



Summary of Benefits

Supplemental Life Insurance

Effective date	Jan. 1, 2026
Eligibility	All full-time bargaining unit employees of Palm Beach County Fire Rescue in pay status, all full-time non-bargaining unit employees of Palm Beach County Fire Rescue in pay status that are participants in the Palm Beach County Firefighters Employee Benefits Fund, all full-time employees of the Professional Firefighters/ Paramedics of Palm Beach County, Local 2928 IAFF, Inc. in pay status, and all full-time employees of the Palm Beach County Firefighters Employee Benefits Fund in pay status, and all full-time employees of the Palm Beach County Firefighters Health Clinic LLC in pay status.
Employee Supplemental Life	Increments of \$10,000 Not to exceed \$500,000. Guarantee issue limit: \$120,000 not to exceed 5 times annual earnings
Spouse Supplemental Life	If you elect Supplemental Life insurance for yourself, you may choose to purchase Spouse Supplemental Life insurance: Increments of \$10,000, to a maximum of \$500,000 not to exceed 100.0% of employee amount. Guarantee Issue Limit: \$50,000 You may not elect coverage for your Spouse if they are already covered as an employee under this policy.
Child(ren) Supplemental Life	If you elect Supplemental Life insurance for yourself, you may choose to purchase Child(ren) Supplemental Life Insurance: Increments of \$2,500 to a maximum of \$10,000 not to exceed 100.0% of employee amount for each child. Guarantee Issue Limit: \$10,000 Paid benefit is limited to \$0 for a child age 0-14 days, and \$1,000 for a child age 14 days - 6 months
Additional benefits	
Waiver of premium	If you become totally disabled your life insurance premium may be waived. See certificate of coverage for details
Accelerated death benefit	If you are diagnosed as terminally ill you may receive payment of a portion of your Life Insurance. The remaining amount of your Life Insurance would be paid to your beneficiary when you die.
Conversion	Included. Please see the certificate of coverage for provision details.
Portability	Included. Please see the certificate of coverage for provision details.
Benefit reductions	Initial benefit age reduction is the percent of the face amount, any subsequent benefit age reductions are the percent of the original amounts.
Supplemental EE Life	60% at age 75, 35% at age 80, 28% at age 85, 20% at age 90, 8% at age 95, 5% at age 100 Coverage terminates at employee's retirement
Spouse Supplemental Life	None Coverage terminates at employee's retirement
Evidence of insurability requirements	REQUIRED FOR LATE ENTRANTS AND AMOUNTS OVER THE GUARANTEE ISSUE AMOUNT.

Employee Supplemental Life - Monthly cost by age band

Coverage	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$0.78	\$0.78	\$0.88	\$1.44	\$2.32	\$3.42	\$5.62	\$9.80	\$13.76	\$21.46	\$38.50	\$38.50
\$20,000	\$1.56	\$1.56	\$1.76	\$2.88	\$4.64	\$6.84	\$11.24	\$19.60	\$27.52	\$42.92	\$77.00	\$77.00
\$30,000	\$2.34	\$2.34	\$2.64	\$4.32	\$6.96	\$10.26	\$16.86	\$29.40	\$41.28	\$64.38	\$115.50	\$115.50
\$40,000	\$3.12	\$3.12	\$3.52	\$5.76	\$9.28	\$13.68	\$22.48	\$39.20	\$55.04	\$85.84	\$154.00	\$154.00
\$50,000	\$3.90	\$3.90	\$4.40	\$7.20	\$11.60	\$17.10	\$28.10	\$49.00	\$68.80	\$107.30	\$192.50	\$192.50
\$60,000	\$4.68	\$4.68	\$5.28	\$8.64	\$13.92	\$20.52	\$33.72	\$58.80	\$82.56	\$128.76	\$231.00	\$231.00
\$70,000	\$5.46	\$5.46	\$6.16	\$10.08	\$16.24	\$23.94	\$39.34	\$68.60	\$96.32	\$150.22	\$269.50	\$269.50
\$80,000	\$6.24	\$6.24	\$7.04	\$11.52	\$18.56	\$27.36	\$44.96	\$78.40	\$110.08	\$171.68	\$308.00	\$308.00
\$90,000	\$7.02	\$7.02	\$7.92	\$12.96	\$20.88	\$30.78	\$50.58	\$88.20	\$123.84	\$193.14	\$346.50	\$346.50
\$100,000	\$7.80	\$7.80	\$8.80	\$14.40	\$23.20	\$34.20	\$56.20	\$98.00	\$137.60	\$214.60	\$385.00	\$385.00
\$110,000	\$8.58	\$8.58	\$9.68	\$15.84	\$25.52	\$37.62	\$61.82	\$107.80	\$151.36	\$236.06	\$423.50	\$423.50
\$120,000	\$9.36	\$9.36	\$10.56	\$17.28	\$27.84	\$41.04	\$67.44	\$117.60	\$165.12	\$257.52	\$462.00	\$462.00
\$130,000	\$10.14	\$10.14	\$11.44	\$18.72	\$30.16	\$44.46	\$73.06	\$127.40	\$178.88	\$278.98	\$500.50	\$500.50
\$140,000	\$10.92	\$10.92	\$12.32	\$20.16	\$32.48	\$47.88	\$78.68	\$137.20	\$192.64	\$300.44	\$539.00	\$539.00
\$150,000	\$11.70	\$11.70	\$13.20	\$21.60	\$34.80	\$51.30	\$84.30	\$147.00	\$206.40	\$321.90	\$577.50	\$577.50
\$160,000	\$12.48	\$12.48	\$14.08	\$23.04	\$37.12	\$54.72	\$89.92	\$156.80	\$220.16	\$343.36	\$616.00	\$616.00
\$170,000	\$13.26	\$13.26	\$14.96	\$24.48	\$39.44	\$58.14	\$95.54	\$166.60	\$233.92	\$364.82	\$654.50	\$654.50
\$180,000	\$14.04	\$14.04	\$15.84	\$25.92	\$41.76	\$61.56	\$101.16	\$176.40	\$247.68	\$386.28	\$693.00	\$693.00
\$190,000	\$14.82	\$14.82	\$16.72	\$27.36	\$44.08	\$64.98	\$106.78	\$186.20	\$261.44	\$407.74	\$731.50	\$731.50
\$200,000	\$15.60	\$15.60	\$17.60	\$28.80	\$46.40	\$68.40	\$112.40	\$196.00	\$275.20	\$429.20	\$770.00	\$770.00
\$210,000	\$16.38	\$16.38	\$18.48	\$30.24	\$48.72	\$71.82	\$118.02	\$205.80	\$288.96	\$450.66	\$808.50	\$808.50
\$220,000	\$17.16	\$17.16	\$19.36	\$31.68	\$51.04	\$75.24	\$123.64	\$215.60	\$302.72	\$472.12	\$847.00	\$847.00
\$230,000	\$17.94	\$17.94	\$20.24	\$33.12	\$53.36	\$78.66	\$129.26	\$225.40	\$316.48	\$493.58	\$885.50	\$885.50
\$240,000	\$18.72	\$18.72	\$21.12	\$34.56	\$55.68	\$82.08	\$134.88	\$235.20	\$330.24	\$515.04	\$924.00	\$924.00
\$250,000	\$19.50	\$19.50	\$22.00	\$36.00	\$58.00	\$85.50	\$140.50	\$245.00	\$344.00	\$536.50	\$962.50	\$962.50
\$260,000	\$20.28	\$20.28	\$22.88	\$37.44	\$60.32	\$88.92	\$146.12	\$254.80	\$357.76	\$557.96	\$1001.00	\$1001.00
\$270,000	\$21.06	\$21.06	\$23.76	\$38.88	\$62.64	\$92.34	\$151.74	\$264.60	\$371.52	\$579.42	\$1039.50	\$1039.50
\$280,000	\$21.84	\$21.84	\$24.64	\$40.32	\$64.96	\$95.76	\$157.36	\$274.40	\$385.28	\$600.88	\$1078.00	\$1078.00
\$290,000	\$22.62	\$22.62	\$25.52	\$41.76	\$67.28	\$99.18	\$162.98	\$284.20	\$399.04	\$622.34	\$1116.50	\$1116.50
\$300,000	\$23.40	\$23.40	\$26.40	\$43.20	\$69.60	\$102.60	\$168.60	\$294.00	\$412.80	\$643.80	\$1155.00	\$1155.00
\$310,000	\$24.18	\$24.18	\$27.28	\$44.64	\$71.92	\$106.02	\$174.22	\$303.80	\$426.56	\$665.26	\$1193.50	\$1193.50
\$320,000	\$24.96	\$24.96	\$28.16	\$46.08	\$74.24	\$109.44	\$179.84	\$313.60	\$440.32	\$686.72	\$1232.00	\$1232.00
\$330,000	\$25.74	\$25.74	\$29.04	\$47.52	\$76.56	\$112.86	\$185.46	\$323.40	\$454.08	\$708.18	\$1270.50	\$1270.50
\$340,000	\$26.52	\$26.52	\$29.92	\$48.96	\$78.88	\$116.28	\$191.08	\$333.20	\$467.84	\$729.64	\$1309.00	\$1309.00
\$350,000	\$27.30	\$27.30	\$30.80	\$50.40	\$81.20	\$119.70	\$196.70	\$343.00	\$481.60	\$751.10	\$1347.50	\$1347.50
\$360,000	\$28.08	\$28.08	\$31.68	\$51.84	\$83.52	\$123.12	\$202.32	\$352.80	\$495.36	\$772.56	\$1386.00	\$1386.00
\$370,000	\$28.86	\$28.86	\$32.56	\$53.28	\$85.84	\$126.54	\$207.94	\$362.60	\$509.12	\$794.02	\$1424.50	\$1424.50
\$380,000	\$29.64	\$29.64	\$33.44	\$54.72	\$88.16	\$129.96	\$213.56	\$372.40	\$522.88	\$815.48	\$1463.00	\$1463.00
\$390,000	\$30.42	\$30.42	\$34.32	\$56.16	\$90.48	\$133.38	\$219.18	\$382.20	\$536.64	\$836.94	\$1501.50	\$1501.50
\$400,000	\$31.20	\$31.20	\$35.20	\$57.60	\$92.80	\$136.80	\$224.80	\$392.00	\$550.40	\$858.40	\$1540.00	\$1540.00
\$410,000	\$31.98	\$31.98	\$36.08	\$59.04	\$95.12	\$140.22	\$230.42	\$401.80	\$564.16	\$879.86	\$1578.50	\$1578.50
\$420,000	\$32.76	\$32.76	\$36.96	\$60.48	\$97.44	\$143.64	\$236.04	\$411.60	\$577.92	\$901.32	\$1617.00	\$1617.00
\$430,000	\$33.54	\$33.54	\$37.84	\$61.92	\$99.76	\$147.06	\$241.66	\$421.40	\$591.68	\$922.78	\$1655.50	\$1655.50
\$440,000	\$34.32	\$34.32	\$38.72	\$63.36	\$102.08	\$150.48	\$247.28	\$431.20	\$605.44	\$944.24	\$1694.00	\$1694.00
\$450,000	\$35.10	\$35.10	\$39.60	\$64.80	\$104.40	\$153.90	\$252.90	\$441.00	\$619.20	\$965.70	\$1732.50	\$1732.50
\$460,000	\$35.88	\$35.88	\$40.48	\$66.24	\$106.72	\$157.32	\$258.52	\$450.80	\$632.96	\$987.16	\$1771.00	\$1771.00
\$470,000	\$36.66	\$36.66	\$41.36	\$67.68	\$109.04	\$160.74	\$264.14	\$460.60	\$646.72	\$1008.62	\$1809.50	\$1809.50

\$480,000	\$37.44	\$37.44	\$42.24	\$69.12	\$111.36	\$164.16	\$269.76	\$470.40	\$660.48	\$1030.08	\$1848.00	\$1848.00
\$490,000	\$38.22	\$38.22	\$43.12	\$70.56	\$113.68	\$167.58	\$275.38	\$480.20	\$674.24	\$1051.54	\$1886.50	\$1886.50
\$500,000	\$39.00	\$39.00	\$44.00	\$72.00	\$116.00	\$171.00	\$281.00	\$490.00	\$688.00	\$1073.00	\$1925.00	\$1925.00

CHILD

\$2,500	\$0.69
\$5,000	\$1.38
\$7,500	\$2.07
\$10,000	\$2.76

Rates shown are current as of the effective date and are subject to change over time.

Costs shown are estimates only. Your actual payroll deduction may be slightly higher or lower from those provided here. Any applicable age-related benefit reductions are not included.

Important details

This Summary of Benefits sheet is an overview of the Life Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

You must be actively at work with your employer on the day your coverage takes effect.

This coverage, like most group benefit insurance, requires that a certain percentage of eligible employees participate. If that group participation minimum is not met, the insurance coverage that you have elected may not be in effect.

Annual earnings are defined in UnitedHealthcare's contract with your employer.

Benefit reduction examples:

- 65% at age 65, 50% at age 70: Coverage reduces to 65% of the face amount at age 65; to 50% of the original amount at age 70.

Exclusions

- Disease, bodily or mental infirmity, suicide or intentionally self-inflicted injury, commission of an assault or felony, war, use of any drug unless prescribed by physician, driving while intoxicated, engaging in any hazardous activities, or travel in a private aircraft.¹

Other exclusions may apply depending upon your coverage. Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

As is standard with most term life Insurance, this Insurance coverage includes certain limitations and exclusions:

- Death by suicide 2 years.¹

Value-added services (All features may not apply. Some states may have restrictions.)

Beneficiary services: Provides beneficiaries with services for grief consultation, financial/legal assistance and referral to community resources. For more information, call 866-302-4480.

- Toll-free line available 24/7 as well as referrals for face-to-face counseling. Specialists provide in-depth consultation, information and referral to community resources, such as grief support groups. Includes access to a national network of credentialed clinicians for grief and loss counseling. Beneficiaries receive 2 complimentary sessions.²
- Financial and legal services. Telephonic access to financial consultants for assistance with financial decision-making. Includes access to a network of 22,000 attorneys for either a 30-minute telephonic or an in-person consultation. Clients may retain the same attorney for representation at a discounted rate. CLC, Inc. provides access to legal services.
- Communication support. We provide a "Beneficiary Kit" with informational resources to help beneficiaries with the emotional and financial process that follows the loss of a loved one.

Wealth Management Account: An enhanced benefit payment process. Life claim proceeds in excess of \$5,000 will automatically be deposited into an Optum Bank® Wealth Management Account (WMA). Beneficiaries receive an FDIC-insured, beneficiary-owned, interest-earning account with convenient access to their claim proceeds via debit card or checkbook.³

¹ Some state variations may apply

² Beneficiary Services offered through United Behavioral Health, a company of UnitedHealth Group.

³ Eligibility for automatic deposit into an OptumHealth Bank Wealth Management Account is subject to qualifying conditions evaluated by OptumHealth Bank and UnitedHealthcare Specialty

Completing your Evidence of Insurability application

A guide to help you through the process

Here, you'll find information and instructions to use when you're electing Basic Life, Basic Dependent Life, Supplemental Life, Supplemental Dependent Life, Short-term Disability or Long-term Disability coverage that requires Evidence of Insurability (EOI).

What is EOI?

EOI is proof of good health. By completing an EOI application, you are providing the information that's needed to review your request for Life or Disability coverage. Unless you are a late entrant (see the next section for more information on that), you'll still be eligible for any guaranteed issue (GI) amount of coverage available to you, whether or not your EOI application is approved.

When is EOI required?

You may be asked to provide EOI for one of these reasons:

- You elect any Life or Disability insurance within your initial eligibility period or qualifying life event and the amount you elect is higher than the GI amount
- You request an increase to any existing benefit that you elected during an earlier initial enrollment period
- You do not elect coverage within 31 days of your initial eligibility period or qualifying life event but decide to add it later

Important note: When you elect Life or Disability benefits after you are first eligible for coverage, you are considered a late entrant. Late entrants are not guaranteed any amount of coverage until EOI is approved.

If you have any questions about whether the benefits you've elected will require you to provide EOI, please contact your human resources department.

How do I submit an EOI application?

There are 3 ways to fill out and submit your application:

- 1 **Go online** – Register or sign in at myuhcfc.com. Select Evidence of Insurability from the top menu, and then complete and submit the form online.
- 2 **Use the form your employer gives you** – You can complete the EOI form electronically and submit using Adobe Sign, or you can print a paper copy to complete and submit it by mail, email or fax.
- 3 **Request a form by phone** – Call **1-866-615-8727** and select option 3, then option 1 to have the application sent to you. After you complete the form, submit it by mail, email or fax.

Important note: The most efficient way to submit an EOI form is electronically—either online or using Adobe Sign. Submitting a paper EOI form can cause a delay in the review process, as it will first need to be data entered into the system.



UnitedHealthcare Group Medical Underwriting Services

P.O. Box 31330
Salt Lake City, UT 84131

Email: eoi_underwriting@uhc.com

Online: myuhcfc.com

Fax: 1-855-290-5224



What happens after I submit my EOI application?

A decision may be made based on your submitted application alone. In some cases, you may need to provide additional information, or you may be asked to:

- Undergo a paramedical examination*
- Provide blood and urine specimens for testing*
- Provide medical records from a physician*
- Provide additional medical history detail by completing a questionnaire

You'll be contacted via the communication preference you selected on your application if additional requirements are needed.

Important note: If email communication is chosen as your communication preference, UnitedHealthcare emails will be sent to you via secure delivery.

Generally, applications are reviewed within 5–10 business days from the date we receive them. You may expect to hear from us within 10–15 business days of receipt. If you're asked to provide additional information, please submit it within 10–15 business days of the request. If the additional information isn't received within a reasonable period of time, your application may be withdrawn.

Will I be notified about the decision of my application?

Yes—you and your employer will be notified of the final decision in writing.

If your application is approved, your employer can begin payroll deduction for the coverage as soon as the payroll period following the date of approval.

If your application is not approved, you'll receive a detailed explanation of the reason—as well as information regarding your right to appeal our decision. The detailed explanation will not be shared with your employer.

What else should I know about EOI?

If an EOI is required, you are responsible for filling out an EOI application with your complete and accurate health history information. If both you and your spouse require an EOI, you must each complete, sign and date your own EOI form. EOI forms are not required for dependent children. All medical questions must be answered—and it's important to include all applicable details when prompted. Before you begin, it may be helpful to gather the following information:

- A list of any medical conditions you have
- The names of medications you take, including dosage and frequency
- The names, addresses and phone numbers of all health care providers you've seen within the past 5 years, along with the dates you saw those providers
- The name, address and phone number of the provider that you see for your annual checkup

Get more info

To check the status of your application

Visit myuhcfc.com or call **1-866-615-8727**

(when prompted, choose option 3, then option 1)

For questions about your benefit elections or payroll deductions

Contact your employer

EOI checklist

- Submit an EOI application online through myuhcfc.com, or get the application from your employer.
- Fill out the application completely, and then sign, date and submit it. If your spouse election requires EOI, make sure they complete an application as well.
- Respond promptly to any requests for additional information.
- Review your payroll deductions for accuracy. Premium deductions should only be deducted for previously approved coverage or where the GI amount applies. Premium for excess amounts over the GI or for late enrollees should not be deducted until your EOI application has been approved by UnitedHealthcare.



*Medical examinations, including collection of blood or urine specimens, must be performed by our paramedical vendor, ExamOne. We cannot accept exams or lab tests performed by other practitioners or for reasons unrelated to your application for insurance. If we ask you to get lab tests or an exam, or we request medical records from any of your physicians, we will pay for these.

Not for use in New York.

This is an overview of the Evidence of Insurability process; please refer to your Policy and the Medical Underwriting department for additional specifics surrounding this process.

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company and certain products in California by Unimerica Life Insurance Company. Life and Disability products are provided on policy forms LASD-POL (05/03) et al. and UHCLD-POL 2/2008 et al., in Texas on forms LASD-POL-TX (05/03) and UHCLD-POL 2/2008-TX and in Virginia on LASD-POL (05/03) and UHCLD-POL 2/2008. The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT and Unimerica Life Insurance Company is located in Milwaukee, WI.