

# Publix Supplemental Life Insurance Plan

## Life Insurance Plan Specifics for Part-Time Associates

	Associate	Spouse	Child(ren)
<b>Coverage Amounts</b>	<p>\$10,000 increments up to \$100,000.</p> <p><b>Minimum:</b> \$10,000.</p> <p><b>Maximum:</b> \$100,000.</p>	<p>\$10,000 increments up to \$50,000.</p> <p><b>Minimum:</b> \$10,000.</p> <p><b>Maximum:</b> \$50,000.</p> <p>Spouse coverage cannot exceed 100% of the amount of insurance for which the associate is insured.</p>	<p>\$5,000 or \$10,000 on each child.</p> <p>Child coverage cannot exceed 100% of the amount of insurance for which the associate is insured.</p> <p>Rate covers all eligible children regardless of how many you insure.</p>
<b>Who is Eligible</b>	<ul style="list-style-type: none"> <li>• Associate must be actively at work at Publix on both the date the enrollment form is signed and the effective date of coverage.</li> <li>• Associate must be a U.S. citizen or a U.S. permanent resident on U.S. payroll.</li> </ul>	<ul style="list-style-type: none"> <li>• Associate must be a U.S. citizen or a U.S. permanent resident on U. S. payroll.</li> <li>• Associate must be actively at work at Publix on both the date the enrollment form is signed and the effective date of coverage.</li> <li>• On the date spouse coverage is to take effect, the spouse must not be confined at home under a physician's care, receiving or applying for disability benefits from any source or be hospitalized.</li> <li>• If spouse is also a Publix associate, he or she can enroll as a dependent, an associate or as both.</li> </ul>	<ul style="list-style-type: none"> <li>• Associate or spouse's dependent children.</li> <li>• Eligible children include unmarried, natural, adopted or step children.</li> <li>• Must be at least 14 days old and under age 26.</li> <li>• Associate must be a U.S. citizen or a U.S. permanent resident on U.S. payroll.</li> <li>• Associate must be actively at work at Publix on both the date the enrollment form is signed and the effective date of coverage.</li> <li>• On the date child coverage is to take effect, the child must not be confined at home under a physician's care, receiving or applying for disability</li> </ul>

		<ul style="list-style-type: none"> <li>• Associate must be enrolled in Supplemental Term Life in order for the spouse to obtain coverage.</li> </ul>	<p>benefits from any source or be hospitalized.</p> <ul style="list-style-type: none"> <li>• Child coverage can be added to only one adult certificate under this plan.</li> <li>• Associate must be enrolled in Supplemental term Life in order for child(ren) to obtain coverage.</li> </ul>
<p><b>Simplified Evidence Medical Requirements</b></p> <ul style="list-style-type: none"> <li>- if coverage is elected within 30 days of associate's hire date or eligibility date</li> <li>- if spouse coverage is elected within 30 days of marriage</li> <li>- Within 30 days of birth or adoption of first child.</li> </ul>	<p><b>Simplified Evidence:</b> \$10,000 to \$50,000, in \$10,000 increments.</p>	<p><b>Simplified Evidence:</b> \$10,000 to \$50,000, in \$10,000 increments.</p>	<p><b>No Evidence:</b> \$5,000 or \$10,000</p>

<p><b>Full Evidence Medical Requirements</b></p> <ul style="list-style-type: none"> <li>- if coverage is elected after 30 days of associate's hire date or eligibility date</li> <li>- if spouse coverage is elected after 30 days of marriage</li> <li>- after 30 days of birth or adoption of first child</li> <li>- if elected coverage amounts exceed simplified issue limits</li> </ul>	<p><b>Full Evidence of Good Health:</b> coverage from \$60,000 to \$100,000 in \$10,000 increments, a "yes" answer to a health question, or any late entrant will be required to submit full Evidence of Good Health.</p>	<p><b>Full Evidence of Good Health:</b> a "yes" answer to a health question, or any late entrant will be required to submit full Evidence of Good Health.</p>	<p><b>Full Evidence of Good Health:</b> Late entrants will be required to submit full Evidence of Good Health.</p>
<p><b>Effective Date of Coverage</b></p>	<p>Coverage is effective on the date MetLife states in writing provided you are actively at work on that date.</p>	<p>Coverage is effective on the date MetLife states in writing provided you are actively at work on that date.</p>	<p>Coverage is effective on the date MetLife states in writing provided you are actively at work on that date.</p>

## **Life Insurance Features**

Supplemental Term Life helps you prepare for your future—as well as for circumstances that may happen between now and then.

**Accelerated Death Benefit:** An advance payment of your life insurance benefits is payable if you are diagnosed with a terminal illness and a life expectancy of 6 months or less.

You can request payment up to 50 percent of your coverage amount up to \$50,000.

Advance payment permanently reduces the death benefit.

You continue to pay premiums for the remaining coverage.

**Accidental Death & Dismemberment:** This is an optional feature that you can purchase with the life insurance coverage. This feature pays a benefit in the same amount of your life insurance benefits if you die or suffer injuries as the result of a covered accident.

This feature is available to both associates and spouses.

**Associate and Family Portability Privilege:** Once enrolled, you can remain protected under this program as long as you want throughout your career. If you change jobs, you and your family can take your protection with you as long as the group program remains in effect. You have the option to port the group policy to keep the coverage you already have in force or you can convert your coverage to an individual life insurance policy. Ported coverage can be continued up to age 80. If you would like to convert your policy to an individual policy, contact Mercer Voluntary Benefits within 30 days of your employment termination date.

**Children's Conversion to an Individual Policy:** When your child reaches the maximum age (age 26) or is no longer an eligible dependent, he or she can convert the policy to an individual policy. The request for coverage must be made in writing to Mercer Voluntary Benefits within 31 days of the date the child is no longer an eligible dependent.

**Non-Smoker Rates:** Reduced rates are available if the insured has not smoked or used any form of tobacco for 12 consecutive months prior to the date you complete the enrollment form. If the insured qualifies at a later date, you may change the rate to non-smoker.

**For more information, please contact  
Mercer Voluntary Benefits at:  
1-888-374-6377  
[www.personal-plans.com/publix](http://www.personal-plans.com/publix)**

Program Offered & Administered by Mercer  
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