



EQUITABLE



Group Term Life Insurance - Employee Paid

Benefit Summary

San Jose State University Research Foundation

Effective Date: January 01, 2019

Policy Number: 004201

Class Definition: Class 1: All Active Full Time Employees working at least 20 hours per week

Life insurance options so you can offer financial stability to your loved ones

The right life insurance coverage can help protect loved ones and provide stability when it's most needed. Whether it's used to fund a child's education, or pay off a mortgage, a life insurance policy can provide security and help offset financial burdens during a difficult time.

Coverage Details	Benefit Amount
Supplemental Life	\$10,000 to \$250,000 in \$10,000 increments, not to exceed 3 times employee's Basic Annual Earnings
Spouse Life	Spouse: \$5,000 to \$50,000 in \$5,000 increments, not to exceed 50% of the employee's Supplemental Life amount.
Child	Child: \$1,000 to \$10,000 in \$1,000 increments
Accidental Death & Dismemberment (AD&D) Accidental Death Accidental Dismemberment	100% of Life Insurance Benefit Based on Accidental Death Benefit amount as shown in the Schedule of Benefits in the certificate.
Plan Maximum	\$250,000
Age Reduction	Age 65, but less than 70 65% Age 70 and over 50%

Guarantee Issue	Benefit Amount
Employee	\$250,000

Guarantee Issue	Benefit Amount
Spouse	\$50,000

Supplemental Life Features	Benefit Amount
Accelerated Death Benefit	75% to \$250,000
Waiver of Premium on Disability	Total Disability Prior to Age 60 6 Month Elimination Period Terminates at age 70

AD&D Features (Employee Only)	Benefit Amount
ACCIDENTAL DEATH (COMMON CARRIER)	100% of AD&D benefit up to \$250,000
SEAT BELT BENEFIT	\$10,000
AIRBAG BENEFIT	\$5,000

Cost Summary for Supplemental Life	Monthly Rate per \$1,000
Employee	
<25	\$0.050
25-29	\$0.041
30-34	\$0.046
35-39	\$0.064
40-44	\$0.095
45-49	\$0.151
50-54	\$0.235
55-59	\$0.369
60-64	\$0.501
65-69	\$0.786
70-74	\$1.498
75-79	\$3.204
80+	\$7.124

Cost Summary for Supplemental AD&D	Monthly Rate per \$1,000
Employee	\$0.014

Cost Summary for Dependent Life	Monthly Rate per \$1,000
CHILD(REN)	\$0.062
SPOUSE	
<25	\$0.050
25-29	\$0.041
30-34	\$0.046
35-39	\$0.064

Cost Summary for Dependent Life	Monthly Rate per \$1,000
40-44	\$0.095
45-49	\$0.151
50-54	\$0.235
55-59	\$0.369
60-64	\$0.501
65-69	\$0.786
70-74	\$1.498
75-79	\$3.204
80+	\$7.124

Cost Summary for Dependent AD&D	Monthly Rate per \$1,000
CHILD(REN)	\$0.049
SPOUSE	\$0.014

Manage Your Benefits

Go to www.equitable.com/employeebenefits and log on to **EB360**[®] to view your account details.

If you have any questions, please don't hesitate to contact us at 1-866-274-9887.

We look forward to helping you manage your benefits with confidence and ease.

More about your Life Insurance coverage

If you are working for your employer on the effective date - the waiting period is the first of the month following 3 continuous days.

If you start working for your employer after the effective date - the waiting period is the first of the month following 0 continuous days.

An Employee who is employed on the effective date of the policy will receive credit towards satisfying the waiting period for time employed with the employer provided he or she was employed on the day prior to the effective date of the policy.

Basic Annual Earnings means an Employee's annual wage or salary as reported by the Employer, for work performed for the Employer, as of the date the covered loss occurs. It does not include amounts received as bonuses, commissions, overtime pay or other extra compensation.

If the Employee dies while on a covered layoff, sabbatical, or leave of absence, We will determine the Employee's Earnings based on the terms above for the Employee's compensation in effect on the Employee's last full day of Active Work.

What is not covered?

We will not pay any Life Insurance Benefit if an Insured Person dies by suicide within two years from the Issue Date, we will only pay the amount of premiums paid to Us, except as provided below. Premium will be refunded to You or the Policyholder, depending upon who contributed the premium.

If You were covered under a Prior Plan on the day before the Effective Date under the Policy, credit will be given for the time You were insured under the Prior Plan. Nothing in this exclusion applies to insurance coverage which is 100% paid for by the Policyholder.

We will not pay any Accidental Death and Dismemberment Benefit for a loss:

1. caused or contributed to by disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
2. caused or contributed to by an infection not occurring as a direct result or consequence of the accidental bodily injury;
3. caused or contributed to by suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane;
4. caused or contributed to by travel in or descent from an aircraft, if the insured person acted in a capacity other than as a passenger;
5. caused or contributed to by travel in an aircraft or device used for testing or experimental purposes, used by or for any military authority, used for travel beyond the earth's atmosphere;
6. declared or undeclared war, or any act of war, or any conflict involving the armed forces of one or more countries;
7. caused or contributed to by active participation in a riot, insurrection, or terrorist activity;
8. while the insured person is incarcerated;
9. caused or contributed to by the insured person's participation in a felony or illegal activity ("felony" is defined by the law of the jurisdiction in which the activity takes place);
10. caused or contributed to by voluntary intake or use of any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions, an over-the-counter drug taken in accordance with the manufacture's instructions, or the voluntary inhalation of poison, gas, or fumes except as the direct result of an occupational accident;
11. caused or contributed to by intoxication as defined by the jurisdiction where the accident occurred;
12. caused or contributed to by riding or driving an air, land or water vehicle in a race, speed or endurance contest;
13. caused or contributed to by bungee jumping, rock climbing, mountain climbing, hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning and parasailing).

The policy has limitations and exclusions. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.

Policy Form/Contract ICC15 AXEBP15LI; ICC15 MOEBP15LI; MOEBP15LI; AXEBP15LI and State Variations.

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