

PEBB Life Insurance Benefit Design for Eligible Employees

This document is intended for quick reference; refer to the [Life Insurance Booklet](#) to confirm benefits.

Employee Eligibility	Type of Coverage	Monthly Cost	Coverage amount	Guaranteed issue amount	Carrier Approval* Required?	Effective Date
PEBB benefit-eligible employees of: <ul style="list-style-type: none"> State agencies Higher education institutions K-12 school districts and ESDs Participating employer groups 	Employee basic	<i>Employer-paid</i>	<ul style="list-style-type: none"> \$25,000 of basic life \$5,000 of basic Accidental Death & Dismemberment (AD&D) 	N/A	No	First of the month following the date of eligibility; if the date of eligibility is the first working day of the month, coverage begins that day
	Employee supplemental	<i>Employee-paid</i> (premium determined by employee's age, amount of coverage requested, and tobacco use of employee or covered spouse/partner)	<ul style="list-style-type: none"> \$10,000 to \$750,000 Purchase coverage in \$10,000 increments 	<ul style="list-style-type: none"> Up to \$250,000 if under age 60 Up to \$100,000 if 60 or over 	<ul style="list-style-type: none"> Approval not required when guaranteed issue of up to \$250,000 or \$100,000 (depending on employee's age), is requested within 60 days of eligibility Approval required when amounts are in excess of guaranteed issue amount (depending on employee's age) within 60 days of eligibility Approval required when any amount is requested after 60 days of eligibility 	<ul style="list-style-type: none"> For amounts not requiring approval: First of the month following the signature date on the form For amounts requiring approval: First of the month following carrier approval

PEBB benefit-eligible employees of: <ul style="list-style-type: none"> • State agencies • Higher education institutions • K-12 school districts and ESDs • Participating employer groups 	Spouse** basic	<i>Employee-paid</i> (premium is \$0.60 per month, regardless of number of dependents)	\$2,500 of basic spouse	N/A	<ul style="list-style-type: none"> • Approval not required if within 60 days of gaining eligibility • Approval required if requested after 60 days of gaining eligibility 	<ul style="list-style-type: none"> • For amounts not requiring approval: First of the month following the signature date on the form • For amounts requiring approval: First of the month following carrier approval
	Dependent basic		\$2,500 of dependent basic for each child (14 days old to the month the dependent turns 26 and disabled dependents of any age)***	N/A	No	First of the month following the signature date on the form
	Spouse** supplemental	<i>Employee-paid</i> (premium determined by employee's age, amount of coverage requested, and tobacco use of employee or covered spouse/partner)	<ul style="list-style-type: none"> • Must first enroll spouse in spouse basic • Purchase coverage in increments of \$5,000 • Not to exceed ½ of employee supplemental amount 	Up to \$50,000	<ul style="list-style-type: none"> • Approval not required when guaranteed issue of up to \$50,000 is requested within 60 days of eligibility • Approval required when amounts are in excess of guaranteed issue amount • Approval required when any amount is requested after 60 days of eligibility 	<ul style="list-style-type: none"> • For amounts not requiring approval: First of the month following the signature date on the form • For amounts requiring approval: First of the month following carrier approval

	Employee supplemental AD&D	<i>Employee-paid</i>	<ul style="list-style-type: none"> • \$25,000 to \$250,000 • Purchase coverage in increments of \$25,000 	N/A	No	First of the month following the signature date on the form
	Dependent supplemental AD&D	<i>Employee-paid</i>	Must first enroll in employee supplemental AD&D	N/A	No	First of the month following the signature date on the form

* Carrier approval requires the employee to submit an *Evidence of Insurability* form to ReliaStar. The employer must complete sections A and C (fill out column B only and sign and date the confirmation at the bottom of section C) **prior** to the employee completing their health questions. Place the *Life Enrollment/Change* form in the employee's file and key the requested coverage(s) in the PAY1 insurance system.

** Includes an employee's registered domestic partner.

***As long as the disability occurred before age 26.