

Group Term Life Insurance

*HGEA Members And Their
Families Can Take Advantage
Of Low Group Rates*

ROYAL STATE INSURANCE OFFICES

Oahu Office

819 S. Beretania Street
Honolulu, HI 96813
Phone: (808) 539-1600
1-800-890-9022 (Toll-free from the Neighbor Islands)

Hawaii Office (Hilo)

120 Pauahi Street, Suite 201
Hilo, HI 96720
Phone: (808) 935-2766

Kauai Office

4370 Kukui Grove Street, Suite 105
Lihue, HI 96766
Phone: (808) 245-4571

Maui Office

2145 Kaohu Street, Suite 205
Wailuku, HI 96793
Phone: (808) 244-7245
1-800-774-7668 (Toll-free from Molokai and Lanai)



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HGEA Group Life Insurance Plan

1) Why do I need the HGEA Life Insurance Program?

Life insurance is money which you provide dependents or other named beneficiaries upon your death. Because they have lost your income, this money will go to them to help pay final expenses, pay off debts, and help your family readjust their lives. This plan can provide security and peace of mind, at special low-cost group rates.

2) Who is eligible to enroll?

Only members of HGEA who are at least age 18 and below age 60. Eligible members may have only one coverage, either under their own plan or under their member spouse's family coverage, but not under both.

3) Do I have to answer health questions or take a medical exam?

Not if you apply within 90 days of becoming an HGEA member, employed 20 hours or more as an active employee of a public employer or are employed 30 hours or more per week away from your home.

If you apply **after** 90 days of joining HGEA, or are employed less than 30 hours, a personal health statement and/or medical exam is required.

4) When does my coverage start?

Your coverage will be effective on the first of the month following receipt of all necessary information, first premium payment, and underwriting approval.

5) Can I collect if I carry other insurance?

Yes. The HGEA Life Insurance Plan pays in addition to any other life insurance you carry – whether individual or group, and is in addition to benefits from social security, Veterans Benefits, or any other source.

6) Are there any restrictions due to cause of death?

No, your group benefit will be paid immediately in the event of death of any insured member – for any cause – upon the receipt of proof of death through the HGEA office or the home office of the Royal State National Insurance Co., Ltd.

7) Who may be my beneficiary?

Your beneficiary may be any person, persons, or trust company you name. You may change your beneficiary at any time by making a written request, using forms furnished by the insurance company.

8) Which plan is best for me?

If you are single, choose the **Member Plan** coverage that meets your needs.

If you are married, choose the **Member Plan** that best meets the needs of your family in the event of your death. Also consider adding the **Family Plan** to provide benefits in the event of the death of your spouse or children.

You can add the **Survivor Income Benefit Plan** to any member option.

9) When can I enroll for the higher options?

You can apply for the higher coverage options before your 60th birthday.

10) What is the Survivor Income Benefit option?

This option pays an additional \$200.00 per month, upon your death, for a period of 60 months – a total of \$12,000. This option may be added for members under the age of 60 for the small additional monthly premium shown (see inside).

11) Is there a conversion privilege in the policy?

Yes. Your policy can be converted without evidence of insurability, within 31 days following the date of termination of coverage or reduction of coverage due to a change in your age.

12) Waiver of Premium Benefit.

The policy contains waiver of premium for the BASIC coverage premium only – effective after nine months of disability.

*If you become totally disabled before you reach age 60, your BASIC coverage, including the Family and Survivor Income Benefit premiums, will continue without any cost to you during the first year of disability and for an additional period of one year each, if you remain totally and permanently disabled as determined by Royal State National Insurance Co., Ltd. **You will be responsible for paying the premium required for the high coverage options.***

Underwritten by: Royal State National Insurance Co., Ltd. In the interest of simplicity, the Plan is described only in general terms in this brochure. The extent of each member's insurance is at all times governed by the terms of the Master Group Insurance Policy issued by the Royal State National Insurance Company, Ltd.

Group Life Insurance Benefits & Monthly Premium Rates

Member Plan Age 18 – 59

Member's Age At Last Birthday	Basic \$20,000 Monthly Premium	Option 1 Incl. Basic \$50,000 Monthly Premium	Option 2 Incl. Basic \$80,000 Monthly Premium	Survivor Income Benefit Ages 18 – 59 Monthly Premium
18 – 30	\$ 2.25	\$ 4.95	\$ 7.65	\$ 1.15
31 – 35	\$ 3.00	\$ 6.60	\$ 10.20	\$ 1.50
36 – 40	\$ 5.00	\$ 11.00	\$ 17.00	\$ 2.50
41 – 45	\$ 7.00	\$ 15.40	\$ 23.80	\$ 3.50
46 – 50	\$ 9.50	\$ 20.90	\$ 32.30	\$ 4.75
51 – 55	\$ 15.00	\$ 33.00	\$ 51.00	\$ 7.50
56 – 59	\$ 19.00	\$ 41.80	\$ 64.60	\$ 9.50

Family Plan You must enroll before age 60

Not Available After
Age 59

For just \$2.50 per month, add the following benefits:

- **Spouse Death Benefit:** \$8,000 (When Member reaches age 60, spouse coverage decreases; see below)
- **Children's Benefits** according to the child's attained age, as follows; (coverage can continue until children reach age 23, if they are enrolled in college):

From birth to 13 days	None	3 years to 4 years	\$ 1,200.00
14 days to 6 months	\$ 100.00	4 years to 5 years	\$ 1,600.00
6 months to 2 years	\$ 400.00	5 years to 18 years	\$ 2,000.00
2 years to 3 years	\$ 800.00		

Member Plan Age 60 – 74

Member's Age At Last Birthday	Basic \$18.00 Per Month	Option 1 Incl. Basic \$39.60 Per Month	Option 2 Incl. Basic \$61.20 Per Month	Spouse's Coverage
60	\$ 10,000	\$ 25,000	\$ 40,000	\$ 4,000
61	\$ 9,500	\$ 23,750	\$ 38,000	\$ 3,800
62	\$ 9,000	\$ 22,500	\$ 36,000	\$ 3,600
63	\$ 8,500	\$ 21,250	\$ 34,000	\$ 3,400
64	\$ 8,000	\$ 20,000	\$ 32,000	\$ 3,200
65	\$ 7,500	\$ 18,750	\$ 30,000	\$ 3,000
66	\$ 7,000	\$ 17,500	\$ 28,000	\$ 2,800
67	\$ 6,500	\$ 16,250	\$ 26,000	\$ 2,600
68	\$ 6,000	\$ 15,000	\$ 24,000	\$ 2,400
69	\$ 5,500	\$ 13,750	\$ 22,000	\$ 2,200
70	\$ 5,000	\$ 12,500	\$ 20,000	\$ 2,000
71	\$ 4,500	\$ 11,250	\$ 18,000	\$ 1,800
72	\$ 4,000	\$ 10,000	\$ 16,000	\$ 1,600
73	\$ 3,500	\$ 8,750	\$ 14,000	\$ 1,400
74	\$ 3,000	\$ 7,500	\$ 12,000	\$ 1,200
75 & Over	\$ 1,500	\$ 1,500	\$ 1,500	None

Member-Hawaii Government Employees Association

For Home Office use Only

Member's Name (First, Middle Initial, Last)		Social Security #		<input type="checkbox"/> Male	Effective Date
				<input type="checkbox"/> Female	
Address (House Number, Street)		Date of Birth	Payroll or ID#	Class-Mo. Premium	
City, State, Zip	Phone (H) (B)	HGEA Membership Date	Department	Initial Amount	
Name of Member's Employer			Number of Hours Worked Weekly		
Every Applicant Must Complete All Three Questions	Member's Coverage (Check One): <input type="checkbox"/> Basic Plan Only <input type="checkbox"/> Basic & Option 1 <input type="checkbox"/> Basic & Option 2				
	In addition, does Member want Survivor Income Benefit Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No		In addition, does Member want Family Plan? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you checked "Yes, to the Family Plan, complete the following:					
Spouse's name _____ Date of Birth ____/____/____ Employer _____					
Member Death Benefit To Be Paid To:	Beneficiary's Name (First, Middle Initial, Last Name)				Relationship
Residence of Beneficiary	Address (House Number, Street, City, State and Zip)				
<ul style="list-style-type: none"> • If more than one beneficiary is designated, settlement will be made in equal shares to such of the designated beneficiaries (or beneficiary) as survive the insured, unless otherwise provided here in. • If no designated beneficiary survives the insured, settlement will be made to the estate of the insured, unless otherwise provided in the Group Policy. • Benefits will be paid to member on death of a dependent covered by the Family Plan. 					
I understand and agree that the insurance shall not become effective if I am absent from active full-time work or unable to perform any of my normal duties on account of sickness or accident on the date my insurance would otherwise become effective. The insurance will be effective only when I return to full-time work and I am notified of the effective date, as defined in the Group Policy by the insurance company.					
I hereby apply for Group Life Insurance and authorize my employer to make the necessary deduction from my wages or salary for the contribution, if any, required of me for the insurance.					
Dated: _____ Signed: _____ <i>Signature of Member Applicant / Sign Full Name</i>					

CLIP, FOLD, AND PLACE IN RETURN ENVELOPE

Application Instructions:

1. Read all descriptive material carefully.
2. Complete ALL information requested.
3. Be sure to date and sign your form.
4. Clip, fold, and place in return envelope.