



# Summary of Benefits

## Voluntary Life Benefit Summary

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Group ID:	00024395	Coverage Type:	Voluntary
Group Name:	SPOTLIGHT LLC	Class:	0001 ALL ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following date of hire	As of Date:	06/05/2023

### Coverage Information

#### Employee Volume Amount

Increments of \$10,000 to a Maximum of \$250,000

\$10,000	\$110,000	\$210,000
\$20,000	\$120,000	\$220,000
\$30,000	\$130,000	\$230,000
\$40,000	\$140,000	\$240,000
\$50,000	\$150,000	\$250,000
\$60,000	\$160,000	
\$70,000	\$170,000	
\$80,000	\$180,000	
\$90,000	\$190,000	
\$100,000	\$200,000	

#### Spouse Volume Amount

Minimum Amount of \$10,000 and Increments of \$5,000 to a maximum of \$250,000

#### Child Volume Amount

Ages 14 Days to 6 Months Minimum of \$1,000 and Increments of \$1,000 to a maximum of \$10,000  
Ages 6 Months to 26 Years Minimum of \$1,000 and Increments of \$1,000 to a maximum of \$10,000

#### Member Guaranteed Issue

Ages 15-64 \$150,000  
Ages 65-69 \$50,000  
Ages 70 and up \$10,000

#### Spouse Guaranteed Issue

Spouse's Age 15-64 \$30,000  
Spouse's Age 65 and up \$10,000

#### Child Guaranteed Issue

There is no guaranteed issue. All amounts are approved.

#### Cutbacks

35% at age 65  
50% at age 70

## Plan Information

### When is my policy effective?

Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.

### Do I have to answer medical questions as part of purchasing insurance?

If you decide to purchase more than the amount guaranteed by Guardian or enroll after the open enrollment period, you must answer some medical questions to help us assess your insurability.

Answering "yes" to any of the questions will not necessarily prevent you from obtaining coverage.

### Can I take the policy with me if I leave the company?

You may be able to port this coverage to a group trust plan.

Yes, you can convert this coverage to an individual policy if you terminate employment with the company or the policy ends. (Some restrictions apply; see certificate of benefits for more information.)

## Voluntary Life and General Exclusions

Spouse coverage is based on employee age and terminates at age 70.

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.

Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to policy booklet for full plan description.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is home confined, or is unable to perform the normal activities of someone of like age and sex. (may vary by state).

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid.

We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law.

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years. If the age or any other relevant factor of the insured has been misstated, GIAC will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.



This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.