

Hesston insurance plan

This insurance plan, from the Hesston Manufacturing Company, contains a summary of the group insurance benefits being provided by the company including schedule of benefits, eligibility, group life (paid by company), accidental death and dismemberment, supplemental life (Optional at a modest rate), accident and sickness insurance (paid by company for hourly employees), long term disability income (paid by company for salaried employees), dependents' life insurance (for salaried employees only).

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KANSAS
HISTORICAL
SOCIETY

GROUP INSURANCE PLAN

For the Employees of

H E S S T O N

MANUFACTURING COMPANY, INC.

HESSTON, KANSAS

The information contained in the booklet is a summary of the group insurance benefits being provided. You should consult the Master Policies for complete details.

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Group Insurance

This insurance program has been designed to assist you in providing needed protection for yourself and your family. It takes full advantage of group coverage and rates.

Please take this booklet home to your family and read it carefully. Direct any questions you may have to your supervisor or the personnel department.

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SCHEDULE OF BENEFITS

Group Life Insurance

	AMOUNT
Hourly Employees	\$ 1,000
Employees in Salary Grades 1, 2, 3 and 4	\$ 5,000
Employees in Salary Grades 5 and 6	\$10,000
Employees in Salary Grades 7 and 8	\$15,000
Employees in Salary Grades 9 and above	\$20,000

Accidental Death and Dismemberment Benefit (Principal Sum)

Hourly Employees	\$ 1,000
Employees in Salary Grades 1, 2, 3 and 4	\$ 5,000
Employees in Salary Grades 5 and 6	\$10,000
Employees in Salary Grades 7 and 8	\$15,000
Employees in Salary Grades 9 and above	\$20,000

Weekly Income Benefit

Hourly Employees	\$ 40.00
Payable during disability for a maximum of 13 weeks from:	
1st day of disability due to an accident	
8th day of disability due to sickness	
Payable for a maximum of 6 weeks of dis- ability caused by pregnancy while employed.	



Eligibility

EFFECTIVE DATE OF YOUR INSURANCE

If you are employed on the effective date of the plan, you will be eligible for insurance coverage on that date.

All new employees subsequent to the effective date will be eligible for insurance coverage on the first day of the month following their date of employment.

If you are not actively at work on the date on which you would otherwise become insured under the plan, your insurance coverage will not become effective until the next following day on which you are actively at work within the eligible classes.

TERMINATION OF YOUR INSURANCE

Your insurance will terminate on the earliest of the following dates:

1. the date of your termination of employment with your employer.
2. the date of termination of the policy.

Insurance coverage may be continued temporarily while on leave of absence or lay-off.

IMPORTANT INFORMATION ABOUT YOUR COVERAGE

Group Life Insurance

BENEFITS

The Life Insurance Amount shown in the Schedule of Benefits is payable to the beneficiary named by the insured employee in the event of the employee's death from any cause.



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BENEFICIARY

The beneficiary may be any person named by the employee except his employer. An insured employee may change his beneficiary at any time by proper written notice to the employer. The change shall become effective when it is received by the Insurance Company.

DISABILITY BENEFIT

If you become totally disabled as defined in the policy while insured, except while insured as provided under the Conversion Privilege of the group policy, and before your sixtieth birthday, your group life insurance will be continued in force, as long as you remain so disabled, for one year from the date premiums for the insurance were discontinued and from year to year thereafter if proof of your continued disability is received during the three months preceding each anniversary of the date the premiums were discontinued. If you cease to be totally disabled or if you fail to furnish proof of your continued disability when required, your insurance will terminate and you may convert it just as if your employment had terminated on the day your insurance terminated, unless you previously converted your insurance or unless you return to active work within 31 days after the termination of your insurance and are again eligible for insurance under the group policy.

CONVERSION PRIVILEGE

An employee may convert his insurance to an individual policy on one of the regular plans issued by the Insurance Company for his class of risk, except Term Insurance, by making application to the Insurance Company within 31 days after he leaves the service of the employer. No medical examination will be required.

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Accidental Death and Dismemberment Insurance

Benefits are payable when bodily injury caused solely by an accident directly and independently of all other causes results in loss of life, limb, or sight within ninety days after the accident. Benefits are payable up to the Principal Sum shown in the Schedule of Benefits, as follows:

LOSS OF

Life	The Principal Sum
Both Hands or Both Feet or Sight of Both Eyes	The Principal Sum
One Hand and One Foot	The Principal Sum
One Hand and Sight of One Eye	The Principal Sum
One Foot and Sight of One Eye	The Principal Sum
One Hand or One Foot	One-half The Principal Sum
Sight of One Eye	One-half The Principal Sum

Complete severance at or above wrist or ankle joint or complete loss of sight shall constitute loss of the member.

When more than one loss results from the same accident the amount provided for the greatest loss is payable.

Coverage is provided for both occupational and non-occupational accidents.

This insurance does not apply to bodily injuries or death caused by (1) participation in a riot, (2) self-inflicted injury or suicide, (3) bodily or mental infirmity or disease, or (4) while engaged in military or naval service.

Supplemental Life Insurance Plan

(Subject to Evidence of Insurability)

In addition to the group life insurance you may apply for Supplemental Life Insurance. Applications are available at the Personnel Department.

Individual policies provide Annual Renewable Term Insurance to age 70. Policies are available at all ages up to and including age 59. You may apply for amounts of \$3,000 to \$50,000.

CONVERSION PRIVILEGE

If you terminate employment, you may convert your insurance to an individual policy on one of the regular plans issued by the Insurance Company for your class of risk, except Term Insurance, by making application to the Insurance Company. No medical examination will be required.

DISABILITY WAIVER OF PREMIUM PROVISION

In the event of total disability this plan provides a waiver of premium provision.

[Refer to your individual policy for complete details.]

RATE SCHEDULE

Age	Monthly rate per \$1,000
Under 20	\$0.18
20-24	0.20
25-29	0.22
30-34	0.24
35-39	0.31
40-44	0.46
45-49	0.71
50-54	1.11
55-59	1.73
60-64	2.60
65-69	3.59



Accident and Sickness Insurance — Hourly Employees

Accident and Sickness Weekly Benefits are payable to the insured employee when he is unable to work because of accidental injury, sickness or disease.

The amount and duration of benefits is set forth in the Schedule of Benefits.

Successive periods of disability due to the same or related causes not separated by return to full time active employment for two weeks will be considered one period of disability.

House confinement during disability is not required but the employee must be under the care of a doctor.

Accident and Sickness Weekly Benefits are not payable for occupational injury or sickness.

Benefits for disability due to pregnancy while employed are provided as set forth in the Schedule of Benefits.



Long Term Disability Income Insurance Plan for Salaried Employees Only

Salaried employees are provided with an income protection plan in the event of total disability according to the following schedule:

Accident Indemnity

Monthly Benefit $\frac{2}{3}$ of monthly salary up to
a maximum monthly benefit
of \$1,000

Elimination Period 90 Days*

Maximum Period Payable To Age 65

Sickness Indemnity

Monthly Benefit $\frac{2}{3}$ of monthly salary up to
a maximum monthly benefit
of \$1,000

Elimination Period 90 Days*

Maximum Period Payable To Age 65

* You must be wholly and continuously disabled and unable to perform each and every duty pertaining to your occupation.

DEPENDENTS' LIFE INSURANCE FOR SALARIED EMPLOYEES ONLY

Schedule of Benefits

	Amount
Spouse	\$1,000
Children	
14 days to 6 months	100
6 months to 19 years*	1,000

DEFINITION OF DEPENDENT

The word "Dependent" means an insured Employee's spouse who is not legally separated from the Employee, and who is not an employee as defined herein, or an unmarried natural or adopted child or an unmarried stepchild over 14 days of age but less than 19 years of age. *An unmarried child who is a full-time student at a recognized college or university and is dependent on the insured employee for a 50% or larger share of his financial support shall be deemed a dependent until he reaches his twenty-first birthday. When both husband and wife are eligible as Employees, their children are Dependents of the insured husband.

BENEFICIARY

Payment of any insurance on account of the death of a Dependent shall be made to an Employee, if living, otherwise, in the case of the death of an Employee's spouse, to the Executors or the Administrators of the spouse; in the case of the death of an Employee's child, to the (1) surviving parent, (2) surviving brothers and sisters, (3) Executors or Administrators.

ELIGIBILITY

Dependents of an insured Employee are eligible for this insurance on (a) the date the Employee first acquired a dependent or (b) the date the Employee becomes eligible for his personal insurance under the group policy, whichever is later.



EFFECTIVE DATE OF DEPENDENTS' COVERAGE

An Employee insured under the policy may make written election to have his Dependents insured. The insurance shall become effective, subject to the following conditions:

- (a) If the request is made on or before the date the Dependents are eligible, the insurance becomes effective on the date of eligibility.
- (b) If the request is made after the date the Dependents are eligible, but within 31 days after such date, the insurance becomes effective on the date of the request.
- (c) If the request is made after the end of the 31-day period immediately following the Dependents' eligibility date, or is made after previous termination of insurance, the Employee must furnish satisfactory evidence of the Dependents' insurability without expense to the Company before the Dependents may become insured. The Dependents' insurance will become effective on the first day of the insurance month coinciding with or next succeeding the date upon which the Company determines the evidence to be satisfactory.

TERMINATION OF DEPENDENTS' COVERAGE

The coverage of your dependents will terminate on the earliest of the following dates:

- (1) The date your insurance terminates; or
- (2) The date a child dependent attains the age beyond the maximum eligibility age; or
- (3) The date a child dependent marries; or
- (4) The date of divorce of any spouse dependent; or
- (5) The date of termination by the Insurance Company of all dependents' insurance hereunder; or
- (6) The date a dependent ceases to be a dependent.

CONVERSION PRIVILEGE

Your dependent spouse (not children) has the same conversion rights as are provided for you. You will be paid the amount of insurance your dependent spouse is entitled to convert if your spouse dies during the period of time conversion is available.

Underwritten by

Security Benefit Life Insurance Co.

Topeka, Kansas



Arranged by

Wheeler, Kelly & Hagny Investment Company

309 So. Market St.

Wichita, Kansas

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