

Offered by Life Insurance Company of North America

Employee-Paid Term Life Insurance

Summary of Benefits

Prepared for: County of Los Angeles
Class 1

Eligibility:

Each Employee as designated by the Employer, excluding any person who is a general member of the Los Angeles County Employees Retirement Association who was employed by the County on December 31, 1982, who remains in continuous service after that date and who dies or becomes disabled, and who is not eligible to receive Social Security disability benefits or whose spouse and/or minor children are not eligible to receive Social Security benefits, solely because the County of Los Angeles withdrew from the Social Security System on December 31, 1982.

Employee: You will be eligible for coverage immediately.

Spouse/Domestic Partner*: Up to age 99, as long as you apply for and are approved for coverage yourself.

Child(ren): Birth to age 26, as long as you apply for and are approved for coverage yourself.

*Domestic Partner is defined in the Group Policy. For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Additional information is available from your Benefit Services Representative.

Available Coverage:

	Benefit Amount	Maximum	Guaranteed Issue Amount
Employees in CHOICES or OPTIONS who currently have insurance amounts equal to 1/2 times annual Basic Earnings may continue	Your annual Basic Earnings rounded to the next higher \$1,000 times 1, 2, 3, 4, 5, 6 or 7 Times Annual Compensation	Lesser of 8 Times Salary	One Benefit Level
Spouse	Option 1: \$5,000, Option 2: \$10,000, Option 3: \$15,000, Option 4: \$20,000	\$20,000, not to exceed 100% of the Employee's benefit	\$20,000
Child(ren)	Option 1: \$5,000, Option 2: \$10,000, Option 3: \$15,000, Option 4: \$20,000	\$20,000; under 6 months old \$500	All Amounts

Additional Features:

Extended Death Benefit with Waiver of Premium – Life insurance for you and your dependents can be continued for up to 12 months while you are disabled or receiving benefits under your employer's disability plan. If you become totally disabled before reaching age 60, life insurance for you and your dependents can be continued, without payment of premium, until age 65, subject to proof of disability (inability to work in any occupation).

Accelerated Death Benefit – Terminal Illness – If two unaffiliated doctors diagnose you or your spouse as terminally ill while the coverage is active, with a life expectancy of 12 months or less, the benefit for Terminal Illness provides up to:

Employee: 25% - 75% of your Term Life Insurance coverage amount.

Spouse: 25% but not greater than 75% of your Term Life Insurance coverage amount.

Conversion – To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends.

Your Monthly Cost of Coverage:

Age	Employee Cost Per \$1,000
0-19	\$0.034
20-24	\$0.034
25-29	\$0.034
30-34	\$0.058
35-39	\$0.066
40-44	\$0.074
45-49	\$0.110
50-54	\$0.170
55-59	\$0.319

Age	Spouse Cost per \$1,000
0-19	\$0.034
20-24	\$0.034
25-29	\$0.034
30-34	\$0.058
35-39	\$0.066
40-44	\$0.074
45-49	\$0.110
50-54	\$0.170
55-59	\$0.319

Age	Employee Cost Per \$1,000
60-64	\$0.489
65-69	\$0.697
70-74	\$1.341
75-79	\$1.341
80-84	\$1.341
85-89	\$1.341
90-94	\$1.341
95-99	\$1.341

Age	Spouse Cost per \$1,000
60-64	\$0.489
65-69	\$0.697
70-74	\$1.341
75-79	\$1.341
80-84	\$1.341
85-89	\$1.341
90-94	\$1.341
95-99	\$1.341

Child Cost for Option 1 Per \$5,000 = \$4.365

Child Cost for Option 2 Per \$10,000 = \$8.736

Child Cost for Option 3 Per \$15,000 = \$13.095

Child Cost for Option 4 Per \$20,000 = \$17.460

Actual per pay period premiums may differ slightly due to rounding. All spouse rates are based on employee age. Rates vary by age and may be subject to change in the future.

How to Calculate Your Monthly Cost:

Step 1: Find the appropriate cost for employee and/or dependents above.

Step 2: Take the coverage amount you choose and divide it by 1,000 to get the number of units.

Step 3: Multiply the rate by your desired coverage amount in units.

Step 4: The result is the **Monthly** cost.

Important Definitions and Policy Provisions:

When Your Coverage Begins and Ends – Coverage becomes effective on the later of the program's effective date, the date you become eligible, the date your enrollment elections are received if applicable, or the date you authorize any necessary payroll deductions if applicable. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage, if applicable, will not begin for any spouse or child who on the effective date is an inpatient in a facility or is home confined and under the care of a physician. Coverage will end on the earliest of the date you are eligible for coverage under a plan intended to replace this coverage, you or your dependents if applicable, are no longer eligible, the group policy is no longer in force, or required premiums are not paid.

Benefit Reductions, Exclusions and Limitations:

Exclusions: Voluntary life insurance will not be paid if you commit suicide, while sane or insane, within the first two years of coverage.

Limitations: The Accelerated Death Benefit is payable only once. Using this benefit reduces the life insurance death benefit. The amount payable under the Accelerated Death Benefit may be reduced by the amount of other benefits already paid to the insured under the policy. See your certificate for details. Benefits will be extended

without premium payment until the earlier of the date you are no longer disabled, or the date you fail to qualify for Waiver of Premium or fail to provide proof of Disability.

These are summarized definitions only. To be eligible for coverage, the covered illness or event must meet the definitions and other terms and conditions set forth in the group policy.

THIS POLICY PROVIDES LIMITED COVERAGE. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE OR MAJOR MEDICAL HEALTH INSURANCE. THIS COVERAGE DOES NOT SATISFY THE INDIVIDUAL MANDATE OF THE AFFORDABLE CARE ACT BECAUSE THE COVERAGE DOES NOT MEET THE REQUIREMENTS OF MINIMUM ESSENTIAL COVERAGE.

Terms and conditions of coverage for Term Life insurance are set forth in Group Policy No. FLI0052070. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, eligible conditions, their respective payments and policy exclusions and limitations are contained in the Policy. Please see your Plan Sponsor to obtain a copy of the Policy. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability, costs, benefits, riders, covered conditions and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company of North America, 51 Madison Avenue New York, NY 10010.

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