[ms-0398.006.017.056]

Mr. Wms: 10/22

Bonnie tells me you must make a decision on your life insurance by OCTOBER 25th, WHICH IS FRIDAY.

Cost to convert your existing Ideal National is $28.08 per year per $1,000.

Cost to carry an additional $37,500 with Cal-Western is $512.50 per year if you are 47 years old. This is a 15 year level term policy, meaning your premiums will go neither up nor down.

If you join MEA as an ex-officio member you can get an additional $15,000 for $144. per year in premiums plus $65. per year union dues. Your wife could also carry $15,000 under the MEA policy.

Eunice

If you don't turn in attached by Friday, you won't be

(over)

eligible for coverage under Cal-Western.

You have 30 days to convert under Ideal-National.

CITY of SAN DIEGO

MEMORANDUM

FILE NO.:

DATE : October 4, 1974

TO : All Payroll Clerks

FROM : Claims and Insurance Superintendent

SUBJECT: Open Enrollment for Group Life Insurance Program

The City's current life insurance contract expires October 25, 1974 and the City Council has awarded the new contract of insurance to California-Western States Insurance Company, making an open enrollment period possible. This open enrollment will commence October 10, 1974 and run thru October 25, 1974. Rates and offered coverage plans remain the same as before.

Each employee is provided with $1,000 life insurance and $1,000 accidental death or dismemberment coverage. Disability waiver of premium is also provided for this basic $1,000. In addition, Supplemental Life is available, as under the current plan. The amount of coverage and premium to be paid by the employee is determined by age and salary as shown below. Disability waiver of premium is NO LONGER provided for this coverage.

Supplemental Life

Monthly Salary	$624 or less	$625 to $833	$834 to $1041	$1042 or more
Amount of Insurance	$3,000	$5,000	$10,000	$12,500

BI-WEEKLY PREMIUMS

Age				
40 or under	$ .21	$ .35	$ .70	$ .88
41 thru 50	.60	1.00	2.00	2.50
51 thru 55	1.11	1.85	3.70	4.63
56 thru 60	1.74	2.90	5.80	7.25
61 thru 65	2.58	4.30	8.60	10.75
66 or over	5.10	8.50	17.00	21.25

Age and salary will automatically be reviewed each pay period and any resulting increase in coverage and premium will be made without the need for action on your part.

A listing for your department is attached showing the current insurance coverage for your employees.

2 466
26 | 12000
104
160
136 140

Additional Life

Both those who apply now for the Supplemental insurance and those who already have it may apply for Additional Life insurance. This may be done at any time, as a statement of insurability must accompany each application. This policy does not have an accidental death and dismemberment benefit.

BI-WEEKLY PREMIUMS

Age	$5,000	$10,000	$15,000	$20,000	$25,000
Thru 40	$ .41	$ .82	$ 1.23	$ 1.64	$ 2.05
41 thru 50	1.05	2.10	3.15	4.20	5.25
51 thru 55	1.77	3.54	5.31	7.08	8.85
56 thru 60	2.73	5.46	8.19	10.92	13.65
61 thru 65	4.18	8.36	12.54	16.72	20.90
66 and over	8.35	16.70	25.05	33.40	41.75

Action to be taken:

EMPLOYEE:

If same coverage now held is still desired. Complete the Insurance Application only, Part 1, sign and date. If in doubt about current coverage, contact your Payroll Clerk or look on your paycheck "stub".

If Supplemental coverage is now desired. Complete the Insurance Application, Part I & II, sign and date and also sign 2 Payroll Deduction Notices.

If Additional coverage is now desired. Complete the Insurance Application, Parts I and II. (NOTE: Additional available ONLY if Supplemental is taken.) Sign and date the Application and 2 copies of Payroll Deduction Notice. Additional coverage will not commence until approved by the Insurance company.
DO NOT DETACH LAST COPY OF APPLICATION.

PAYROLL CLERKS:

Receive Insurance Applications and Booklets from Employee Services. (NOTE: Insurance Booklets will be forwarded upon receipt from Insurance Company.) Distribute applications and insure each employee completes application and 2 PDNs where required. Verify monthly rate of pay, and insurance coverage currently held, and signatures on applications and PDNs, where required. Forward Applications and PDNs, as completed. DO NOT HOLD for entire department to complete. Upon receipt of copy of application from Employee Services, attach to inside front cover of Insurance Booklet (when available) and deliver to employee. This then becomes the employee's copy of the Insurance Policy.

EMPLOYEE SERVICES:

Receive Insurance applications and PDNs from Payroll Clerks and verify. If only Basic requested, or no change from previous coverage, detach copy of Application and return to Payroll Clerk. When Additional coverage requested, forward applicable documents to Insurance Co. and hold Application and PDNs pending approval/disapproval from Insurance Company. Upon receipt from Insurance Company, forward third copy to Payroll Clerks.

Attachment

EMPLOYEE PAID LIFE INSURANCE

Basic Life - You are provided with $1,000 life insurance and $1,000 accidental death or dismemberment coverage with Cal West Life Insurance Company at no cost. (Double benefit for accidental death and dismemberment is provided). Disability waiver of premium is also provided.

Supplemental Life - You may purchase supplemental life Insurance. Disability waiver of premium is NO LONGER provided. The amount of coverage and the premium is determined by your age and salary as shown below. This policy does have an accidental death and dismemberment benefit. Evidence of insurability must be furnished and the coverage will not be effective until approval by Cal-Western Life Insurance Co.

Monthly Salary	$624 or less	$625 to $833	$834 to $1041	$1042 or more
Amount of Insurance	$3,000	$5,000	$10,000	$12,500

BI-WEEKLY PREMIUMS

Age				
40 or under	$ .21	$ .35	$ .70	$ .88
41 thru 50	.60	1.00	2.00	2.50
51 thru 55	1.11	1.85	3.70	4.63
56 thru 60	1.74	2.90	5.80	7.25
61 thru 65	2.58	4.30	8.60	10.25
66 or over	5.10	8.50	17.00	21.25

Your age and salary will be automatically reviewed each pay period and any resulting increase in coverage and premium will be made without the need for action on your part.

Additional Life - Both those who apply now for the Supplemental insurance (above) and those who already have it may apply for Additional Life insurance. This may be done at any time, as a statement of insurability must accompany each application. This policy does not have an accidental death and dismemberment benefit. Coverage will not be effective until approval by Cal-Western Insurance Co.

BI-WEEKLY PREMIUMS

Age	$5,000	$10,000	$15,000	$20,000	$25,000
Thru 40	$ .41	$ .82	$ 1.23	$ 1.64	$ 2.05
41 thru 50	1.05	2.10	3.15	4.20	5.25
51 thru 55	1.77	3.54	5.31	7.08	8.85
56 thru 60	2.73	5.46	8.19	10.92	13.65
61 thru 65	4.18	8.36	12.54	16.72	20.90
66 and over	8.35	16.70	25.05	33.40	41.75

October 10, 1974

TO: All Salaried, Permanent and Limited Employees

FROM: Claims and Insurance Superintendent

SUBJECT: Group Life Insurance

Group life insurance for eligible City employees will be carried by California-Western States Insurance Company beginning October 25, 1974. There will be no change in insurance coverage or in premium rates.

HOWEVER, BECAUSE OF THE CHANGE IN INSURANCE CARRIER, IT WILL BE NECESSARY FOR ALL ELIGIBLE EMPLOYEES TO FILL OUT NEW LIFE INSURANCE APPLICATIONS, AND TO DESIGNATE BENEFICIARIES, BETWEEN OCTOBER 10 AND OCTOBER 25.

During this same period Open Enrollment will be held for Supplemental Life Insurance. This means that employees may now apply for Supplemental Insurance.

Applications for Additional Insurance may be completed by those who have or are applying for Supplemental Insurance; in each case, employees are required to complete a Statement of Insurability.

It is URGENT that all employees complete the necessary applications before October 25. Failure to do so will result in the loss of protection for the beneficiaries.

Rate structures for benefit levels based upon salaries are explained on the other side of this sheet. See your payroll clerk for forms and additional information.

R. G. WALTERS

RGW:mk

geo. allen 5691

Concurrent Coverage
Cal Western
283-6433
Ingred Van Mopps

Ideal National INSURANCE COMPANY

HOME OFFICE: 2363 FOOTHILL DRIVE, SALT LAKE CITY, UTAH 84109

30 days conversion

15 yr. level term
47 yrs of age
annual premium
512.50

25,000 - additional
12,500 - supplemental
1,000 - Basic

Cal Western
Bill Kearns
283-7261

September 27, 1974

Mr Leon L Williams
2870 Camar Street
San Diego, California 92139

Dear Mr. Williams:

A Renewable Term Plan of Franchise Life Insurance was issued to you in connection with Group Policy No. G-123 which names The City of San Diego as the Employer.

It was provided therein that Ideal National Insurance Company could elect at any time not to renew all of the said franchise insurance policies by giving 31 days notice to The City of San Diego and the insured employees.

Join MEA employee in ex-officio position

You are hereby notified that the Company elects not to renew the said franchise insurances. Effective as of 12:01 o'clock A.M., on October 30, 1974, they will be terminated and of no further force or effect. Premiums will be collected to and including those for the period ending October 24, 1974, but not for any period thereafter.

A notice similar to this one is being sent to each employee to whom such franchise life insurance was issued. In addition, The City of San Diego as the Employer has been sent a notice of the Company's election not to renew and of the termination of all of the franchise coverages as of the termination date and time stated above. The termination also applies to the Group Policy and to all Certificates, coverages and benefits thereunder.

2.50 pay day dues
15,000
= 4.92/pp
dep. coverage
58 f
wife same

Very truly yours,

Dwain J. Pearson

Dwain Pearson
President

$144. annual

Cost per $1,000 - 28.08/year

31 days conversion period