of weekly earnings
Minimum Weekly Payment:	\$25
Maximum Benefit Amount:	\$1500 per week
Elimination Period (the number of days you must be continuously disabled due to injury or sickness before benefits begin):	30 consecutive days for disability due to injury
	30 consecutive days for disability due to sickness
Maximum Period of Payment:	26 weeks
Pre-Existing Condition Limitation: Benefits will not be paid if disability begins in the first 12 months following effective date of coverage and is caused by, contributed to by, or the result of a condition for which:	You received medical treatment, consultation, care or services, including diagnostic measures, or took or were prescribed drugs or medicines in the 3 months just prior to effective date of coverage

This outline is intended to be a summary of your benefits and does not include all plan provisions and limitations. Details of your benefits can be found in your certificate of coverage, provided to you at a later date. If there are any discrepancies between this outline and the group certificate, the group certificate governs. This is a brief description only and is not a contract. The Group Master Policy will determine all rights and benefits. For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force or discontinued, see your agent or write to the Company. The policy is cancellable or renewable at the option of the Company. The Company has the right to increase the premium rates. Coverage is not available in all states.

Policy and certificate referenced: PJ139/CJ139



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GROUP BENEFITS

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KANSAS CITY LIFE

GROUP BENEFITS

*Voluntary STD Monthly Premium Calculator
Douglas County*

Plan Design: 60% of your weekly salary to a maximum weekly benefit of \$1500

Premium is based off of benefit amount

Estimated Weekly Salary	\$550	\$650	\$750	\$850	\$950	\$1,050	\$1,150	\$1,250	\$1,350
Estimated Benefit amount (60%)	\$330	\$390	\$450	\$510	\$570	\$630	\$690	\$750	\$810

Age	Rate per \$10									
0-24	0.429	\$14.16	\$16.73	\$19.31	\$21.88	\$24.45	\$27.03	\$29.60	\$32.18	\$34.75
25-29	0.429	\$14.16	\$16.73	\$19.31	\$21.88	\$24.45	\$27.03	\$29.60	\$32.18	\$34.75
30-34	0.475	\$15.68	\$18.53	\$21.38	\$24.23	\$27.08	\$29.93	\$32.78	\$35.63	\$38.48
35-39	0.339	\$11.19	\$13.22	\$15.26	\$17.29	\$19.32	\$21.36	\$23.39	\$25.43	\$27.46
40-44	0.287	\$9.47	\$11.19	\$12.92	\$14.64	\$16.36	\$18.08	\$19.80	\$21.53	\$23.25
45-49	0.331	\$10.92	\$12.91	\$14.90	\$16.88	\$18.87	\$20.85	\$22.84	\$24.83	\$26.81
50-54	0.372	\$12.28	\$14.51	\$16.74	\$18.97	\$21.20	\$23.44	\$25.67	\$27.90	\$30.13
55-59	0.499	\$16.47	\$19.46	\$22.46	\$25.45	\$28.44	\$31.44	\$34.43	\$37.43	\$40.42
60-64	0.619	\$20.43	\$24.14	\$27.86	\$31.57	\$35.28	\$39.00	\$42.71	\$46.43	\$50.14
65-69	0.619	\$20.43	\$24.14	\$27.86	\$31.57	\$35.28	\$39.00	\$42.71	\$46.43	\$50.14
70+	0.619	\$20.43	\$24.14	\$27.86	\$31.57	\$35.28	\$39.00	\$42.71	\$46.43	\$50.14

Estimated Weekly Salary	\$1,450	\$1,550	\$1,650	\$1,750	\$1,850	\$1,950	\$2,050	\$2,150	\$2,250
Estimated Benefit amount (60%)	\$870	\$930	\$990	\$1,050	\$1,110	\$1,170	\$1,230	\$1,290	\$1,350

Age	Rate per \$10									
0-24	0.429	\$37.32	\$39.90	\$42.47	\$45.05	\$47.62	\$50.19	\$52.77	\$55.34	\$57.92
25-29	0.429	\$37.32	\$39.90	\$42.47	\$45.05	\$47.62	\$50.19	\$52.77	\$55.34	\$57.92
30-34	0.475	\$41.33	\$44.18	\$47.03	\$49.88	\$52.73	\$55.58	\$58.43	\$61.28	\$64.13
35-39	0.339	\$29.49	\$31.53	\$33.56	\$35.60	\$37.63	\$39.66	\$41.70	\$43.73	\$45.77
40-44	0.287	\$24.97	\$26.69	\$28.41	\$30.14	\$31.86	\$33.58	\$35.30	\$37.02	\$38.75
45-49	0.331	\$28.80	\$30.78	\$32.77	\$34.76	\$36.74	\$38.73	\$40.71	\$42.70	\$44.69
50-54	0.372	\$32.36	\$34.60	\$36.83	\$39.06	\$41.29	\$43.52	\$45.76	\$47.99	\$50.22
55-59	0.499	\$43.41	\$46.41	\$49.40	\$52.40	\$55.39	\$58.38	\$61.38	\$64.37	\$67.37
60-64	0.619	\$53.85	\$57.57	\$61.28	\$65.00	\$68.71	\$72.42	\$76.14	\$79.85	\$83.57
65-69	0.619	\$53.85	\$57.57	\$61.28	\$65.00	\$68.71	\$72.42	\$76.14	\$79.85	\$83.57
70+	0.619	\$53.85	\$57.57	\$61.28	\$65.00	\$68.71	\$72.42	\$76.14	\$79.85	\$83.57

Estimated Weekly Salary	\$2,350	\$2,450							
Estimated Benefit amount (60%)	\$1,410	\$1,470							

Age	Rate per \$10		
0-24	0.429	\$60.49	\$63.06
25-29	0.429	\$60.49	\$63.06
30-34	0.475	\$66.98	\$69.83
35-39	0.339	\$47.80	\$49.83
40-44	0.287	\$40.47	\$42.19
45-49	0.331	\$46.67	\$48.66
50-54	0.372	\$52.45	\$54.68
55-59	0.499	\$70.36	\$73.35
60-64	0.619	\$87.28	\$90.99
65-69	0.619	\$87.28	\$90.99
70+	0.619	\$87.28	\$90.99

*Payroll deductions are an approximation. Please see your paystub for actual payroll deductions.
If there is a discrepancy between this handout and your paystub, your paystub prevails.*

Voluntary Long Term Disability



Kansas City Life
Insurance Company

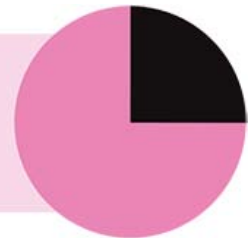


Group
Benefits

Long Term Disability is one of the coverages people think they can go without. Unfortunately, anyone can suffer a disability. In the event of an accident or illness that leaves you unable to work, disability coverage is a way to help secure your future financially, by maintaining an income that otherwise would cease if you stop working.

Just over 1 in 4 of today's 20-year-olds will become disabled before age 67.

Source: Social Security Basic Facts, 2015.



Voluntary Long Term Disability insurance, now available as part of your employee benefits package through Kansas City Life Insurance Company, is an affordable way to purchase the protection you and your family may need.

Take this time to learn about voluntary disability insurance. Understand your options and evaluate your current needs to make your family's future more secure.

Kansas City Life's Voluntary Long Term Disability plan offers insurance protection from a company with more than 120 years of experience, financial strength and superior service.

VOLUNTARY LTD BENEFIT SUMMARY FOR Douglas County NV

All Full-time active employees working 30 hours per week year-round, who are U.S. Citizens or legal U.S. residents and are performing the duties of their occupation on their last scheduled working day immediately preceding the effective date of the plan are eligible for insurance on that effective date.

Plan of Benefits	
Monthly Benefit:	60% of Monthly Earnings
Minimum Monthly Payment:	The greater of \$100 or 10% of your Gross Monthly Payment
Maximum Monthly Benefit:	\$6000 per month
Elimination Period (the number of days you must be continuously disabled due to injury or sickness before benefits begin):	180 consecutive days
Accumulation of Elimination Period (if you return to work while satisfying the elimination period, you may satisfy your elimination period within the accumulation period):	360 consecutive days
Pre-Existing Condition Limitation: Benefits will not be paid if disability begins in the first 12 months following effective date of coverage and is caused by, contributed to by, or the result of a condition for which:	You received medical treatment, consultation, care or services, including diagnostic measures, or took or were prescribed drugs or medicines in the 3 months just prior to effective date of coverage

Note: Includes Employee Assistance Program, up to five face-to-face visits per member, per issue, per month.

This outline is intended to be a summary of your benefits and does not include all plan provisions and limitations. Details of your benefits can be found in your certificate of coverage, provided to you at a later date. If there are any discrepancies between this outline and the group certificate, the group certificate governs. This is a brief description only and is not a contract. The Group Master Policy will determine all rights and benefits. For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force or discontinued, see your agent or write to the Company. The policy is cancellable or renewable at the option of the Company. The Company has the right to increase the premium rates. Coverage is not available in all states.

Policy and certificate referenced: PJ140/CJ140



KANSAS CITY LIFE

GROUP BENEFITS

Underwritten by:
 Kansas City Life Insurance
 Company
 3520 Broadway
 Kansas City, MO 64111-2565
 P.O. Box 219425
 Kansas City, MO 64121-9425
 Toll-free: 877-266-6767, ext.
 8200
 Fax: 816-531-4648
groupbenefits@kclife.com
www.kclgroupbenefits.com

Employee Voluntary Long-Term Disability Monthly Payroll Deduction

Douglas County

Plan Design: 60% of your monthly earnings to a maximum monthly benefit of \$6,000

Premium is based off of your monthly salary

Estimated Monthly Salary (covered payroll)	\$2,390	\$2,640	\$2,890	\$3,140	\$3,390	\$3,640	\$3,890	\$4,140	\$4,390
Estimated Benefit amount (60%)	\$1,434	\$1,584	\$1,734	\$1,884	\$2,034	\$2,184	\$2,334	\$2,484	\$2,634

Age	Rate per \$100 of Monthly Covered Payroll									
0-25	\$0.107	\$2.56	\$2.82	\$3.09	\$3.36	\$3.63	\$3.89	\$4.16	\$4.43	\$4.70
25-29	\$0.107	\$2.56	\$2.82	\$3.09	\$3.36	\$3.63	\$3.89	\$4.16	\$4.43	\$4.70
30-34	\$0.195	\$4.66	\$5.15	\$5.64	\$6.12	\$6.61	\$7.10	\$7.59	\$8.07	\$8.56
35-39	\$0.346	\$8.27	\$9.13	\$10.00	\$10.86	\$11.73	\$12.59	\$13.46	\$14.32	\$15.19
40-44	\$0.514	\$12.28	\$13.57	\$14.85	\$16.14	\$17.42	\$18.71	\$19.99	\$21.28	\$22.56
45-49	\$0.769	\$18.38	\$20.30	\$22.22	\$24.15	\$26.07	\$27.99	\$29.91	\$31.84	\$33.76
50-54	\$1.022	\$24.43	\$26.98	\$29.54	\$32.09	\$34.65	\$37.20	\$39.76	\$42.31	\$44.87
55-59	\$1.128	\$26.96	\$29.78	\$32.60	\$35.42	\$38.24	\$41.06	\$43.88	\$46.70	\$49.52
60-99	\$1.006	\$24.04	\$26.56	\$29.07	\$31.59	\$34.10	\$36.62	\$39.13	\$41.65	\$44.16

Estimated Monthly Salary (covered payroll)	\$4,640	\$4,890	\$5,140	\$5,390	\$5,640	\$5,890	\$6,140	\$6,390	\$6,640
Estimated Benefit amount (60%)	\$2,784	\$2,934	\$3,084	\$3,234	\$3,384	\$3,534	\$3,684	\$3,834	\$3,984

Age	Rate per \$100 of Monthly Covered Payroll									
0-25	\$0.107	\$4.96	\$5.23	\$5.50	\$5.77	\$6.03	\$6.30	\$6.57	\$6.84	\$7.10
25-29	\$0.107	\$4.96	\$5.23	\$5.50	\$5.77	\$6.03	\$6.30	\$6.57	\$6.84	\$7.10
30-34	\$0.195	\$9.05	\$9.54	\$10.02	\$10.51	\$11.00	\$11.49	\$11.97	\$12.46	\$12.95
35-39	\$0.346	\$16.05	\$16.92	\$17.78	\$18.65	\$19.51	\$20.38	\$21.24	\$22.11	\$22.97
40-44	\$0.514	\$23.85	\$25.13	\$26.42	\$27.70	\$28.99	\$30.27	\$31.56	\$32.84	\$34.13
45-49	\$0.769	\$35.68	\$37.60	\$39.53	\$41.45	\$43.37	\$45.29	\$47.22	\$49.14	\$51.06
50-54	\$1.022	\$47.42	\$49.98	\$52.53	\$55.09	\$57.64	\$60.20	\$62.75	\$65.31	\$67.86
55-59	\$1.128	\$52.34	\$55.16	\$57.98	\$60.80	\$63.62	\$66.44	\$69.26	\$72.08	\$74.90
60-99	\$1.006	\$46.68	\$49.19	\$51.71	\$54.22	\$56.74	\$59.25	\$61.77	\$64.28	\$66.80

Estimated Monthly Salary (covered payroll)	\$6,890	\$7,140	\$7,390	\$7,640	\$7,890	\$8,140	\$8,390	\$8,640	\$8,890
Estimated Benefit amount (60%)	\$4,134	\$4,284	\$4,434	\$4,584	\$4,734	\$4,884	\$5,034	\$5,184	\$5,334

Age	Rate per \$100 of Monthly Covered Payroll									
0-25	\$0.107	\$7.37	\$7.64	\$7.91	\$8.17	\$8.44	\$8.71	\$8.98	\$9.24	\$9.51
25-29	\$0.107	\$7.37	\$7.64	\$7.91	\$8.17	\$8.44	\$8.71	\$8.98	\$9.24	\$9.51
30-34	\$0.195	\$13.44	\$13.92	\$14.41	\$14.90	\$15.39	\$15.87	\$16.36	\$16.85	\$17.34
35-39	\$0.346	\$23.84	\$24.70	\$25.57	\$26.43	\$27.30	\$28.16	\$29.03	\$29.89	\$30.76
40-44	\$0.514	\$35.41	\$36.70	\$37.98	\$39.27	\$40.55	\$41.84	\$43.12	\$44.41	\$45.69
45-49	\$0.769	\$52.98	\$54.91	\$56.83	\$58.75	\$60.67	\$62.60	\$64.52	\$66.44	\$68.36
50-54	\$1.022	\$70.42	\$72.97	\$75.53	\$78.08	\$80.64	\$83.19	\$85.75	\$88.30	\$90.86
55-59	\$1.128	\$77.72	\$80.54	\$83.36	\$86.18	\$89.00	\$91.82	\$94.64	\$97.46	\$100.28
60-99	\$1.006	\$69.31	\$71.83	\$74.34	\$76.86	\$79.37	\$81.89	\$84.40	\$86.92	\$89.43

Estimated Monthly Salary (covered payroll)	\$9,140	\$9,390	\$9,640	\$9,890					
Estimated Benefit amount (%)	\$5,484	\$5,634	\$5,784	\$5,934					

Age	Rate per \$100 of Monthly Covered Payroll				
0-25	\$0.107	\$9.78	\$10.05	\$10.31	\$10.58
25-29	\$0.107	\$9.78	\$10.05	\$10.31	\$10.58
30-34	\$0.195	\$17.82	\$18.31	\$18.80	\$19.29
35-39	\$0.346	\$31.62	\$32.49	\$33.35	\$34.22
40-44	\$0.514	\$46.98	\$48.26	\$49.55	\$50.83
45-49	\$0.769	\$70.29	\$72.21	\$74.13	\$76.05
50-54	\$1.022	\$93.41	\$95.97	\$98.52	\$101.08
55-59	\$1.128	\$103.10	\$105.92	\$108.74	\$111.56
60-99	\$1.006	\$91.95	\$94.46	\$96.98	\$99.49

Payroll deductions are an approximation. Please see your paystub for actual payroll deductions.

If there is a discrepancy between this handout and your paystub, your paystub prevails.