

If you have any questions regarding these plans, contact:



Human Resources
701-476-7480

HumanResources@wallworkinc.com

or
Equitable Customer Service
866-274-9887

It is time to start thinking about our annual open enrollment for the voluntary insurance offerings. All regular full-time employees working a minimum of 30 hours per week are eligible to participate in open enrollment. The open enrollment period is from **November 2, 2024, to November 15, 2024**. The benefit elections you make during this time will be effective January 1, 2025.

Equitable: Voluntary Term Life & Accidental Death & Dismemberment (AD&D)

When you enroll yourself and/or your dependents in this benefit, you pay the full cost of the premium through payroll deductions. You can purchase coverage on yourself in \$10,000 increments. Minimum coverage is \$10,000 and maximum coverage is 5 times your annual salary up to \$500,000. If you elect coverage for yourself, you can purchase coverage for your spouse in \$5,000 increments to a maximum of 100% of your benefit up to \$100,000. Children can be covered until 26 years of age, increments of \$100 to a maximum of \$10,000.

Note: If you are not currently enrolled in this coverage, you may apply during annual open enrollment and will be required to complete an Evidence of Insurability form and issuance is subject to approval by Equitable.

Voluntary Term Life & Accidental Death & Dismemberment (AD&D) Cost Summary

(Spouse rates are based on employee's age):

Monthly Sample Costs – Employee Life

Employee Age	Coverage Amount									
	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Less than 25	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
25-29	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
30-34	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.20	\$4.90	\$5.60	\$6.30	\$7.00
35-39	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
40-44	\$1.20	\$2.40	\$3.60	\$4.80	\$6.00	\$7.20	\$8.40	\$9.60	\$10.80	\$12.00
45-49	\$1.90	\$3.80	\$5.70	\$7.60	\$9.50	\$11.40	\$13.30	\$15.20	\$17.10	\$19.00
50-54	\$3.10	\$6.20	\$9.30	\$12.40	\$15.50	\$18.60	\$21.70	\$24.80	\$27.90	\$31.00
55-59	\$4.90	\$9.80	\$14.70	\$19.60	\$24.50	\$29.40	\$34.30	\$39.20	\$44.10	\$49.00
60-64	\$7.30	\$14.60	\$21.90	\$29.20	\$36.50	\$43.80	\$51.10	\$58.40	\$65.70	\$73.00
65-69	\$13.60	\$27.20	\$40.80	\$54.40	\$68.00	\$81.60	\$95.20	\$108.80	\$122.40	\$136.00
70-74	\$21.80	\$43.60	\$65.40	\$87.20	\$109.00	\$130.80	\$152.60	\$174.40	\$196.20	\$218.00
75-79	\$21.80	\$43.60	\$65.40	\$87.20	\$109.00	\$130.80	\$152.60	\$174.40	\$196.20	\$218.00

Employee Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
80 and over	\$21.80	\$43.60	\$65.40	\$87.20	\$109.00	\$130.80	\$152.60	\$174.40	\$196.20	\$218.00

This chart is a summary and does not include all the coverage options available.

Monthly Sample Costs – Employee AD&D

Employee Age	Coverage Amount									
	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
All	\$0.25	\$0.50	\$0.75	\$1.00	\$1.25	\$1.50	\$1.75	\$2.00	\$2.25	\$2.50

This chart is a summary and does not include all the coverage options available.

Monthly Sample Costs – Children Life

Coverage Amount				
\$1,000	\$2,000	\$3,000	\$4,000	\$5,000
\$0.27	\$0.54	\$0.81	\$1.08	\$1.35

*Regardless of the number of children covered.

Equitable: Voluntary Short-Term Disability Insurance

Have you thought about how you will pay your monthly bills if you are unable to work for up to 12 weeks? You have the opportunity to purchase a voluntary short-term disability policy to help supplement your income (40% or 60%) if you are unable to work due to an illness or non-occupational injury. This benefit is payable for a maximum of 12 weeks after an 8-day elimination period.

This policy does include a pre-existing clause with a three-month look-back period and a 12-month exclusion period.

Note: If you are not currently enrolled in this coverage, you may apply during annual open enrollment and will be required to complete an Evidence of Insurability form and issuance is subject to approval by Equitable.

If you are interested in this product, please contact Human Resources to discuss the cost per payroll.

Coverage	Details
Coverage Effective Date	6/1/2023
Weekly Benefit	40% of your pre-disability earnings
Maximum Weekly Benefit	\$1,000
Maximum Benefit Duration	12 Weeks
Benefits Commencement	8 day(s) Accident, 8 days Sickness. You can work part time during the Elimination Period.
Guaranteed Issue Benefit	\$1,000- This is the benefit that you are eligible for without evidence of insurability.
Minimum Weekly Benefit	The minimum benefit that you can receive is \$25.
Partial Disability Provision	You can work part-time and may be eligible for benefits.
Recurrent Disability	If you have a period of disability for which benefits are paid which is followed by a subsequent disability within 15 days for the same condition, the elimination period may be waived.
Occupation Test	Your eligibility for benefits is based on the ability to perform the occupation as it is recognized in the general workplace.
Earnings Test	Your eligibility for benefits requires at least a 20% loss of earnings due to your disability.

Benefit plan and features

Class definition: Class 1 – All Active Full Time Employees electing 40% option

Coverage details

Weekly Benefit	40% of pre-disability earnings
Maximum Weekly Benefit	\$1,000
Benefits Begin - Injuries	8 th Day
Benefits Begin - Sicknesses	8 th Day
Maximum Benefit Period	12 weeks
Pre-Existing Condition Limitation	3/12

Cost Summary

Monthly Sample Costs

Age	Weekly Coverage Amount	Rate
Less than 25		\$0.42
25-29		\$0.42
30-34		\$0.43
35-39		\$0.45
40-44		\$0.46
45-49		\$0.48
50-54		\$0.55
55-59		\$0.70
60-64		\$0.86
65 and over		\$0.96

To calculate your cost, select the appropriate rate for your age, based on the grid below, and follow these easy steps.

	EXAMPLE:	YOUR DATA:
1. Find your age and write the rate here:	\$0.450	
2. Take your annual pre-disability earnings* and divide by 52:	\$500	
3. Multiply the answer to #2 by 40%. The maximum amount is \$1000:	\$200	
4. Multiply the answer to #3 by the rate in #1:	\$90.00	
5. Divide the answer to #4 by 10. This is your monthly cost:	\$9.00	

Coverage	Details
Coverage Effective Date	6/1/2023
Weekly Benefit	60% of your pre-disability earnings
Maximum Weekly Benefit	\$1,000
Maximum Benefit Duration	12 Weeks
Benefits Commencement	8 day(s) Accident, 8 days Sickness. You can work part time during the Elimination Period.
Guaranteed Issue Benefit	\$1,000- This is the benefit that you are eligible for without evidence of insurability.
Minimum Weekly Benefit	The minimum benefit that you can receive is \$25.
Partial Disability Provision	You can work part-time and may be eligible for benefits.
Recurrent Disability	If you have a period of disability for which benefits are paid which is followed by a subsequent disability within 15 days for the same condition, the elimination period may be waived.
Occupation Test	Your eligibility for benefits is based on the ability to perform the occupation as it is recognized in the general workplace.
Earnings Test	Your eligibility for benefits requires at least a 20% loss of earnings due to your disability.

Benefit plan and features

Class definition: Class 2 – All Active Full Time Employees electing 60% option

Coverage details

Weekly Benefit	60% of pre-disability earnings
Maximum Weekly Benefit	\$1,000
Benefits Begin - Injuries	8 th Day
Benefits Begin - Sicknesses	8 th Day
Maximum Benefit Period	12 weeks
Pre-Existing Condition Limitation	3/12

Cost Summary

Monthly Sample Costs

Age	Weekly Coverage Amount	Rate
Less than 25		\$0.42
25-29		\$0.42
30-34		\$0.43
35-39		\$0.45
40-44		\$0.46
45-49		\$0.48
50-54		\$0.55
55-59		\$0.70
60-64		\$0.86
65 and over		\$0.96

To calculate your cost, select the appropriate rate for your age, based on the grid below, and follow these easy steps.

	EXAMPLE:	YOUR DATA:
1. Find your age and write the rate here:	\$0.450	
2. Take your annual pre-disability earnings* and divide by 52:	\$500	
3. Multiply the answer to #2 by 60%. The maximum amount is \$1000:	\$300	
4. Multiply the answer to #3 by the rate in #1:	\$135.00	
5. Divide the answer to #4 by 10. This is your monthly cost:	\$13.50	