COMBINED®
A Chubb Benefits Company

BENEFITS EXPRESS

EXPEDITED

Proposal

Prepared for
Brown Oil Company

Date Prepared: **August 19, 2026**
Situs State: **MO**
Coverage Effective Date: **October 01, 2026**

Presented by Combined Insurance Representative:
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DUGU

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Coverages Proposed

- ACCIDENT CHAMPION
- DISABILITY INCOME CHAMPION
- CRITICAL ILLNESS CHAMPION
- UNIVERSAL LIFE PROTECTOR
- HOSPITAL CHAMPION
- WORKSITE TERM LIFE INSURANCE

This offer is valid for ninety (90) days from the proposal prepared date shown above. Product benefits and availability are subject to state insurance law and may vary by state. The material in this proposal is intended to be a brief description of the products included. Policy and/or certificate definitions, exclusions, provisions, and limitations are available upon request.

At present we expect to deliver consistent benefits and rates to all employees. However, due to state regulatory requirements, we reserve the right to adjust plans, rates, notification of disclosures, or delivery of forms. This proposal is not a contract of insurance. The terms and conditions of coverage will be described in detail in the issued policy/policies once we accept. If there are any differences between the terms and conditions of this proposal and the policy, the respective policy will govern. Each policy is governed by the laws of the state in which it is delivered. Certain terms or provisions may be different if required by the laws of that state.

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Accident Champion

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ACCIDENT CHAMPION

Accident Champion delivers industry-leading benefits that **help you champion accident protection for your employees.**

Our innovative benefits include:

First Accident Benefit

Combined Insurance wants to get money to employees fast and reinforce their decision to buy accident insurance. To do so, we pay an extra $100 upfront when they file their first covered claim.

Rehabilitation Package

No one gets to stay in the hospital until they're fully recovered. Combined Insurance's robust benefits pay for admission and confinement in a rehabilitation facility and recovery at home.

Wellness

Health and wellness is important to us – which is why we offer wellness benefits and covered wellness tests.

The Wellness Benefit amount included in the Proposed Benefits and Rates section will be paid if a Covered Person undergoes one or more of the following health screening tests or procedures after the 90-day waiting period:

- Blood test for triglycerides
- Bone marrow aspiration or biopsy
- CA 15-3 (blood test for breast cancer)
- CA-125 (blood test for ovarian cancer)
- Carotid doppler
- Chest x-ray
- Colonoscopy
- Echocardiogram
- Fasting blood glucose test
- Fasting plasma glucose (FPG)
- Hemoglobin A1C(HbA1c)
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- Thin prep pap test
- Two hour post-load plasma glucose
- Virtual colonoscopy

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ACCIDENT CHAMPION

Features

Guaranteed Renewable
Coverage cannot be canceled as long as premiums are paid as due.

Product Portability
Employees can keep their coverage at the same cost if they change jobs or retire.

HSA Compatible
Accident benefits do not disqualify employees from having a Health Savings Account.

Participation Requirements

- Minimum participation to issue policy: 3 employees enrolled
- If employer contributes 100%: 100% participation is required
- If employer contributes less than 100%: 50% participation is required

Initial Eligibility

Insured
- Actively employed working at least 17.5 hours per week
- Ages 18 and up
- Service wait period for benefit eligibility: 90 days

Spouse
- Includes legally married spouse, domestic partner and civil union partner
- Ages 18 and up

Children
- Ages 0 through 26
- No student status required

Employer Paid Option

Requires 100% participation of all eligible employees who satisfy underwriting

Schedule of Benefits

Combined Accident Champion Plan Designs			
PLAN	**GOLD**	**PLATINUM**	**DIAMOND**
Coverage Type	24-Hour	24-Hour	24-Hour
First Accident	$100	$100	$100
Initial Care Benefits			
Emergency Room	$75	$100	$125
Urgent Care	$50	$75	$100
Initial Dr. Visit	$25	$50	$50
Hospital Facility Benefits			
Standard Hospital Admission	$500	$1,000	$1,250
ICU Hospital Admission	$1,000	$2,000	$2,500
Hospital Confinement (per day, up to 365 days)	$150	$225	$250
ICU Confinement (per day, up to 30 days)	$300	$450	$500
Rehab Admission	$500	$1,000	$1,250
Rehab Confinement (per day, up to 30 days)	$90	$135	$150
Recovery Benefit (per day)	$50	$75	$100
No. of Days	7	7	7
Benefits			
Accidental Death			
Employee	$20,000	$20,000	$20,000
Spouse as % of EE	$20,000	$20,000	$20,000
Child as % of EE	$4,000	$4,000	$4,000
AD Common Carrier	4X	4X	4X
Ambulance (air)	$1,000	$2,000	$2,000
Ambulance (Ground)	$120	$200	$200
Appliance	$75	$100	$100
Blood, Plasma, Platelets	$200	$300	$300
Burns			
Level 1	$750	$1,000	$1,000
Level 2	$1,500	$2,000	$2,000
Level 3	$7,500	$10,000	$10,000
Skin Graft	25%	25%	25%
Catastrophic Accident			
Employee	$25,000	$25,000	$25,000

Schedule of Benefits

Combined Accident Champion Plan Designs			
PLAN	**GOLD**	**PLATINUM**	**DIAMOND**
Spouse	$25,000	$25,000	$25,000
Child	$12,500	$12,500	$12,500
On or after age 70	50%	50%	50%
Chiropractic Care (per visit)	$25	$25	$25
Maximum Visits	3	3	3
Coma	$7,500	$10,000	$12,500
Concussion	$60	$100	$100
Dislocations			
Up to	$1,000	$1,000	$1,000
Emergency Dental			
Crown	$200	$300	$400
Extraction	$50	$75	$100
Eye Injury	$200	$250	$300
Family Care (up to 30 days)	$25 per day, per child in child care center	$25 per day, per child in child care center	$25 per day, per child in child care center
Follow-up Treatment (per visit)	$25	$25	$50
Maximum Visits	3	3	3
Fractures			
Up to	$1,000	$1,000	$1,000
Herniated Disc	$400	$500	$750
Knee Cartilage - Torn	$400	$500	$750
Lacerations	$20-$300	$30-$400	$30-$500
Lodging (per night, up to 30 nights; 100 or more miles)	$100	$125	$150
Loss of hands, feet, sight	$10,000	$14,000	$20,000
Loss of fingers or toes	$1,200	$1,500	$2,000
Major Diagnostic Exam (CT, MRI, etc.)	$100	$150	$200
Organ Loss	$2,500	$2,500	$2,500
Outpatient Surgery Facility	$25	$25	$25
Physical Therapy (per visit)	$25	$25	$50
Maximum Visits	10	10	10
Prosthetics	$500	$1,000	$1,500

Schedule of Benefits

Combined Accident Champion Plan Designs			
PLAN	**GOLD**	**PLATINUM**	**DIAMOND**
Sports Package	Benefits are 25% higher when accident is due to organized sports Up to $1000 per person/per year	Benefits are 25% higher when accident is due to organized sports Up to $1000 per person/per year	Benefits are 25% higher when accident is due to organized sports Up to $1000 per person/per year
Surgery - Abdominal or Thoracic	$750	$1,500	$1,500
Tendon, Ligament, Rotator Cuff	$400	$500	$750
Transportation	$300	$500	$600
X-Ray	$20	$30	$40
Wellness (per person, per year)	$25	$25	$50

Schedule of Rates

	Gold	Platinum	Diamond
Monthly Premiums			
Employee	$14.56	$18.46	$24.44
Employee + Spouse	$22.88	$29.12	$38.48
Employee + Children	$22.88	$29.12	$38.48
Family	$31.46	$39.52	$52.78
Semi-Monthly Premiums			
Employee	$7.28	$9.23	$12.22
Employee + Spouse	$11.44	$14.56	$19.24
Employee + Children	$11.44	$14.56	$19.24
Family	$15.73	$19.76	$26.39
Bi-Weekly Premiums			
Employee	$6.72	$8.52	$11.28
Employee + Spouse	$10.56	$13.44	$17.76
Employee + Children	$10.56	$13.44	$17.76
Family	$14.52	$18.24	$24.36
Weekly Premiums			
Employee	$3.36	$4.26	$5.64
Employee + Spouse	$5.28	$6.72	$8.88
Employee + Children	$5.28	$6.72	$8.88
Family	$7.26	$9.12	$12.18

Exclusions & Limitations

No benefits will be paid for services rendered by a member of the Immediate family of a Covered Person.

No benefits will be paid for an Injury that is caused by, contributed to, or occurs as a result of a Covered Person's:

(1) Being intoxicated, or under the influence of alcohol or any narcotic or other prescription drug unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred);

(2) Participating in an illegal activity or attempting to commit or actually committing a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);

(3) Committing or attempting to commit suicide while sane or intentionally injuring himself or herself while sane;

(4) Having dental treatment, except for such care or treatment due to Injury to sound natural teeth within twelve (12) months of the Covered Accident;

(5) Being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto; or

(6) Participation in any contest using any type of motorized vehicle.

No benefits will be payable for sickness or infection including physical or mental condition that is not caused solely by or as a direct result of a Covered Accident.

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Disability Income Champion

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$ DISABILITY INCOME CHAMPION

Disability Income Champion can do **more than replace income.**

Disability Income Champion was developed to protect employees from the physical and financial consequences of a disability that keeps them from earning a paycheck.

Designed to Pay Employees More

In addition to everything you'd expect from a disability income product, Combined offers innovative benefits to provide extra assistance for financial obligations.

Flexibility That Enables Craftsmanship

Craftsmanship at Combined goes beyond picking a benefit period. We offer endless plan design choices to best build a plan for your employees.

Total Disability

Income replacement benefits are paid for Total Disability due to injury, sickness, organ donation, pregnancy and complications of pregnancy.

Partial Disability

Once an employee has been Totally Disabled, Partial Disability benefits are available to help transition employees back to work. Income replacement benefits are paid for Partial Disability due to injury, sickness, organ donation, mental and nervous disorders, substance abuse, pregnancy and complications of pregnancy.

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$ DISABILITY INCOME CHAMPION

Features

Conditionally Renewable
Coverage is renewable until age 72 as long as the employee remains eligible and the policy is in force.

Portability
Employees can keep their coverage at the same cost if they change jobs or retire while the Policy is in force as long as they have been continuously covered for at least 12 months. Once ported, coverage will continue for 12 months as long as premiums are paid as due.

Level Premium
Rates are based on age at time of issue and do not increase as the employee moves into new age brackets.

HSA Compatible
Disability Benefits do not disqualify employees from having a Health Savings Account.

Employer Paid Option

Requires 100% participation of all eligible employees who satisfy underwriting

Initial Eligibility

Insured

- Issue Ages 18 - 69
- Must be actively at work at least 30 hours per week
- Service wait period for benefit eligibility: 180 days

Issue Limits & Underwriting:

- Total Disability: an employee is considered totally disabled if unable to perform the material duties of their own occupation for the first 24 months and any occupation after 24 months.
- Partial Disability Benefit: up to 50% of Maximum Benefit Amount. Disability earnings must be less than 50% of the employee's monthly earnings. The sum of the Partial Disability benefit, the salary earned while receiving Partial Disability benefits, and income from all other sources may not exceed 60% of the employee's pre-disability earnings.
- Recurrent disabilities resulting from the same or related causes within six months will be considered one period of total disability.

Initial Eligibility (Cont.)

- Integration – Benefits may be reduced by the following sources of income:
  - State Disability
  - Individual Disability
  - Auto
  - Military
  - Government
  - Group Insurance
  - Third Party
  - Salary Continuation
  - Federal Government (tied to Social Security)
  - Employee Retirement
  - Employment
  - Unemployment
  - Workers' Compensation
  - Cost of Living Increase (this is a provision and not a source of income)
- The total of all benefits received from this disability plan and above sources of income may not exceed 80% of income prior to disability

- Guaranteed Issue
  - Guaranteed Issue (GI) Amount: 60% of Income up to $3,000/month
  - Enrollment process equivalent to 70% of employees actively engaged in a response is required
  - Required GI Participation: <25 eligible lives (5 application minimum); 26-50 eligible lives (10 application minimum)
- Amounts in excess of the GI limit up to the maximum benefit:
  - Express Issue: Must answer five health questions
  - Simplified Issue: Must answer two additional health questions if answer is "yes" to any Express Issue question
- Minimum enrolled to issue Master Policy: 3 employees enrolled
- Policy is issued to the employer and certificates are mailed to each insured

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$ DISABILITY INCOME CHAMPION

Schedule of Benefits

Disability Income Champion Plan Designs		
Plan	Platinum	Diamond
Employee Disability Income Benefits		
Coverage Type	Non-Occupational	Non-Occupational
Benefit Period	3 months	3 months
Injury Elimination Period	7 days	7 days
Sickness Elimination Period	7 days	7 days
Guaranteed Issue (GI) - Participation Requirement	Up to $3,000 10% expected 5 minimum enrolled	Up to $3,000 10% expected 5 minimum enrolled
Guaranteed Issue (GI) - Amount	Up to $3,000 per month, up to 60% of income	Up to $3,000 per month, up to 60% of income
Participation Requirement to issue Master Policy	3 applications	3 applications
GI Requirement for groups of 5-25	3 applications	3 applications
GI Requirement for groups of 26-50	10 applications	10 applications
GI Requirement for groups of 51-100	15 applications	15 applications
Total Disability Benefit Amounts	$200 - $5,000 a month up to 60% of income	$200 - $5,000 a month up to 60% of income
Partial Disability Benefit	Covered at 50%	Covered at 50%
Mental/Nervous Disorders and Substance Abuse	Covered at 50%	Covered at 50%
Waiver of Premium	Waives premium when You are Disabled for 14 or more consecutive days after satisfying the elimination period	Waives premium when You are Disabled for 14 or more consecutive days after satisfying the elimination period
Portability	Yes	Yes
Integration with Other Sources of Income	Yes	Yes
Contribution	100% Employee Paid	100% Employee Paid
Pre-Existing Condition Limitation	Pre-Ex is 12/12 with Continuity of Coverage	Pre-Ex is 12/12 with Continuity of Coverage
Pre-Existing Condition Credit for Takeovers	Included	Included
Additional Benefits		
Organ Donation Disabilities due to an organ donation are covered as a sickness and the elimination period is waived.	Included	Included
First Day Coverage - Hospitalization Waives the elimination period if an employees is hospitalized due to the disability.	Included	Included
First Day Coverage - Outpatient Surgery Waives the elimination period if an employee has an outpatient surgical procedure due to a covered Sickness or Injury.		Included

Schedule of Rates

Disability Income Champion Plan Designs	
Plan	Platinum
Issue Age Rates Employee Only — Rates are monthly per $100 of monthly benefit	
ISSUE AGE	**RATES**
18-49	$2.44
50-59	$2.86
60-69	$3.30

Disability Income Champion Plan Designs	
Plan	Diamond
Issue Age Rates Employee Only — Rates are monthly per $100 of monthly benefit	
ISSUE AGE	**RATES**
18-49	$2.49
50-59	$2.91
60-69	$3.34

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$ DISABILITY INCOME CHAMPION

Schedule of Benefits

Disability Income Champion Plan Designs		
Plan	Platinum	Diamond
Employee Disability Income Benefits		
Coverage Type	Non-Occupational	Non-Occupational
Benefit Period	3 months	3 months
Injury Elimination Period	14 days	14 days
Sickness Elimination Period	14 days	14 days
Guaranteed Issue (GI) - Participation Requirement	Up to $3,000 10% expected 5 minimum enrolled	Up to $3,000 10% expected 5 minimum enrolled
Guaranteed Issue (GI) - Amount	Up to $3,000 per month, up to 60% of income	Up to $3,000 per month, up to 60% of income
Participation Requirement to issue Master Policy	3 applications	3 applications
GI Requirement for groups of 5-25	3 applications	3 applications
GI Requirement for groups of 26-50	10 applications	10 applications
GI Requirement for groups of 51-100	15 applications	15 applications
Total Disability Benefit Amounts	$200 - $5,000 a month up to 60% of income	$200 - $5,000 a month up to 60% of income
Partial Disability Benefit	Covered at 50%	Covered at 50%
Mental/Nervous Disorders and Substance Abuse	Covered at 50%	Covered at 50%
Waiver of Premium	Waives premium when You are Disabled for 14 or more consecutive days after satisfying the elimination period	Waives premium when You are Disabled for 14 or more consecutive days after satisfying the elimination period
Portability	Yes	Yes
Integration with Other Sources of Income	Yes	Yes
Contribution	100% Employee Paid	100% Employee Paid
Pre-Existing Condition Limitation	Pre-Ex is 12/12 with Continuity of Coverage	Pre-Ex is 12/12 with Continuity of Coverage
Pre-Existing Condition Credit for Takeovers	Included	Included
Additional Benefits		
Organ Donation Disabilities due to an organ donation are covered as a sickness and the elimination period is waived.	Included	Included
First Day Coverage - Hospitalization Waives the elimination period if an employees is hospitalized due to the disability.	Included	Included
First Day Coverage - Outpatient Surgery Waives the elimination period if an employee has an outpatient surgical procedure due to a covered Sickness or Injury.		Included

Schedule of Rates

Disability Income Champion Plan Designs	
Plan	Platinum
Issue Age Rates Employee Only — Rates are monthly per $100 of monthly benefit	
ISSUE AGE	**RATES**
18-49	$1.81
50-59	$2.21
60-69	$2.61

Disability Income Champion Plan Designs	
Plan	Diamond
Issue Age Rates Employee Only — Rates are monthly per $100 of monthly benefit	
ISSUE AGE	**RATES**
18-49	$1.91
50-59	$2.29
60-69	$2.69

Exclusions

Benefits are not payable for Disabilities contributed to or caused by:

- Occupational Injury or Sickness;
- Suicide, attempted suicide or intentionally self-inflicted Injury; whether sane or insane;
- Voluntary inhalation of or asphyxiation by gas or fumes;
- Voluntary ingestion or injection of any drug narcotic, sedative or poison, unless prescribed by and taken in accordance with the directions of the prescribing Physician;
- Being intoxicated or under the influence of alcohol, drugs, or narcotics (including overdose) unless administered on, and taken in accordance with, instructions of a Physician;
- War, declared or undeclared, participating in a riot, insurrection or rebellion;
- Travel or flight in or descent from any aircraft other than as a fare-paying passenger on a regularly scheduled airline;
- Engaging in any illegal or fraudulent occupation, work, or employment; or
- Committing or attempting to commit a felony or an assault.

Pre-existing Conditions
Benefits will not be paid for any Disability caused by, contributed to by, or the result of a Pre-Existing Condition which begins within the first 12 months following Your Certificate Effective Date.

Pre-existing Condition means a condition for which You received medical treatment, advice, consultation, diagnostic testing, care, services or took prescribed drugs or medications within the 12 months preceding the Certificate Effective Date.
A normal pregnancy beginning prior to the Certificate Effective Date is considered a Pre-existing Condition.

Limitations

Mental or Nervous Disorder Limitation
The lifetime cumulative Maximum Benefit Period for all Disabilities due to Mental or Nervous Disorder is 24 months. Only 24 months of benefits will be paid even if the Disabilities due to Mental or Nervous Disorder are not continuous and/or are not related.
No benefits will be paid for Disability due to a Mental or Nervous Disorder if You are not receiving treatment for the cause of the Disability from a Physician, or in a facility that is licensed by the state to provide treatment for such condition.
Mental or Nervous Disorder means a psychiatric or psychological condition classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association, most current as of the start of a Disability. Such disorders include, but are not limited to: psychotic, emotional or behavioral disorders, or disorders related to stress or substance abuse or dependency. If the DSM is discontinued or replaced, these disorders will be those classified in the diagnostic manual then used by the American Psychiatric Association as of the start of a Disability.

Substance Abuse Limitation
The lifetime cumulative Maximum Benefit Period for all Disabilities due to alcoholism or drug abuse is 24 months. Only 24 months of benefits will be paid even if the Disabilities are not continuous and/or are not related.
No benefits will be paid for Disability due to a substance abuse if You are not receiving treatment for the cause of the Disability from a Physician, or in a facility that is licensed by the state to provide treatment for such condition.

Pregnancy Limitation
Within the first 10 months of the Certificate Effective Date, We will not pay benefits for a Disability that is caused by, or occurs as a result of, Your pregnancy or childbirth. Disability due to Complications of Pregnancy will be covered to the same extent as a covered Sickness.
After this coverage has been in force for 10 months from the Certificate Effective Date, Disability benefits for pregnancy will be covered the same as a covered Sickness.

Pre-existing Conditions Limitation
A Pre-existing Condition is not covered unless the date of diagnosis for such condition is at least 12 months after the Certificate Effective Date.

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Critical Illness Champion

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CRITICAL ILLNESS CHAMPION

Critical Illness (CI) Champion was developed by Combined Insurance for employers to champion insurance and **help protect their employees from the physical and financial consequences of serious medical conditions such as cancer, heart attacks, and strokes.**

Lump Sum Benefit

When someone is diagnosed with a covered condition and makes a claim, we send a payment. It's that simple. Insureds can use the money however they choose.

Recurrence

Once we pay a Critical Illness benefit for Benign Brain Tumor, Cancer, Coma, Heart Attack or Stroke, if there's a recurrence, we'll pay a Recurrence Benefit as long as the insured is back to work and treatment-free for at least six months.

Advocacy

Because money isn't always enough – Combined offers personal and confidential assistance from professionals. Finding the best medical care and having access to professionally trained financial advisors, claims advocates and medical travel assistance gives employees ongoing support throughout their recovery.

Wellness

Health and wellness is important to us which is why we offer wellness benefits and covered wellness tests. The Wellness Benefit amount included in the Proposed Benefits and Rates section will be paid if a Covered Person undergoes one or more of the following health screening tests or procedures after the 90-day waiting period:

- Blood test for triglycerides
- Bone marrow aspiration or biopsy
- CA 15-3 (blood test for breast cancer)
- CA-125 (blood test for ovarian cancer)
- Carotid doppler
- Chest x-ray
- Colonoscopy
- Echocardiogram
- Fasting blood glucose test
- Fasting plasma glucose (FPG)
- Hemoglobin A1C (HbA1c)
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- Thin prep pap test
- Two hour post-load plasma glucose
- Virtual colonoscopy

Features

Guaranteed Renewable
Coverage cannot be canceled as long as premiums are paid as due.

Full Portability
Employees can keep their coverage at the same rate if they change jobs or retire.

Level Premium
Rates do not increase as the employee moves into new age brackets.

HSA Compatible
Critical Illness benefits do not disqualify employees from having a Health Savings Account.

Initial Eligibility

Insured

- Actively employed working at least 17.5 hours per week
- Ages 18 and up
- Service wait period for benefit eligibility: 90 days

Spouse

- Includes legally married spouse, domestic partner and civil union partner
- Ages 18 and up

Children

- Ages 0 through 26
- No student status required

Applicant must have underlying medical coverage to be eligible to apply for Critical Illness for the states below:

- California
- Delaware
- Georgia
- Massachusetts
- New Hampshire
- New York
- Vermont

Issue Limits & Underwriting

- Minimum Benefit: $5,000 ($2,500 for Spouse)
- Guaranteed Issue Limit: < 25 eligible lives: $10,000 ($5,000 for Spouse)
- Participation for GI: < 25 lives: 5 application minimum
- Guaranteed Issue Limit: 26 - 50 eligible lives: $15,000 ($7,500 for Spouse)
- Participation for GI: 26 - 50 eligible lives: 10 application minimum
- Guaranteed Issue Limit: 51 - 100 eligible lives: $30,000 ($15,000 for Spouse)
- Participation for GI: 51 - 100 eligible lives: 10 application minimum
- Enrollment process equivalent to 75% of employees actively engaged in a response is required
- Express Issue Limit: $50,000 Employee ($25,000 for Spouse)
- Maximum Benefit/SI Limit: $100,000 Employee ($50,000 for Spouse)
- Spouse coverage is 50% of the employee Face Amount
- Children coverage is 25% of the employee Face Amount
- Available in units of: $5,000
- Waiting Period: 30 days
- The Critical Illness Benefit can be paid once per covered condition up to the maximum benefit amount
- Covered conditions must be six months apart
- Recurrence Benefit can be paid up to 25% per Covered Person

Employer Paid Option

Requires 100% participation of all eligible employees who satisfy underwriting

Schedule of Benefits

Combined Critical Illness Champion Plan Designs		
PLAN	**PLATINUM**	**DIAMOND**
Critical Illness Benefits		
Covered Conditions - Pays a percentage of face amount		
Benign Brain Tumor	100%	100%
Cancer (except skin cancer)	100%	100%
Coma	100%	100%
End Stage Renal Failure	100%	100%
Heart Attack	100%	100%
Major Organ Failure	100%	100%
Stroke	100%	100%
Multiple Sclerosis	100%	100%
Paralysis or Dismemberment	100%	100%
Alzheimer's Disease		100%
Parkinson's Disease		100%
Carcinoma in Situ	25%	25%
Coronary Artery Disease	25%	25%
Skin Cancer Benefit - Payable once per insured per year	$250	$250
Maximum Benefit Amount (x Face Amount)	3x	3x
Pre-Existing Conditions Limitation	12/12	12/12
Continuity of Coverage (Takeover)	No Takeover	No Takeover
Benefit Reduction Due to Age	No Benefit Reduction	No Benefit Reduction
Recurrence Benefit		
Benefits are payable for a subsequent diagnosis of Benign Brain Tumor, Cancer , Coma, Heart Attack, or Stroke.	25%	25%

Schedule of Benefits (Cont.)

Combined Critical Illness Champion Plan Designs		
PLAN	**PLATINUM**	**DIAMOND**
Advocacy Package		
Best Doctors / Compsych Physician Referrals. Ask the Expert Hotline provides 24 hour advice from experts about a particular medical condition. In-Depth Medical Review offers a full review of diagnosis and treatment plan.	Yes	Yes
Additional Benefits		
Wellness Benefit Payable once per insured per year	$50	$50
Mortgage and Rent Helper Pays an extra benefit each month the insured misses 5 or more days of work, up to 6 months. Employee only (EE) or Employee/Spouse (EE+SP)	$500 EE	$500 EE
Childhood Conditions Pays 100% of the dependent child face amount; Provides benefits for childhood conditions (Cerebral Palsy; Congenital Birth Defects; Heart, Lung, Cleft Lip, Palate, etc; Cystic Fibrosis; Down Syndrome; Muscular Dystrophy; Type 1 Diabetes).		Yes
Hospital Admission Benefit Coverage when a condition requires subsequent hospital admission.		$1,500

Schedule of Rates

Monthly Premiums (Platinum) — Child coverage is included in the employee rates

Face Amounts								
Employee	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
Spouse			5,000	5,000			5,000	5,000
Child					2,500	2,500	2,500	2,500
Issue Age	Employee	Employee	Employee + Spouse	Employee + Spouse	Employee + Child(ren)	Employee + Child(ren)	Employee + Family	Employee + Family
	No Tobacco	Tobacco	No Tobacco	Tobacco	No Tobacco	Tobacco	No Tobacco	Tobacco
18-25	10.26	14.35	14.57	19.93	10.26	14.35	14.57	19.93
26-30	10.87	15.49	15.47	21.64	10.87	15.49	15.47	21.64
31-35	12.8	19.02	18.37	26.93	12.8	19.02	18.37	26.93
36-40	16.33	25.46	23.67	36.58	16.33	25.46	23.67	36.58
41-45	19.98	32.43	29.14	47.05	19.98	32.43	29.14	47.05
46-50	26.1	44.14	38.32	64.61	26.1	44.14	38.32	64.61
51-55	31.71	55.61	46.74	81.81	31.71	55.61	46.74	81.81
56-60	41.75	74.46	61.81	110.08	41.75	74.46	61.81	110.08
61-65	53.45	96.96	79.34	143.83	53.45	96.96	79.34	143.83
66-69	63.92	117.88	95.06	175.23	63.92	117.88	95.06	175.23
70+	74.47	139.27	110.87	207.32	74.47	139.27	110.87	207.32

Face Amounts								
Employee	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000
Spouse			10,000	10,000			10,000	10,000
Child					5,000	5,000	5,000	5,000
Issue Age	Employee	Employee	Employee + Spouse	Employee + Spouse	Employee + Child(ren)	Employee + Child(ren)	Employee + Family	Employee + Family
	No Tobacco	Tobacco	No Tobacco	Tobacco	No Tobacco	Tobacco	No Tobacco	Tobacco
18-25	15.23	21.88	21.93	31.14	15.23	21.88	21.93	31.14
26-30	16.45	24.17	23.73	34.56	16.45	24.17	23.73	34.56
31-35	20.31	31.23	29.53	45.14	20.31	31.23	29.53	45.14
36-40	27.36	44.1	40.12	64.44	27.36	44.1	40.12	64.44
41-45	34.66	58.05	51.07	85.38	34.66	58.05	51.07	85.38
46-50	46.9	81.47	69.42	120.49	46.9	81.47	69.42	120.49
51-55	58.13	104.4	86.27	154.89	58.13	104.4	86.27	154.89
56-60	78.21	142.1	116.4	211.44	78.21	142.1	116.4	211.44
61-65	101.6	187.1	151.47	278.94	101.6	187.1	151.47	278.94
66-69	122.55	228.95	182.9	341.73	122.55	228.95	182.9	341.73
70+	143.65	271.73	214.53	405.91	143.65	271.73	214.53	405.91

Rider Add-On

Riders included in the rates listed above:
Best Doctors, Health Champion Resources, Mortgage and Rent Helper, Wellness Benefit

Schedule of Rates

Monthly Premiums (Platinum) — Child coverage is included in the employee rates

Face Amounts								
Employee	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000
Spouse			15,000	15,000			15,000	15,000
Child					7,500	7,500	7,500	7,500
Issue Age	Employee	Employee	Employee + Spouse	Employee + Spouse	Employee + Child(ren)	Employee + Child(ren)	Employee + Family	Employee + Family
	No Tobacco	Tobacco	No Tobacco	Tobacco	No Tobacco	Tobacco	No Tobacco	Tobacco
18-25	20.2	29.42	29.29	42.35	20.2	29.42	29.29	42.35
26-30	22.02	32.84	31.99	47.48	22.02	32.84	31.99	47.48
31-35	27.82	43.44	40.69	63.35	27.82	43.44	40.69	63.35
36-40	38.4	62.74	56.57	92.3	38.4	62.74	56.57	92.3
41-45	49.35	83.67	72.99	123.7	49.35	83.67	72.99	123.7
46-50	67.7	118.79	100.52	176.38	67.7	118.79	100.52	176.38
51-55	84.55	153.19	125.79	227.98	84.55	153.19	125.79	227.98
56-60	114.67	209.74	170.99	312.8	114.67	209.74	170.99	312.8
61-65	149.75	277.24	223.59	414.05	149.75	277.24	223.59	414.05
66-69	181.17	340.02	270.74	508.23	181.17	340.02	270.74	508.23
70+	212.82	404.19	318.19	604.5	212.82	404.19	318.19	604.5

Rider Add-On

Riders included in the rates listed above:
Best Doctors, Health Champion Resources, Mortgage and Rent Helper, Wellness Benefit

Schedule of Rates

Monthly Premiums (Diamond) — Child coverage is included in the employee rates

Face Amounts								
Employee	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
Spouse			5,000	5,000			5,000	5,000
Child					2,500	2,500	2,500	2,500
Issue Age	Employee	Employee	Employee + Spouse	Employee + Spouse	Employee + Child(ren)	Employee + Child(ren)	Employee + Family	Employee + Family
	No Tobacco	Tobacco	No Tobacco	Tobacco	No Tobacco	Tobacco	No Tobacco	Tobacco
18-25	11.34	16.07	16.46	23.07	11.34	16.07	16.46	23.07
26-30	12.03	17.33	17.49	24.98	12.03	17.33	17.49	24.98
31-35	14.11	21.1	20.62	30.62	14.11	21.1	20.62	30.62
36-40	17.94	28.02	26.36	41	17.94	28.02	26.36	41
41-45	21.97	35.59	32.4	52.37	21.97	35.59	32.4	52.37
46-50	28.9	48.59	42.81	71.87	28.9	48.59	42.81	71.87
51-55	35.52	61.71	52.73	91.54	35.52	61.71	52.73	91.54
56-60	47.57	83.72	70.81	124.55	47.57	83.72	70.81	124.55
61-65	63.24	112.66	94.31	167.96	63.24	112.66	94.31	167.96
66-69	79.24	145.12	118.32	216.66	79.24	145.12	118.32	216.66
70+	100.55	187.95	150.27	280.9	100.55	187.95	150.27	280.9

Face Amounts								
Employee	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000
Spouse			10,000	10,000			10,000	10,000
Child					5,000	5,000	5,000	5,000
Issue Age	Employee	Employee	Employee + Spouse	Employee + Spouse	Employee + Child(ren)	Employee + Child(ren)	Employee + Family	Employee + Family
	No Tobacco	Tobacco	No Tobacco	Tobacco	No Tobacco	Tobacco	No Tobacco	Tobacco
18-25	16.5	23.87	24.05	34.63	16.5	23.87	24.05	34.63
26-30	17.87	26.4	26.12	38.45	17.87	26.4	26.12	38.45
31-35	22.04	33.93	32.37	49.73	22.04	33.93	32.37	49.73
36-40	29.69	47.77	43.85	70.48	29.69	47.77	43.85	70.48
41-45	37.75	62.92	55.93	93.22	37.75	62.92	55.93	93.22
46-50	51.62	88.92	76.75	132.22	51.62	88.92	76.75	132.22
51-55	64.85	115.15	96.6	171.57	64.85	115.15	96.6	171.57
56-60	88.95	159.17	132.75	237.58	88.95	159.17	132.75	237.58
61-65	120.3	217.05	179.75	324.4	120.3	217.05	179.75	324.4
66-69	152.3	281.97	227.77	421.8	152.3	281.97	227.77	421.8
70+	194.92	367.63	291.68	550.28	194.92	367.63	291.68	550.28

Rider Add-On

Riders included in the rates listed above:
Best Doctors, Health Champion Resources, Mortgage and Rent Helper, Wellness Benefit

Schedule of Rates

Monthly Premiums (Diamond) — Child coverage is included in the employee rates

Face Amounts								
Employee	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000
Spouse			15,000	15,000			15,000	15,000
Child					7,500	7,500	7,500	7,500
Issue Age	Employee	Employee	Employee + Spouse	Employee + Spouse	Employee + Child(ren)	Employee + Child(ren)	Employee + Family	Employee + Family
	No Tobacco	Tobacco	No Tobacco	Tobacco	No Tobacco	Tobacco	No Tobacco	Tobacco
18-25	21.66	31.67	31.64	46.19	21.66	31.67	31.64	46.19
26-30	23.71	35.47	34.74	51.92	23.71	35.47	34.74	51.92
31-35	29.96	46.77	44.12	68.84	29.96	46.77	44.12	68.84
36-40	41.44	67.52	61.34	99.97	41.44	67.52	61.34	99.97
41-45	53.54	90.24	79.47	134.07	53.54	90.24	79.47	134.07
46-50	74.34	129.24	110.69	192.57	74.34	129.24	110.69	192.57
51-55	94.19	168.59	140.47	251.59	94.19	168.59	140.47	251.59
56-60	130.34	234.62	194.69	350.62	130.34	234.62	194.69	350.62
61-65	177.36	321.44	265.19	480.84	177.36	321.44	265.19	480.84
66-69	225.36	418.82	337.22	626.94	225.36	418.82	337.22	626.94
70+	289.29	547.32	433.09	819.67	289.29	547.32	433.09	819.67

Rider Add-On

Riders included in the rates listed above:
Best Doctors, Health Champion Resources, Mortgage and Rent Helper, Wellness Benefit

Exclusions & Limitations

This Policy will not pay for losses resulting from any intentionally self-inflicted injury.

A Pre-existing Condition is not covered unless the date of diagnosis for such condition is at least 12 months after the Certificate Effective Date. Pre-existing Condition means a condition for which a Covered Person received medical advice or treatment within the 12 months preceding the Certificate Effective Date.

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Universal
Life Protector

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UNIVERSAL LIFE PROTECTOR

Universal Life Protector provides **permanent life coverage for your employees.**

Product Features

- Level Death Benefit
- Policy can build cash value with interest rates that are guaranteed to be no less than 2.5%
- Coverage is portable. Because this is individually underwritten coverage, employees own the policy and can keep their coverage if they change jobs or retire
- Spouse, Child and Grandchild coverage available:
  - Spouse, Dependent Children and Grandchildren can purchase a separate policy regardless of whether the employee purchases coverage
- Accelerated Death Benefit feature provided at no added cost

Benefits

- Minimum benefit amount is $10,000
- Maximum benefit:
  - Employee: lesser of 6x earnings or $250,000
  - Spouse: $50,000
  - Child/Grandchild: $20,000

Eligibility

- Will match existing benefit eligibility waiting period for full-time employees
- Must be actively at work 30 hours per week
- Must earn at least $12,000 a year
- Employee/Spouse Issue Ages: 18–70 years
- Children and Grandchildren Issue Ages: 11 days–17 years

Premium Structure

- Unisex rates for each age
- Smoker/Non-Smoker rates
- Rates are issue-age-based and do not increase while the policy is in force

Express Issue Limits

- Available to all employees regardless of date of hire
- Height/weight and further underwriting is waived
- Employee
  - Maximum Express Issue Premium: $8 weekly premium
  - Maximum Express Issue Benefit: $50,000
  - Maximum Express Issue Multiple of Income: 2x
- Spouse: $10,000
- Child/Grandchild: $10,000
- Must answer “no” to following questions:
  - Have you been diagnosed by a physician as having AIDS or ARC or been tested positive for HIV?
  - Have you missed more than five consecutive days of work due to an accident or sickness during the past six months?
  - Have you received treatment in an outpatient or emergency facility or been hospitalized during the past 12 months?

Simplified Issue

- If applicant doesn’t qualify for Express Issue, height and weight must be within table limits, and the following questions must be answered:
  - Have you been convicted of reckless driving or driving under the influence of alcohol or drugs within the last five years?
  - Have you had any advice, treatment or taken any prescription medication for any other sickness, injury or defect, excluding flu, colds, sprains and routine physicals in the last five years?

Sample Universal Life Protector Rates

$10,000 Death Benefit

Non-Smoker status and premiums payable to age 100

Issue Age	Weekly Premium
25	$2.82
30	$3.07
35	$3.39
40	$3.78
45	$4.27
50	$4.93

$25,000 Death Benefit

Non-Smoker status and premiums payable to age 100

Issue Age	Weekly Premium
25	$4.46
30	$5.08
35	$5.87
40	$6.84
45	$8.09
50	$9.75

$50,000 Death Benefit

Non-Smoker status and premiums payable to age 100

Issue Age	Weekly Premium
25	$7.19
30	$8.43
35	$10.01
40	$11.96
45	$14.45
50	$17.77

Limitations

- Coverage will end and a limited benefit amount will be payable for death resulting from suicide committed, while sane or insane, within two years of the policy date[1]
- If the insured's age or the use of tobacco was misstated in an individual application, life insurance proceeds will be adjusted[2]
- Because the premium is flexible, payment of the regularly scheduled premium does not guarantee that there will be sufficient account value to keep the policy in effect

Incontestability

Except for non-payment of premiums, this policy will be incontestable during the insured's lifetime after it has been in force for two years from the policy date.

1. In Colorado, "while sane or insane, within one year of the policy date." In New York, "Coverage will end and a limited benefit amount will be payable for death resulting from suicide committed within two years of the policy date. The limited amount will equal all premiums paid on the policy less policy debt and partial surrenders."

2. In NJ, NY and PA, "If the insured's age was misstated in an individual application, life insurance proceeds will be adjusted."

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Hospital Champion

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HOSPITAL CHAMPION

Hospital Champion provides **extra insurance protection that can be used to help employees cover hospitalization costs.**

This is customizable coverage you build to suit your employees' unique needs. If you choose to have employees pay, there's no cost to your company. If your company pays for the coverage, there's no cost to employees and premiums are discounted.

Two Plan Options Offer employees one or both:

Base Plan

Benefits are paid for:

Hospital admission - Pays up to $1,500 when an employee is first admitted to a hospital. (One admission per calendar year.)

Observation room - Pays $100 per visit for a stay of up to 20 hours in an Observation Unit for treatment of a covered accident or sickness. (Up to two visits per calendar year)

Rehabilitation unit confinement - Pays $100 per day. (Up to 15 days per confinement and 30 days per calendar year.)

Waiver of premium - If an employee has been hospitalized, no premiums are due until they're released.

Health tests & screenings - Pays $50 per covered screening or test. (Up to one screening or test per year)

Enhanced Plan

All of the Base Plan benefits, except rehabilitation unit confinement, plus:

Hospital confinement - Pays $100 per day, for up to 365 days for each covered person. (The stay must result from injuries or illness relating to a covered accident or sickness and last 20 hours or longer.)

ICU confinement - Pays an extra $100 per day, on top of a Hospital Confinement Benefit. (Up to 15 days per ICU admission and 30 days per calendar year.)

Physician's office visits - Pays $25 per visit. (Up to three visits per year.)

X-Ray/Lab Services - Pays $35 per service (up to two services per year)

Additional Benefits Are Available Valuable extras you can include with either plan option:

Diagnostic tests - Up to $250 per calendar year for each covered person.

Outpatient Surgery - $500 per calendar year for outpatient surgery for each covered person.

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HOSPITAL CHAMPION

Features

No Medical Exam
No medical exam is required for this coverage.

Additional Protection
Pays benefits in addition to any other insurance covered employees may have.

Guaranteed Renewable
Coverage is guaranteed renewable for life as long as premiums are paid when due.

Initial Eligibility

Insured/Employee
Employees who are actively employed and working at least 17.5 hours per week.

Spouse & Children
Optional coverage for covered employees' spouse and/or children is available.

Issue Limits

Express Issue
Employee only—must answer one health question. If "yes", must answer Simplified Issue questions.

Employee and Spouse—must answer two health questions. A "yes" answer to the first question will require them to answer Simplified Issue questions; "yes" to the second question disqualifies coverage.

Simplified Issue
Employee and Spouse—must answer "no" to four additional health questions.

Employer Paid Option

Requires 100% participation of all eligible employees who satisfy underwriting.

Schedule of Benefits

Hospital Champion Plan Designs	
PLAN 1	**Gold Base**
Hospital Admission	$1,500
Observation Room	Pays $100 per visit for a stay of up to 20 hours in an Observation Unit for treatment of a covered accident or sickness. (Up to two visits per calendar year)
Rehabilitation Unit Confinement	Pays $100 per day. (Up to 15 days per confinement and 30 days per calendar year.)
Waiver of Premium	If an employee has been hospitalized, no premiums are due until they're released.
Health Screening	Pays $50 per covered screening or test. (Up to one screening or test per year)
Diagnostic Test Benefit	Up to $250 per calendar year for each covered person.
PLAN 2	**Gold Enhanced**
Hospital Admission	$1,500
Hospital Confinement	Pays $100 per day, for up to 365 days for each covered person. (The stay must result from injuries or illness relating to a covered accident or sickness and last 20 hours or longer.)
ICU Confinement	Pays an extra $100 per day, on top of a Hospital Confinement Benefit. (Up to 15 days per ICU admission and 30 days per calendar year.)
Observation Room	Pays $100 per visit for a stay of up to 20 hours in an Observation Unit for treatment of a covered accident or sickness. (Up to two visits per calendar year)
Physician's Office Visits	Pays $25 per visit. (Up to three visits per year.)
Health Screening	Pays $50 per covered screening or test. (Up to one screening or test per year)
X-Ray/Lab Services	Pays $35 per service (up to two services per year)
Waiver of Premium	If an employee has been hospitalized, no premiums are due until they're released.
Diagnostic Test Benefit	Up to $250 per calendar year for each covered person.

Schedule of Rates

Bi-Weekly - Employee-Paid

Hospital Champion Plan Designs				
PLAN 1				
Issue Age	**Employee**	**Employee and Spouse**	**Employee and Child**	**Employee and Family**
Plan Description	Gold Base Plan with $1500 Hospital Admission benefit;Diagnostic Procedure Rider			
18-49	7.90	17.54	14.22	23.85
50-59	10.58	23.48	16.01	28.91
60-64	12.94	28.73	18.00	33.78
65-75	17.04	37.83	21.30	42.09

Hospital Champion Plan Designs				
PLAN 2				
Issue Age	**Employee**	**Employee and Spouse**	**Employee and Child**	**Employee and Family**
Plan Description	Gold Enhanced Plan with $1500 Hospital Admission benefit;Diagnostic Procedure Rider			
18-49	11.78	26.16	21.21	35.59
50-59	17.02	37.77	25.75	46.52
60-64	21.78	48.37	30.33	56.92
65-75	29.48	65.45	36.85	72.81

Exclusions & Limitations

Pre-existing Conditions

A Pre-Existing Condition is not covered unless the date of diagnosis for such condition is at least 12 months after the Policy Effective Date. Pre-Existing Condition means a condition for which a Covered Person received medical advice or treatment within the 12 months preceding the Policy Effective Date.

Childbirth Limitation

Loss due to Hospital Admission and/or Hospital Confinement due to pregnancy, childbirth or Complications of Pregnancy during the first 10 months of the Policy are not covered.

Exclusions

No benefits will be paid for services rendered by a member of the Immediate Family of a Covered Person. No benefits will be paid for any Covered Accident or Covered Sickness that is caused by, or occurs as a result of, a Covered Person's:

- Being intoxicated, or being under the influence of any narcotic or other prescription drug unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred);
- Participating in an illegal occupation or attempting to commit or actually committing a felony ('illegal occupation" and "felony" is as defined by the law of the jurisdiction in which the activity takes place);
- Committing or attempting to commit suicide, while sane, or intentionally injuring himself or herself (suicide while insane is not a defense to payment of benefits under this Policy, where the Policy is issued to a Missouri Citizen, unless We sho
- Having dental treatment, except for such care or treatment due to Injury to sound natural teeth within twelve (12) months of the Covered Accident;
- Being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto;
- Services performed by a family member;
- Participation in any contest using any type of motorized vehicle;
- Alcoholism;
- Loss that occurs while an Covered Person is legally incarcerated in a penal or correctional institution;
- Voluntary inhalation of or asphyxiation by gas or fumes;

- Cosmetic surgery, except when due to reconstructive surgery needed as the result of an Injury or Sickness, or is related to or results from a congenital disease or anomaly of a covered Dependent Child; and congenital defects in newborns;
- Services related to sterilization, reversal of a vasectomy or tubal ligation; in vitro fertilization and diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered Injury or Sickness;
- Participating in any organized sport in a professional or semi-professional capacity;
- Mental and nervous disorders (except as provided in the Policy);
- Surgery to correct vision or hearing, unless medically necessary surgery for glaucoma, cataracts or other sickness or injury;
- Elective surgery;
- Any pregnancy or childbirth of a Dependent Child, including services rendered to the child after birth;
- Routine newborn care; and
- Rest or custodial care.

No benefits will be payable for sickness or infection, including physical or mental condition, that is not caused solely by or as a direct result of a Covered Accident or Covered Sickness.

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Worksite Term Life Insurance

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WORKSITE TERM LIFE INSURANCE

Worksite Term Life Insurance **helps protect the financial future for your loved ones.**

Worksite Term Life is the most affordable type of life insurance that individuals can buy to help protect their loved ones from the expenses they may leave behind. It's an excellent option to help pay for things like:

- **end of life expenses**
- **mortgage payments**
- **educational expenses or college tuition, and**
- **other expenses that were covered by income.**

Features

Guaranteed Term Period
Premiums are guaranteed for the initial term period. Coverage cannot be canceled during the term period as long as premiums are paid as due. After initial term period, coverage is available to be renewed annually.

Flexible Term Options
Employees can choose the coverage that fits personal life needs, with multiple term periods available.

Family Coverage
Availability of spouse and child coverage (at an additional cost).

Easy Application Process
Applying is simple with Yes/No questions and no medical exams or blood tests required.

Full Portability
Employees can keep their coverage if they change jobs or retire.

Level Premium
Rates are based on age at time of issue and do not increase as the employees move into new age brackets during the initial term period.

Initial Eligibility

Employee
- Actively at work, working at least 20 hours per week
- Ages 18 - 75

Spouse
- Includes legally married spouse, domestic partner and civil union partner
- Actively at work
- If not actively at work, they are not currently hospitalized, receiving home health care, or receiving or applying to receive disability benefits.
- Ages 18 - 65

Children
- Ages 15 days through 26 years

Coverage begins as of the effective date.

Benefit Amounts

- Employee Face Amounts: between $10,000 - $250,000, subject to underwriting, in $5,000 increments:

  Employee Guarantee Issue Limit:
  - o Groups 3-49 Lives: $25,000
  - o Groups 50-100 Lives: $50,000

  Employee Express Issue Limit: $100,000

  Employee Simplified Issue Limit: $250,000
- Spouse Term Rider Face Amounts: $5,000 - $50,000; up to 50% of the insured's face amount rounded down to the nearest $5,000

  Spouse Term Rider Guaranteed Issue Limit:
  - o Groups 3-49 Lives: Not Available
  - o Groups 50-100 Lives: $10,000

  Spouse Term Rider Simplified Issue Limit: $50,000: up to 50% of the insured's face amount rounded down to the nearest $5,000
- Child Term Life Rider Face Amounts: Guaranteed Issue $5,000 - $25,000 in $5,000 increments

Note: Total employee inforce life coverage of all Combined Life products cannot exceed $250,000.

Participation Requirements

Requires 75% of employees to be seen during enrollment period.

Minimum participation to issue Master Policy: 3 employees enrolled

Guaranteed Issue Participation Requirement:

- Groups 3-49 Lives: Greater of 5 employees or 15%
- Groups 50-100 Lives: Greater of 10 employees or 15% participation

Premium Structure

- 5-year issue age bands for employee and spouse
- Spouse rate is based on spouse tobacco status and spouse age
- Tobacco/non-tobacco rates for employee and spouse coverage
- Flat rate for Child Term Rider
- 2-year rate guarantee

Worksite Term Life Benefits

PLAN	EMPLOYEE ISSUE AGE
10-year Term Life	18-75
20-year Term Life	18-65
30-year Term Life	18-55
Accelerated Death Benefit for Terminal Illness Employees can receive 50% of their death benefit immediately, up to $100,000 if diagnosed as terminally ill.	Included
Accidental Death Benefit Doubles the death benefit if death results from an accident. Triples the death benefit if death results from an accident while a fare paying passenger on a Common Carrier. If the death is the result of an automobile accident and the insured was wearing a seat belt, pays an additional 25% of the death benefit.	18-65
Waiver of Premium Rider Waives the premium for the certificate and riders if employee becomes totally disabled.	18-65

Employee Optional Benefits

PLAN	SPOUSE ISSUE AGE	CHILD ISSUE AGE
Child Term Rider Covers all eligible children and financially dependent eligible grandchildren for the same rate. Each child has the option to convert their coverage into a permanent policy at age 27	N/A	15 days - 26 years
Spouse Term Rider - 10-year Term Term life insurance for an employee's spouse Available with Employee 10-, 20-, or 30-year period.	18-65	N/A
Spouse Term Rider - 20-year Term Term life insurance for an employee's spouse Available with Employee 20- or 30-year period.	18-55	N/A

Employee 10-Year Term

$25,000 Death Benefit with the Waiver of Premium and Accidental Death Benefit

Weekly Premium

ISSUE AGE	NON-TOBACCO	TOBACCO
25	$2.31	$3.12
35	$2.40	$3.33
45	$3.30	$5.61
55	$6.09	$12.75
65	$18.00	$35.61
75	$45.06	$74.61

$50,000 Death Benefit with the Waiver of Premium and Accidental Death Benefit

Weekly Premium

ISSUE AGE	NON-TOBACCO	TOBACCO
25	$3.54	$5.16
35	$3.78	$5.61
45	$5.58	$10.17
55	$11.10	$24.45
65	$34.95	$70.14
75	$89.07	$148.14

$75,000 Death Benefit with the Waiver of Premium and Accidental Death Benefit

Weekly Premium

ISSUE AGE	NON-TOBACCO	TOBACCO
25	$4.80	$7.23
35	$5.13	$7.86
45	$7.83	$14.73
55	$16.14	$36.12
65	$51.87	$104.67
75	$133.08	$221.67

Note: All employee and spouse rates include a policy fee

Employee 20-Year Term

$25,000 Death Benefit with the Waiver of Premium and Accidental Death Benefit

Weekly Premium

ISSUE AGE	NON-TOBACCO	TOBACCO
25	$2.22	$2.88
35	$2.34	$3.27
45	$3.51	$5.85
55	$6.75	$12.87
65	$17.70	$33.27

$50,000 Death Benefit with the Waiver of Premium and Accidental Death Benefit

Weekly Premium

ISSUE AGE	NON-TOBACCO	TOBACCO
25	$3.48	$4.80
35	$3.75	$5.58
45	$6.03	$10.74
55	$12.51	$24.81
65	$34.41	$65.55

$75,000 Death Benefit with the Waiver of Premium and Accidental Death Benefit

Weekly Premium

ISSUE AGE	NON-TOBACCO	TOBACCO
25	$4.74	$6.72
35	$5.13	$7.86
45	$8.55	$15.60
55	$18.27	$36.72
65	$51.15	$97.86

Note: All employee and spouse rates include a policy fee

Employee 30-Year Term

$25,000 Death Benefit with the Waiver of Premium and Accidental Death Benefit

Weekly Premium

ISSUE AGE	NON-TOBACCO	TOBACCO
25	$2.22	$3.12
35	$2.46	$3.60
45	$4.08	$6.87
55	$9.06	$13.77

$50,000 Death Benefit with the Waiver of Premium and Accidental Death Benefit

Weekly Premium

ISSUE AGE	NON-TOBACCO	TOBACCO
25	$3.66	$5.49
35	$4.14	$6.45
45	$7.38	$12.96
55	$17.37	$26.76

$75,000 Death Benefit with the Waiver of Premium and Accidental Death Benefit

Weekly Premium

ISSUE AGE	NON-TOBACCO	TOBACCO
25	$5.10	$7.83
35	$5.85	$9.27
45	$10.65	$19.08
55	$25.68	$39.75

Note: All employee and spouse rates include a policy fee

Spouse Term Rider 10-Year Term

$10,000 Death Benefit

Weekly Premium

ISSUE AGE	NON-TOBACCO	TOBACCO
25	$0.90	$1.41
35	$0.93	$1.53
45	$1.41	$2.88
55	$2.79	$6.99
65	$8.55	$19.32

$25,000 Death Benefit

Weekly Premium

ISSUE AGE	NON-TOBACCO	TOBACCO
25	$2.22	$3.57
35	$2.34	$3.81
45	$3.51	$7.20
55	$6.96	$17.49
65	$21.39	$48.33

$50,000 Death Benefit

Weekly Premium

ISSUE AGE	NON-TOBACCO	TOBACCO
25	$4.47	$7.11
35	$4.65	$7.62
45	$7.02	$14.40
55	$13.89	$34.98
65	$42.81	$96.66

Note: All employee and spouse rates include a policy fee

Spouse Term Rider 20-Year Term

$10,000 Death Benefit

Weekly Premium

AGE	NON-TOBACCO	TOBACCO
25	$0.87	$1.29
35	$0.93	$1.50
45	$1.56	$3.06
55	$3.24	$7.11

$25,000 Death Benefit

Weekly Premium

ISSUE AGE	NON-TOBACCO	TOBACCO
25	$2.16	$3.24
35	$2.28	$3.78
45	$3.90	$7.68
55	$8.13	$17.76

$50,000 Death Benefit

Weekly Premium

ISSUE AGE	NON-TOBACCO	TOBACCO
25	$4.29	$6.45
35	$4.59	$7.56
45	$7.80	$15.36
55	$16.23	$35.55

Note: All employee and spouse rates include a policy fee

Child Term Rider

Weekly Premium

BENEFIT AMOUNT	
$5,000	$0.48
$10,000	$0.96
$15,000	$1.44
$20,000	$1.92
$25,000	$2.40

Note: All employee and spouse rates include a policy fee

Exclusions & Limitations

We will not pay the Death Benefit if the Insured dies by suicide, while sane or insane, within two years from the Certificate Effective Date, or any shorter period as may be required by applicable law in the state where the policy is delivered or issued for delivery. Instead, we will refund the premiums paid for this insurance. Any increase in the Face Amount is subject to a new two-year Suicide Exclusion for the increase amount only.

The Suicide Exclusion will not apply to the Insured's Death Benefit that has remained in effect for a continuous period of two or more years, or any shorter period as may be required by applicable law in the state where the policy is delivered or issued for delivery during an Insured's lifetime under the Policy, including the Policy and the Policyholder's policy or plan that the Policy replaced.

Accidental Death Benefit Exclusions

The Accidental Death Benefit provided by this Rider is not payable if the Insured's death results directly or indirectly from any of the following causes:

- Being intoxicated or under the influence of alcohol (the term "intoxicated" means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred);
- Voluntary intake or use by any means of: (i) Any drug, unless: (A) Prescribed or administered by a physician and taken in accordance with the physician's instructions, or; (B) An over-the-counter drug, taken in accordance with instructions; or (ii) Poison, gas or fumes, unless a direct result of an occupational accident;
- Participating in an illegal occupation or attempting to commit or committing a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
- Any attempt at suicide, or intentionally self-inflicted injury, while sane or insane;
- By "war" or "act of war" caused by war while in the military service. (The term "war" includes declared or undeclared war or any conflict between the armed forces of any country or countries);
- By riding or driving an air, land or water vehicle in a race, speed or endurance contest;
- Travel in or descent from an aircraft, if acting in a capacity other than a passenger;
- Disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity.

Waiver of Premium Exclusions

No premiums will be waived for any Total Disability which results from any of the following:

- An intentional, self-inflicted injury;
- Being exposed to war or any act of war or serving in any of the armed forces of any country, international organization, or countries at war, or units auxiliary thereto. War can be declared or not and includes hostilities and any armed aggression and resistance to such aggression;
- Participating in an illegal occupation or attempting to commit or actually committing a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place); or
- Being intoxicated, or under the influence of alcohol or any narcotic or other prescription drug unless

Exclusions & Limitations

administered on the advice of a Physician's instructions (the term "intoxicated" means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred).

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Thank You

At present, we expect to deliver consistent benefits and rates to all employees. However, due to state regulatory requirements, we reserve the right to adjust plans, rates, notification of disclosures or delivery of forms. This proposal is not a contract of insurance. The terms and conditions of coverage will be described in detail in the issued policy once we accept. If there are any differences between the terms and conditions of this proposal and the policy, the policy will govern. The policy is governed by the laws of the state in which it is delivered. Certain terms or provisions may be different if required by the laws of that state.

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