

LIFE INSURANCE BENEFITS

Life insurance provides important financial protection for your family in the event of your death. Whether single or raising a family, you should examine your lifestyle and consider what level of protection is appropriate based on your financial and family obligations.

The State of Nebraska provides you with basic life insurance coverage at no cost to you. You decide if you want additional life coverage for yourself, your spouse and your dependents. Benefits are provided by Mutual of Omaha.

Basic Life Insurance

The State provides eligible full-time employees with a basic life insurance benefit of \$20,000 at no cost and to eligible part-time employees for a minimal monthly charge.

Supplemental Employee Life Insurance

You may elect to purchase additional life insurance coverage for yourself. You pay the entire cost for supplemental life insurance. You may purchase one supplemental life plan for yourself in amounts .5, one, one and a half, two, three, four or five times your annual salary.

(cont'd on next page)

During Open Enrollment Only

If you are currently enrolled in supplemental life insurance coverage, YOU MAY INCREASE YOUR COVERAGE LEVEL BY ONE INCREMENT WITHOUT PROVIDING EVIDENCE OF INSURABILITY.

In conjunction with the upcoming open enrollment, there will be some plan design changes made to the supplement life plans administered by Mutual of Omaha.

Currently, we offer 7 different levels of supplement coverage; flat \$5,000 and flat \$10,000 and 1, 2, 3, 4, and 5 times an employee's annual salary. Effective July 1, 2012 the flat \$5,000 and flat \$10,000 will be eliminated and, will be replaced by .5 times an employee's annual salary and, 1.5 times an employee's annual salary.

Supplemental life coverage for employees currently enrolled in the flat \$5,000 or flat \$10,000 will terminate on June 30, 2012 and, when you access the open enrollment event there will be no supplement life coverage active. Your first level (guaranteed level of coverage) will be .5 times your salary. If any other level of coverage is elected, you will be directed to complete the evidence of insurability form and submit to Mutual of Omaha for approval.

This year during open enrollment, all life insurance changes including AD&D coverage will be made on line through the Employee Work Center at link.ne.gov.

MONTHLY RATES FOR SUPPLEMENT LIFE COVERAGE BASED UPON YOUR AGE:			
Age	Rate/\$1,000	Age	Rate/\$1,000
Under 30	\$0.03	55-59	\$0.47
30-34	\$0.04	60-64	\$0.90
35-39	\$0.06	65-69	\$1.47
40-44	\$0.09	70-74	\$2.00
45-49	\$0.13	75-79	\$4.54
50-54	\$0.22	80 and over	\$9.19

EXAMPLE: John is 35 years old and earns \$37,600 a year. He elects one times his annual salary or \$38,000 in supplemental life coverage (\$37,600 rounded up to the next highest \$1,000). The rate per \$1,000 of coverage for someone John's age is \$0.06. Multiply \$38,000 x \$0.06 for a total of \$2.28. John's cost for \$38,000 of supplemental life coverage will be \$2.28 each month.

Supplemental Employee Life Insurance (Cont'd)

Amounts will be rounded to the next highest \$1,000. Newly hired employees may elect any supplemental coverage amount within the first 30 days of employment without having to provide evidence of insurability.

Supplemental Life insurance benefits are as follows:

IF YOU ARE AGE:	BENEFITS ARE PAID AT:
0 – 69	100%
70 – 74	70%
75 – 79	47.5%
80 – 84	32%
85 – 89	22.5%
90 and over	15%

! Supplemental life and long-term disability plan rates are based on your age and salary as of July 1 of each year.

Optional Dependent Life

You may also purchase optional life insurance for your spouse and dependent children. If both husband and wife are employed by the State, only one may cover the children on the State's dependent life coverage. They cannot elect dependent life coverage on each other. There are two dependent life options to choose from; a high and a low option; click on the Mutual of Omaha link found online at link.ne.gov and connect to Wellness and Benefits Resources.

OPTION 1 (LOW OPTION)	OPTION 2 (HIGH OPTION)
For your spouse – benefit if death occurs:	For your spouse – benefit if death occurs:
Before age 70 \$5,000	Before age 70 \$10,000
On or after age 70, but before age 75 \$3,500	On or after age 70, but before age 75 \$ 7,000
On or after age 75, but before age 80 \$2,375	On or after age 75, but before age 80 \$ 4,750
On or after age 80, but prior to age 85 \$1,600	On or after age 80, but prior to age 85 \$ 3,200
On or after age 85, but prior to age 90 \$1,125	On or after age 85, but prior to age 90 \$ 2,250
On or after age 90 \$ 750	On or after age 90 \$ 1,500
For your dependent(s) – benefit if death occurs:	For your dependent(s) – benefit if death occurs:
To age 26 \$5,000	To age 26 \$10,000
Monthly rates	Monthly rates
Per family \$2.11	Per family \$ 4.13
Dependent age 70 or older \$5.66	Dependent age 70 or older \$11.32

Evidence of Insurability (EOI) is a statement or proof of a person's physical condition. Any increase to your long-term disability or supplemental life coverage that is more than a one increment increase during this Open Enrollment period will require EOI. Rates for coverage can be found online at link.ne.gov and connect to Wellness and Benefits Resources.



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You may elect to purchase additional life insurance coverage for yourself. You pay the entire cost for supplemental life insurance. You may purchase one supplemental life plan for yourself in flat amounts of \$5,000 or \$10,000, or in the amount of one, two, three, four or five times your annual salary.

Amounts will be rounded to the next highest \$1,000. Newly hired employees may elect any supplemental coverage amount within the first 30 days of employment without having to provide evidence of insurability.

During Open Enrollment Only

If you are currently enrolled for supplemental life insurance coverage, **YOU MAY INCREASE YOUR COVERAGE LEVEL BY ONE INCREMENT WITHOUT PROVIDING EVIDENCE OF INSURABILITY.**

If you are not currently enrolled for supplemental life insurance coverage, you may elect either \$5,000 or \$10,000 of coverage without having to provide evidence of insurability.

To make changes to your supplemental and/or dependent life coverage, see your agency Human Resource office to obtain the proper forms to complete before the Open Enrollment deadline of May 20, 2011.

MONTHLY RATES FOR SUPPLEMENT LIFE COVERAGE BASED UPON YOUR AGE:			
Age	Rate/\$1,000	Age	Rate/\$1,000
Under 30	\$0.03	55-59	\$0.47
30-34	\$0.04	60-64	\$0.90
35-39	\$0.06	65-69	\$1.47
40-44	\$0.09	70-74	\$2.00
45-49	\$0.13	75-79	\$4.54
50-54	\$0.22	80 and over	\$9.19

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Supplemental Employee Life Insurance (Cont'd)

Supplemental Life insurance benefits are as follows:

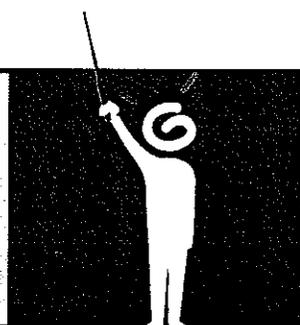
IF YOU ARE AGE:	BENEFITS ARE PAID AT:
0 – 69	100%
70 – 74	70%
75 – 79	47.5%
80 – 84	32%
85 – 89	22.5%
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OPTION 1 (LOW OPTION)	OPTION 2 (HIGH OPTION)
For your spouse – benefit if death occurs:	For your spouse – benefit if death occurs:
Before age 70 \$5,000	Before age 70 \$10,000
On or after age 70, but before age 75 \$3,500	On or after age 70, but before age 75 \$ 7,000
On or after age 75, but before age 80 \$2,375	On or after age 75, but before age 80 \$ 4,750
On or after age 80, but prior to age 85 \$1,600	On or after age 80, but prior to age 85 \$ 3,200
On or after age 85, but prior to age 90 \$1,125	On or after age 85, but prior to age 90 \$ 2,250
On or after age 90 \$ 750	On or after age 90 \$ 1,500
For your dependent(s) – benefit if death occurs:	For your dependent(s) – benefit if death occurs:
To age 26 \$5,000	To age 26 \$10,000
Monthly rates	Monthly rates
Per family \$2.11	Per family \$ 4.13
Dependent age 70 or older \$5.66	Dependent age 70 or older \$11.32

Evidence of Insurability (EOI) is a statement or proof of a person's physical condition. Any increase to your long-term disability or supplemental life coverage that is more than a one increment increase during this Open Enrollment period will require EOI. Contact your agency Human Resource representative to make any changes to your LTD or supplemental life insurance coverage. Rates for coverage can be found online at www.das.state.ne.us/personnel/benefits/.



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Amounts will be rounded to the next highest \$1,000. Newly hired employees may elect any supplemental coverage amount within the first 30 days of employment without having to provide evidence of insurability.

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To make changes to your supplemental and/or dependent life coverage, see your agency Human Resource office to obtain the proper forms to complete before the Open Enrollment deadline of ~~Mar 02, 2011~~.

MONTHLY RATES FOR SUPPLEMENT LIFE COVERAGE BASED UPON YOUR AGE:

Age	Rate/\$1,000	Age	Rate/\$1,000
Under 30	\$0.03	55-59	\$0.47
30-34	\$0.04	60-64	\$0.90
35-39	\$0.06	65-69	\$1.47
40-44	\$0.09	70-74	\$2.00
45-49	\$0.13	75-79	\$4.54
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Supplemental Employee Life Insurance (Cont'd)

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Before age 70 \$5,000	Before age 70 \$10,000
On or after age 70, but before age 75 \$3,500	On or after age 70, but before age 75 \$ 7,000
On or after age 75, but before age 80 \$2,375	On or after age 75, but before age 80 \$ 4,750
On or after age 80, but prior to age 85 \$1,600	On or after age 80, but prior to age 85 \$ 3,200
On or after age 85, but prior to age 90 \$1,125	On or after age 85, but prior to age 90 \$ 2,250
On or after age 90 \$ 750	On or after age 90 \$ 1,500
For your dependent(s) – benefit if death occurs:	For your dependent(s) – benefit if death occurs:
To age 26 \$5,000	To age 26 \$10,000
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PY 2009/2010

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During Open Enrollment Only

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If you are not currently enrolled for supplemental life insurance coverage, you may elect either \$5,000 or \$10,000 of coverage without having to provide evidence of insurability.

Evidence of insurability will be required for any supplemental life or dependent life election made during the Open Enrollment period that will be held in the spring of 2010. If you want to add or increase your supplemental or dependent life coverage without providing evidence of insurability, you must do so during this Open Enrollment period.

MONTHLY RATES FOR SUPPLEMENT LIFE COVERAGE BASED UPON YOUR AGE			
Age	Rate/\$1,000	Age	Rate/\$1,000
Under 30	\$0.03	55-59	\$0.47
30-34	\$0.04	60-64	\$0.90
35-39	\$0.06	65-69	\$1.47
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PY 2009/2010

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Before age 70 \$5,000	Before age 70 \$10,000
On or after age 70, but before age 75 \$3,500	On or after age 70, but before age 75 \$ 7,000
On or after age 75, but before age 80 \$2,375	On or after age 75, but before age 80 \$ 4,750
On or after age 80, but prior to age 85 \$1,600	On or after age 80, but prior to age 85 \$ 3,200
On or after age 85, but prior to age 90 \$1,125	On or after age 85, but prior to age 90 \$ 2,250
On or after age 90 \$ 750	On or after age 90 \$ 1,500
For your unmarried child(ren) – benefit if death occurs:	For your unmarried child(ren) – benefit if death occurs:
To age 19* \$5,000	To age 19* \$10,000
<small>* Also covers unmarried children age 19 to 24 who are full-time students.</small>	<small>* Also covers unmarried children age 19 to 24 who are full-time students.</small>
Monthly rates	Monthly rates
Per family \$2.11	Per family \$ 4.13
Dependent age 70 or older \$5.66	Dependent age 70 or older \$11.32

Evidence of Insurability

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If EOI is required, you will receive a form to complete and return to Mutual of Omaha. Once your evidence of insurability is approved, your supplemental coverage will take effect.

Jan - June 2009 PY

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Evidence of insurability will be required for any supplemental life or dependent life election made during the Open Enrollment period that will be held in the spring of 2009. If you want to add or increase your supplemental or dependent life coverage without providing evidence of insurability, you must do so during this Open Enrollment period.

MONTHLY RATES FOR SUPPLEMENT LIFE COVERAGE BASED UPON YOUR AGE:			
Age	Rate/\$1,000	Age	Rate/\$1,000
Under 30	\$0.03	55-59	\$0.47
30-34	\$0.04	60-64	\$0.90
35-39	\$0.06	65-69	\$1.47
40-44	\$0.09	70-74	\$2.00
45-49	\$0.13	75-79	\$4.54
50-54	\$0.22	80 and over	\$9.19

EXAMPLE: John is ⁴² 35 years old and earns ^{40,000} \$37,600 a year. He elects one times his annual salary or ^{4 x Sal} \$38,000 in supplemental life coverage (\$37,600 rounded up to the next highest \$1,000). The rate per \$1,000 of coverage for someone John's age is \$0.06. Multiply \$38,000 x \$0.06 for a total of \$2.28. John's cost for \$38,000 of supplemental life coverage will be \$2.28 each month.



Jan - June 2009 PY

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IF YOU ARE AGE:	BENEFITS ARE PAID AT:
0 - 69	100%
70 - 74	70%
75 - 79	47.5%
80 - 84	32%
85 - 89	22.5%
90 and over	15%

Optional Dependent Life

You may also purchase optional life insurance for your spouse and dependent children. If both husband and wife are employed by the State, only one may cover the children on the State's dependent life coverage. They cannot elect dependent life coverage on each other.

OPTION 1 (LOW OPTION)	OPTION 2 (HIGH OPTION)
<p>For your spouse – benefit if death occurs:</p> <p>Before age 70 \$5,000</p> <p>On or after age 70, but before age 75 \$3,500</p> <p>On or after age 75, but before age 80 \$2,375</p> <p>On or after age 80, but prior to age 85 \$1,600</p> <p>On or after age 85, but prior to age 90 \$1,125</p> <p>On or after age 90 \$ 750</p>	<p>For your spouse – benefit if death occurs:</p> <p>Before age 70 \$10,000</p> <p>On or after age 70, but before age 75 \$ 7,000</p> <p>On or after age 75, but before age 80 \$ 4,750</p> <p>On or after age 80, but prior to age 85 \$ 3,200</p> <p>On or after age 85, but prior to age 90 \$ 2,250</p> <p>On or after age 90 \$ 1,500</p>
<p>For your unmarried child(ren) – benefit if death occurs:</p> <p>To age 19* \$5,000</p> <p><small>* Also covers unmarried children age 19 to 24 who are full-time students.</small></p>	<p>For your unmarried child(ren) – benefit if death occurs:</p> <p>To age 19* \$10,000</p> <p><small>* Also covers unmarried children age 19 to 24 who are full-time students.</small></p>
<p>Monthly Rates</p> <p>Per family \$2.11</p> <p>Dependent age 70 or older \$5.66</p>	<p>Monthly Rates</p> <p>Per family \$ 4.13</p> <p>Dependent age 70 or older \$11.32</p>

Evidence of Insurability

Evidence of Insurability (EOI) is a statement or proof of a person's physical condition. Whenever you increase your supplemental life coverage by more than one increment during the Open Enrollment period, EOI is required by Mutual of Omaha. **Any increase in supplemental life made during an Open Enrollment period requires you to be actively at work on the effective date of the increased coverage.**

If EOI is required, you will receive a form to complete and return to Mutual of Omaha. Once your evidence of insurability is approved, your supplemental coverage will take effect.

PY 2008

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During the Open Enrollment period, you may increase your amount of coverage by one increment without submitting proof of good health. If you elect to increase your coverage by more than one increment during Open Enrollment, you must submit evidence of good health that is acceptable to Mutual of Omaha.

Basic Life Insurance

The State provides eligible full-time employees with a Basic Life insurance benefit of \$20,000 at no cost and to eligible part-time employees for a minimal monthly charge. Basic life is provided to you unless you choose not to enroll in this coverage.

Supplemental Employee Life

You may elect to purchase additional life insurance coverage for yourself. You pay the entire cost for supplemental life insurance. You may purchase supplemental life for yourself in the amount of one, two or three times your annual salary or a flat \$5,000. Amounts will be rounded to the next highest \$1,000.

MONTHLY RATES FOR SUPPLEMENT LIFE COVERAGE BASED UPON YOUR AGE:

Age	Rate/\$1,000	Age	Rate/\$1,000
Under 30	\$0.07	55-59	\$0.60
30-34	\$0.08	60-64	\$0.90
35-39	\$0.11	65-69	\$1.47
40-44	\$0.13	70-74	\$2.00
45-49	\$0.20	75-79	\$4.54
50-54	\$0.31	80 and over	\$09.19

Example:

John is 35 years old and earns \$37,600 a year. He elects \$38,000 in supplemental life coverage. The rate per \$1,000 of coverage for someone John's age is \$0.11. Multiply \$38,000 x \$0.11 for a total of \$4.18. John's cost for \$38,000 of supplemental life coverage will be \$4.18 each month.

PY 2008

Supplemental Life insurance benefits are as follows:

IF YOU ARE AGE:	BENEFITS ARE PAID AT:
0 - 69	100%
70 - 74	70%
75 - 79	47.5%
80 - 84	32%
85 - 89	22.5%
90 and over	15%

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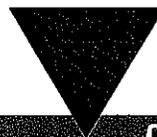
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For your spouse – benefit if death occurs:	For your spouse – benefit if death occurs:
Before age 70 \$5,000	Before age 70 \$10,000
On or after age 70, but before age 75 \$3,500	On or after age 70, but before age 75 \$ 7,000
On or after age 75, but before age 80 \$2,375	On or after age 75, but before age 80 \$ 4,750
On or after age 80, but prior to age 85 \$1,600	On or after age 80, but prior to age 85 \$ 3,200
On or after age 85, but prior to age 90 \$1,125	On or after age 85, but prior to age 90 \$ 2,250
On or after age 90 \$ 750	On or after age 90 \$ 1,500
For your unmarried child(ren) – benefit if death occurs:	For your unmarried child(ren) – benefit if death occurs:
Age 3 days, but less than 6 months. 2,000	Age 3 days, but less than 6 months. \$2,500
6 months, but less than 19 years* \$3,000	6 months, but less than 19 years* \$5,000
* Also covers unmarried children age 19 to 24 who are full-time students.	* Also covers unmarried children age 19 to 24 who are full-time students.
Monthly Rates	Monthly Rates
Per family \$2.11	Per family \$ 4.13
Dependent age 70 or older \$5.66	Dependent age 70 or older \$11.32

94 2007

Mutual of Omaha SUPPLEMENTAL & DEPENDENT LIFE INSURANCE

Mutual of Omaha — Supplemental and Dependent

Mutual of Omaha will provide Basic, Supplemental and Dependent Life Insurance, in addition to Accidental Death and Dismemberment Insurance, to all State of Nebraska employees. There is no change in the rates or coverage from last year. The \$20,000 Basic Life Benefit is available to eligible full-time employees at no cost, and eligible part-time employees for a minimal monthly charge. For minimal contribution, employees can select one of two Dependent Life options, one of four Supplemental Life plans and/or the optional Accidental Death and Dismemberment benefits.



Benefits and Rates for Employees

Basic Life:

Benefits: \$20,000.00

Monthly Rates: (per \$1,000)

- Class 01 & 03: All other active employees \$0.14
- Class 2: All NDOL employees \$0.13
- Class 4: NDOL retirees \$0.15

Supplemental Life

Benefits (choose one only)

- Flat \$5,000.00
- 1 x Annual Salary
- 2 x Annual Salary
- 3 x Annual Salary

(Amounts are rounded to the next highest \$1,000)

Supplemental Life insurance **benefits reduce** as follows:

- If you are age: Your benefit will be reduced to:
- 70-74 70.00%
 - 75-79 47.50%
 - 80-84 32.00%
 - 85-89 22.50%
 - 90 and over 15.00%

Monthly Rates: (per \$1,000 of Supplemental Life are based upon your attained age.)

- Under 30 \$0.07
- 30-34 \$0.08
- 35-39 \$0.11
- 40-44 \$0.13
- 45-49 \$0.20
- 50-54 \$0.31
- 55-59 \$0.60
- 60-64 \$0.90
- 65-69 \$1.47
- 70-74 \$2.00
- 75-79 \$4.54
- 80 & Over \$9.19

Important Note: During open enrollment, you may increase your amount of coverage by only **one** increment without submitting proof of good health. However, if you elect to increase your coverage by more than one increment, you must submit evidence of good health, acceptable to Mutual of Omaha.

Optional Dependent Life

(Choose only one)

Low Option 1:

Benefits

- Spouse**—if death occurs:
prior to age 70 \$5,000
on or after age 70, but prior to age 75 \$3,500
on or after age 75, but prior to age 80 \$2,375
on or after age 80, but prior to age 85 \$1,600
on or after age 85, but prior to age 90 \$1,125
on or after age 90 \$750

Unmarried child

- if death occurs:
age 3 days but less than 6 months \$2,000
6 months, but less than 19 years* \$3,000

* Also covers unmarried children age 19 to 25 who are attending school on a full time basis.

Monthly Rates:

- Per family \$2.11
- Dependent age 70 or older \$5.66

High Option 2:

Benefits

Spouse

- if death occurs:
prior to age 70 \$10,000
on or after age 70, but prior to age 75 \$7,000
on or after age 75, but prior to age 80 \$4,750
on or after age 80, but prior to age 85 \$3,200
on or after age 85, but prior to age 90 \$2,250
on or after age 90 \$1,500

Unmarried child

- if death occurs:
age 3 days but less than 6 months \$2,500
6 months, but less than 19 years* \$5,000

* Also covers unmarried children age 19 to 25 who are attending school on a full time basis.

Monthly Rates:

- Per family \$4.13
- Dependents age 70 or older \$11.32

Beneficiary

You may name any person, trust, estate, partnership, trust, or other legal entity as beneficiary of the insurance proceeds. Beneficiary designations are subject to the terms and conditions of the policy. Beneficiary designations are subject to the terms and conditions of the policy. Beneficiary designations are subject to the terms and conditions of the policy.

Note: If a dependent child, spouse, or other beneficiary is not a resident of Nebraska, they may not be eligible for coverage. Beneficiary designations are subject to the terms and conditions of the policy. Beneficiary designations are subject to the terms and conditions of the policy.

Mutual of Omaha (Life)
1-800-775-8805 (claims only)

PY 2007

Mutual of Omaha

ACCIDENTAL DEATH AND DISMEMBERMENT

Mutual of Omaha — Supplemental and Dependent

If you elect Accidental Death and Dismemberment (AD&D) coverage, Mutual of Omaha will pay a benefit if you are injured as a result of an accident, and that injury is independent of sickness and all other causes. There is no change in the rates or coverage from last year. The loss must occur within 90 days of the date of the accident, and you must be covered under the Plan on the date of the accident. AD&D benefits are based on a "Principal Sum," which is \$5,200.00 for (Class 001) all other eligible State of Nebraska employees.

Principal Sum = one times salary to a maximum of \$60,000 for (Class 005) all eligible Nebraska Department of Labor active employees who elected to participate in the plan prior to 7/1/91. Rates per \$1,000 = \$0.019.

The AD&D benefit is dependent upon the type of loss you suffer and is either a portion or all of the Principal Sum (Principal Sum defined previously), as shown in the table below. The benefit for loss of life will be paid to your beneficiary, and all other benefits will be paid to you.



Class 001: All other eligible State of Nebraska employees (Rate: \$0.10).

Class 005: all eligible Nebraska Department of Labor active employees who elected to participate in the plan prior to 7/1/91. Rates per \$1,000 = \$0.019.

AD&D Benefit Table

Type of Loss	Benefit
Life	
Both Hands	
Both Feet	
Entire Sight of Both Eyes	
One Hand and One Foot	Principal Sum
One Hand and Entire Sight of One Eye	
One Foot and Entire Sight of One Eye	
[Quadriplegia] (Paralysis of all four limbs.)	
Tripalgia (Paralysis of an upper and lower extremity and of the face, or of both extremities on one side and of one on the other.)	Three-quarters Principal Sum
Entire Sight of One Eye	
Speech and Hearing (both ears)	
One Hand or One Foot	One-half Principal Sum
Paraplegia (Paralysis of both lower extremities and the lower trunk.)	
Hemiplegia (Paralysis of one side of the body)	
Loss of Thumb & Index Finger of same Hand	
Uniplegia (Paralysis of one part of the body)	One-fourth Principal Sum

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