

# Schedule of Benefits

(GR-9N-S-01-001-01)

**Employer:** Arlington County  
**Group Policy Number:** GP-326435  
**Issue Date:** July 15, 2012  
**Effective Date:** July 1, 2012  
**Schedule:** 3A  
**Cert Base:** 3

For: Retiree Life Insurance

# Schedule of Life Insurance Benefits

(GR-9N S-02-01 01)

## Retirees

(GR-9N S-02-01 01)

### Basic Schedule

<b>Classification</b> (GR-9N S-02-01 01)	<b>Amount</b>
All Retirees	
Class 1:	\$10,000
Class 2:	\$5,000
Class 3:	\$2,500
Class 4:	\$8,000
Class 5:	\$4,000
Class 6:	\$2,000

# Retirees

(GR-9N S-02-01 01)

## Supplemental Schedule

### Classification

### Amount

All Retirees

*Class 1:*

- *Option 1:*

\$10,000

- *Option 2:*

50% of your basic annual earnings, as determined by your employer, rounded to the next higher \$1,000, if not an integral multiple of \$1,000.

Maximum: \$100,000

Minimum: \$10,000

- *Option 3:*

100% of your basic annual earnings, as determined by your employer, rounded to the next higher \$1,000, if not an integral multiple of \$1,000.

Maximum: \$100,000

Minimum: \$10,000

*Class 2:*

\$10,000

*Class 3:*

\$5,000

*Class 4:*

\$10,000

*Class 5:*

\$5,000

*Class 6:*

\$2,500

You may elect coverage under any one of the available options shown above for Supplemental Life Insurance. Once you have made a selection, if you wish to make a change, your employer can provide you with information on how and when changes can be made.

Existing Retirees

If you are retired and become insured on the effective date of this plan, your life insurance amount will be an amount agreed upon by your employer and **Aetna**. You will be notified of the amount.

# Accelerated Death Benefit (GR-9N 03-003 01)

Employees

ADB months 12 months

ADB percentage up to 80%

ADB minimum \$5,000

***With respect to Basic Life Insurance:***

ADB maximum up to \$8,000

***With respect to Supplemental Life Insurance:***

ADB maximum up to \$80,000

## General (GR-9N S-28-01 01)

This Schedule of Benefits replaces any similar Schedule of Benefits previously in effect under your plan of benefits. Requests for coverage other than that to which you are entitled in accordance with this Schedule of Benefits cannot be accepted. This Schedule is part of your Booklet-Certificate and should be kept with your Booklet-Certificate form GR-9N. Coverage is underwritten by Aetna Life Insurance Company.