

Warren County Schools

November 1, 2022 - October 31, 2023

BENEFITS GUIDE



Michael Shelly, Sr. Account Executive
First Financial Group of America
Michael.Shelly@ffga.com

Donna Robertson, Warren County Schools
252.257.3184
DRobertson@warrenk12.nc.org

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*AVAILABLE FOR NEW-HIRE EMPLOYEES ONLY

This guide contains a summary of the benefits offered by your employer. If there is a conflict between the terms of this outline of benefits and the actual contracts, the terms of the contracts will prevail.

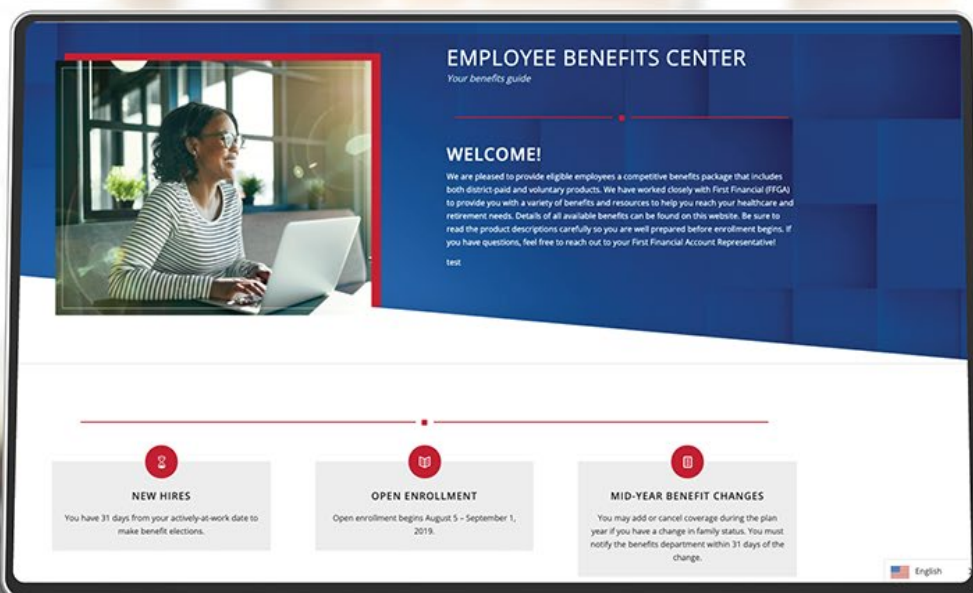
EMPLOYEE BENEFITS CENTER

YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

Warren County Schools and First Financial are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer, as well as find claims, important phone number, and enrollment information.

There's no need to register for site access. Simply type the URL below into your browser and you will be directed to your Employee Benefits Center.

ffbenefits.ffga.com/warrencountyschools/



HOW TO ENROLL

ENROLLMENT ASSISTANCE CENTER INSTRUCTIONS

Call 855-765-4473 and follow the prompts to be connected to your local First Financial branch office. Hours of operation are 8 a.m. to 5 p.m. (local time) Monday through Friday. There is an option to leave a voice message for a representative to call you back. Phone calls will be returned as soon as possible or the next business day if it is after hours.

ONLINE ENROLLMENT

To begin online enrollment, visit <https://ffga.benselect.com/Enroll/login.aspx>.

LOGIN

- Login: Your Employee ID or Social Security Number (no dashes)
- PIN (first login only): The last four digits of your Social Security Number and the last two digits of the year you were born (six digits total)
- New PIN: The first time you log in you will be required to change to a new PIN. Please note your new PIN because you will use the new PIN from that point forward.

VIEW CURRENT BENEFITS

After logging in, you will arrive at the welcome screen. Your current benefits and premium deductions will be listed on this screen.

VIEW/ADD DEPENDENTS

Click next to view your dependents. It is very important to make sure the social security numbers and birth dates listed are correct. If you plan to add dependents, you will need to enter their social security numbers and birth dates.

BEGIN ELECTIONS

Click next again to begin making your benefit elections. Remember, no changes to your elections can be made during the plan year unless you have either a qualified mid-year change under Section 125 or a special enrollment event.

ON-SITE ENROLLMENT

When it's time to enroll in your benefits, your First Financial Account Representative will be on-site to assist you with making your elections. Visit your EBC to view the on-site enrollment schedule.

ELIGIBILITY

ELIGIBILITY

Eligible employees must be actively at work on the plan effective date for new benefits to be effective.

NEW EMPLOYEES

You have 31 days from your actively-at-work date to make benefit elections. Your New Hire Enrollment elections will be made at the <insert location>.

EXISTING EMPLOYEES

When it's time to enroll in your benefits, your First Financial Account Representative will be available to assist you with making your elections. Your elections can be made anytime during annual enrollment online from your work or home computer. Before enrollment, take time to educate yourself on the available benefits and what options would work best for you and your family by visiting the Employee Benefits Center.

MID-YEAR BENEFIT CHANGES

You may add or cancel coverage during the plan year if you have a change in family status. You must notify the benefits department within 31 days of the change.

QUALIFYING LIFE EVENTS INCLUDE:

- Changes in household, including marriage, divorce, legal separation, annulment, death of a spouse, birth, adoption, placement for adoption, or death of a dependent child
- Loss of health coverage, attributable to your spouse's employment, losing existing health coverage including job-based, individual & student plans, losing eligibility for Medicare, Medicaid, or CHIP, turning 26 and losing coverage through a parent's plan

DECLINING COVERAGE

If you are eligible for benefits, but wish to DECLINE coverage, please complete the online enrollment either on your work or home computer. Under each option, you will need to select "waive." **You must still complete the beneficiary information.**

SECTION 125 PLANS

SECTION 125 PLAN INFORMATION AND RULES

A Section 125 Plan provides a tax-saving way to pay for eligible medical or dependent care expenses. The funds are automatically deducted from your paycheck on a pre-tax basis.

HERE'S HOW IT WORKS

A Section 125 Plan reduces your taxes and increases your spendable income by allowing you to deduct the cost of eligible benefits from your earnings before tax. Plus, the plan is available to you at no cost, and you're already eligible – all you must do is enroll.

IS IT RIGHT FOR ME?

The savings you may experience with a Section 125 Plan are outlined in the example below. For instance, you could potentially take home about \$70 more each month if you participated in your employer's Section 125 Plan – that's a savings of \$840 a year!

You cannot change your benefit elections for the plan year unless the benefits office receives notification in writing within 31 days of the status change. If the benefits office is not notified within 31 days of the status change, no benefit change can be made until the next annual open enrollment.

IRS specified changes in family status include:

- Change in legal married status
- Change in number of dependents
- Termination or commencement of employment
- Dependent satisfies or ceases to satisfy dependent eligibility requirements
- Change in residence or worksite that affects eligibility for coverage

SECTION 125 PLAN SAMPLE PAYCHECK		
	WITHOUT S125	WITH S125
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	-N/A	-\$250
Taxable Gross Income	\$2,000	\$1,750
Less Taxes (Fed/State at 20%)	-\$400	-\$350
Less Estimated FICA (7.65%)	-\$153	-\$133
Less Medical Deductions	-\$250	-N/A
Take Home Pay	\$1,197	\$1,267

YOU COULD SAVE \$70 PER MONTH IN TAXES BY PAYING FOR YOUR BENEFITS ON A PRE-TAX BASIS!

**The figures in the sample paycheck above are for illustrative purposes only.*

FLEXIBLE SPENDING ACCOUNTS

First Financial Administrators, Inc. | www.ffga.com | 1.866.853.3539
P.O. Box 161968 | Altamonte Springs, FL 32716

MEDICAL FSA

[grace period option:]

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and pay for out-of-pocket medical expenses not covered under your medical plan. If your plan includes a grace period option, you have additional time to incur and claim against unused funds in the new plan year. Keep in mind that remaining balances after the grace period is exhausted will be forfeited under the use-it-or-lose-it rule.

[carryover option:]

<A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and reimburse yourself for out-of-pocket medical expenses not covered under your medical plan. Your employer has chosen the \$570 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$570 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$570 will be forfeited under the use-it-or-lose-it rule.>

Your maximum contribution amount for 2022 is \$2,850.

HIGHLIGHTS

- Contributions are automatically deducted from your paycheck on a pre-tax basis, which helps reduce your taxable income and increase your spendable income.
- Your full election will be available to you at the beginning of the plan year.
- Be conservative – any money left in your account at the end of the plan year will be forfeited.
- Use your benefits card to pay for qualified expenses upfront without spending money out of pocket.
- Keep all receipts in case you need to substantiate a claim for tax purposes.

NOTE: The IRS requires proof that all expenses are eligible. Keep all receipts in case you need to substantiate a claim for tax purposes. Your receipt must include the date of purchase or service, amount you were required to pay after insurance, description of the product or service, merchant or provider name, and the patient's name.

DEPENDENT CARE FSA

With a Dependent Care Flexible Spending Account, you can set aside part of your pay on a pre-tax basis to pay for eligible dependent care expenses like childcare, babysitters, and adult day care.

**You may allocate up to \$5,000 per tax year for reimbursement of dependent care services.
If you are married and file a separate tax return, the limit is \$2,500.**

HIGHLIGHTS

- Eligible dependents must be claimed as an exemption on your tax return.
- Eligible dependents must be children under age 13 or an adult dependent incapable of self-care.
- Funds become available as contributions are made to your account.
- Keep all receipts in case you need to substantiate a claim for tax purposes.
- Balances will be forfeited at the end of the runoff or grace period.

FSA RESOURCES

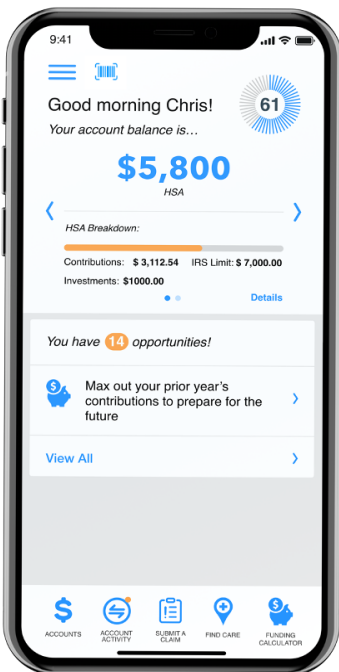
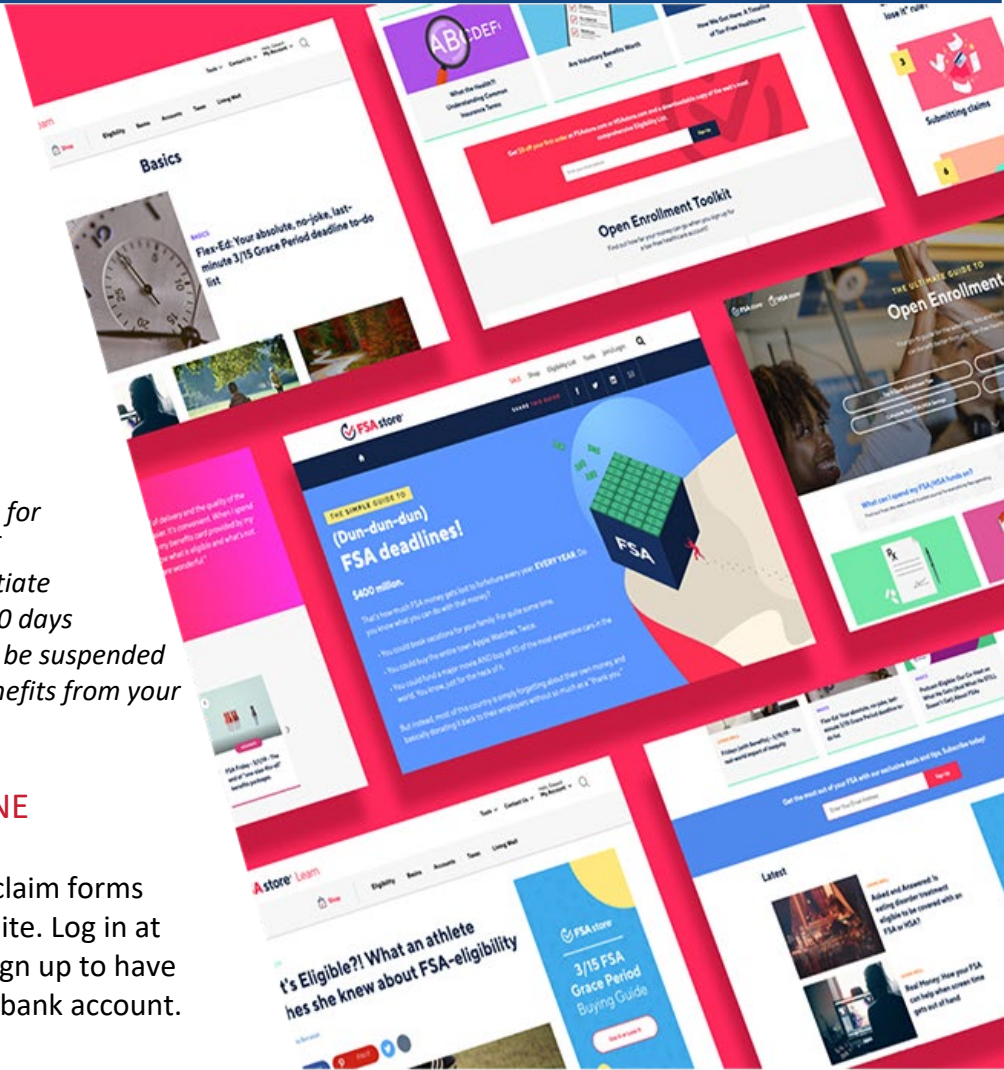
BENEFITS CARD

The First Financial Benefits Card is available to all employees that participate in a Medical FSA and/or a Dependent Care FSA. The Benefits Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse and any eligible dependents who are at least 18 years old.

The IRS requires validation of most transactions for FSAs. You must submit receipts for validation of expenses when requested. If you fail to substantiate by providing a receipt to First Financial within 60 days of the purchase or date of service your card will be suspended until the necessary receipt or explanation of benefits from your insurance provider is received.

VIEW YOUR ACCOUNT DETAILS ONLINE

Sign up to view your account balance, find claim forms and check claims status on our secure website. Log in at www.ffga.com. After you log in, you may sign up to have reimbursements directly deposited to your bank account. View the [Portal Log-in Guide](#) now!



FF MOBILE ACCOUNT APP

With the FF Mobile Account App, you can submit claims, view account balance and history, check claims status, view alerts, upload receipts and documentation and more! The FF Mobile Account App is available for Apple® and Android™ devices on either the App StoreSM or Google Play StoreTM. View the FF Mobile Account App [User Guide](#) and [Quick Reference Guide](#).

FSA STORE

First Financial has partnered with the FSA Store to bring you an easy-to-use online store to better understand and manager your account. You can shop for eligible medical items like bandages and contact solution, browse for products and services using the Eligibility List and visit the Learning Center to find answers to commonly asked questions. Visit the store at <http://www.ffga.com/individuals/#stores> for more details and special deals.



Delta Dental of North Carolina Dental Benefit Highlights for Warren County Schools #1466



Delta Dental PPO plus Premier™

Coverage effective **November 1, 2022**

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Bitewing Radiographs - bitewing X-rays	100%	100%	100%
Basic Services			
All Other Radiographs - other X-rays	80%	80%	80%
Minor Restorative Services - fillings and crown repair	80%	80%	80%
Endodontic Services - root canals	80%	80%	80%
Periodontic Services - to treat gum disease	80%	80%	80%
Simple Extractions - non-surgical removal of teeth	80%	80%	80%
Major Services			
Other Oral Surgery - dental surgery	50%	50%	50%
Major Restorative Services - crowns	50%	50%	50%
Other Basic Services - misc. services	50%	50%	50%
Relines and Repairs - to bridges, implants, and dentures	50%	50%	50%
Prosthetic Services - bridges, implants, dentures, and crowns over implants	50%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	through age 18 and under		

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This Nonparticipating Dentist Fee may be less than what your dentist charges, which means that you will be responsible for the difference.

Maximum Payment - \$1,000 per Member total per Benefit Year on all services, except diagnostic and preventive services, emergency palliative treatment, bitewing X-rays, brush biopsy, sealants, and orthodontic services. \$1,250 per Member total per lifetime on orthodontic services.

Deductible - \$50 Deductible per Member total per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, bitewing X-rays, sealants, and orthodontic services.

Note - This document is only intended to provide a brief description of your benefits. Please refer to your Certificate and summary for a complete description of benefits, exclusions, and limitations.

10 Month Pay Employees

- Employee Only - \$37.68
- Employee and Spouse - \$77.57
- Employee and Child(ren) - \$82.80
- Employee, Spouse, and Child(ren) - \$122.69

12 Month Pay Employees

- Employee Only - \$31.40
- Employee and Spouse - \$64.64
- Employee and Child(ren) - \$69.00
- Employee, Spouse, and Child(ren) - \$102.24

Welcome to North Carolina's largest dental benefits family!

As a member of Delta Dental of North Carolina, you have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier.

- It's easy to find a dentist! Four out of five dentists nationwide participate in our network.
- You have superior access to care and fee savings because of our agreements with participating dentists.
- Our dentists cannot balance bill you, which means more money in your pocket!
- No troublesome paperwork! Network dentists will fill out and file your claims.
- Pay only your copayments and/or deductibles when you receive care from network dentists -- there are no hidden fees.
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

Quality Dental Program

With our quick and accurate claims processing, we pay more than 90% of claims in 10 days or less. Delta Dental also offers world-class customer service from our BenchmarkPortal Certified Center of Excellence call center.

Online Access

Our online Member Portal lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more -- all at your own convenience.

A Healthy Smile

Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

Questions?

If you have questions, please call our Customer Service team at 800-662-8856 (TTY users call 711) or look online at <https://www.DeltaDentalNC.com>.



Vision plan benefits for Warren County Schools

Copays

Exam	\$10
Materials ¹	\$15
Contact lens fitting (standard & specialty)	\$25

Monthly premiums

Emp. only	\$6.60
Emp. + 1 dependent	\$13.00
Emp. + family	\$19.13

Services/frequency

Exam	12 months
Frame	12 months
Contact lens fitting	12 months
Lenses	12 months
Contact lenses	12 months

(Based on date of service)

Benefits through Superior National network

	In-network	Out-of-network
Exam (ophthalmologist)	Covered in full	Up to \$44 retail
Exam (optometrist)	Covered in full	Up to \$39 retail
Frames	\$130 retail allowance	Up to \$52 retail
Contact lens fitting (standard ²)	Covered in full	Not covered
Contact lens fitting (specialty ²)	\$50 retail allowance	Not covered
Lenses (standard) per pair		
Single vision	Covered in full	Up to \$26 retail
Bifocal	Covered in full	Up to \$34 retail
Trifocal	Covered in full	Up to \$50 retail
Progressives lens upgrade	See description ³	Up to \$50 retail
Contact lenses ⁴	\$130 retail allowance	Up to \$100 retail

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

¹ Materials co-pay applies to lenses and frames only, not contact lenses

² Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses.

³ Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay.

⁴ Contact lenses are in lieu of eyeglass lenses and frames benefit

Discount features

Look for providers in the provider directory who accept discounts, as some do not; please verify their services and discounts (range from 10%-30%) prior to service as they vary.

Discounts on covered materials

Frames:	20% off amount over allowance
Lens options:	20% off retail
Progressives:	20% off amount over retail lined trifocal lens, including lens options
Specialty contact lens fit:	10% off retail, then apply allowance

superiorvision.com

(800) 507-3800

Discounts on non-covered exam, services and materials

Exams, frames, and prescription lenses:	30% off retail
Lens options, contacts, miscellaneous options:	20% off retail
Disposable contact lenses:	10% off retail
Retinal imaging:	\$39 maximum out-of-pocket

Maximum member out-of-pocket

The following options have out-of-pocket maximums⁵ on standard (not premium, brand, or progressive) lenses.

	Single vision	Bifocal & trifocal
Scratch coat	\$13	\$13
Ultraviolet coat	\$15	\$15
Tints, solid or gradients	\$25	\$25
Anti-reflective coat	\$50	\$50
Polycarbonate	\$40	20% off retail
High index 1.6	\$55	20% off retail
Photochromics	\$80	20% off retail

Refractive surgery

Superior Vision has a nationwide network of independent refractive surgeons and partnerships with leading LASIK networks who offer members a discount. These discounts range from 10%-50%, and are the best possible discounts available to Superior Vision.

⁵ Discounts and maximums may vary by lens type. Please check with your provider.

The Plan discount features are not insurance.

All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.

Discounts are subject to change without notice.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.



Disability Income

Supplemental income protection



Protect your financial well-being with Voluntary Disability

A Disability plan will help with day-to-day expenses – housing, food, car payments, even additional medical costs – if you become disabled from an accident or illness. You will not have to worry about using your savings or incurring additional debt to cover these costs and care for your family.

Why do I need Disability coverage?

Most people can't afford to be disabled, even for a short time. Almost 90 percent of disabling accidents and illnesses are not work related, so you can't count on Workers Compensation to be there for you and your loved ones.

National Safety Council, Injury Facts 2008 Ed.

Because you can't know when a disabling illness or injury will impact your ability to bring home a paycheck, you can enroll in Disability coverage from ManhattanLife to help you and your family deal with the unexpected. You will be able to concentrate on your recovery after a sickness or accident and return to your job.

Here's how it works

Benefits from your ManhattanLife plan are paid in addition to any Disability coverage you already have. Your monthly coverage, elimination period, benefit period and any optional benefits will depend on the plan design your employer selects. You will find the plan to be easy and economical – your premiums are conveniently paid through payroll deduction.

Disability Income Coverage

Coverage type	Disability Income Plus provides a monthly disability income benefit as a result of non-occupational accident or sickness.		
Product	Policy Type:	Group	
	Policy Name:	Disability Income Plus	
	Policy Form:	M-8014	
Eligibility	Issue Age:	Employee:	18 – 70
	Criteria:	<ul style="list-style-type: none"> Employee is benefit eligible, actively at work full-time, working at least 20 hours per week. Employee only coverage. 	
	Termination Age:	<ul style="list-style-type: none"> Age 70 unless actively at work, then on last day of active employment. 	
			Guarantee Issue
Underwriting Offer	Employee:	Employee:	Up to 65% of base salary to a max benefit of \$3,000.
		Superintendents:	Up to 65% of base salary to a max benefit of \$5,000.
Target Participation	Minimum to Issue:	10 Employee applications or 1% of eligible Employees, whichever is greater.	
	Guarantee Issue:	Waived, expectation of 20% of all eligible enrolled by end of the enrollment.	
Benefit Amounts	Employee:	Minimum benefit of \$300 and maximum benefit of \$5,000* per month, not to exceed 65% of base monthly income.	

*If Enrollment technology does not support SI Underwriting all applications must be taken on paper applications.

Plan Design

Accident & Sickness – Elimination Period/Duration

0 Day Accident/7 Day Sickness (Illness)/12-month Duration
14 Day Accident/14 Day Sickness (Illness)/12-month Duration
30 Day Accident/30 Day Sickness (Illness)/12-month Duration

Partial Disability	50%, up to 6 months
Recurrent Disability	Recurrs within 180 days
Pre-existing Provision	12/12
Pregnancy	Treated as any other illness
Portability	Included
Waiver of Premium	After 90 Days

Benefit Definitions

TOTAL DISABILITY: For the first 24 months of a disability that the Employee/member is unable to perform the substantial and material duties of his or her regular occupation, not working in any other occupation, and under the care of a physician for the disability. After 24 months of total disability, totally disabled means that the Employee/member is unable to perform the duties of any occupation, and under the care of a physician for the disability.

PARTIAL DISABILITY: Because of a covered sickness or injury, the Employee/member is working more than 20% but not more than 80% of the normal pre-disability schedule, and under the regular care of a physician.

RECURRENT DISABILITY: Total and/or partial disability that is due to the same or related causes as a prior period of disability, follows a prior period for which a monthly benefit was paid, and occurs within 180 days after the end of a prior period for which a monthly benefit was paid. The elimination period is waived, and benefits are immediately available for up to the remaining benefit from the previous disability.

OCCUPATIONAL INCOME: The Eligible Persons' monthly rate of earnings from His Employer as of the day before the start of Total Disability. Occupational Income including commissions will be averaged over a period of time (see certificate of coverage). Occupational Income does not include overtime pay, bonuses, or extra compensation other than commissions.

ACCIDENT & SICKNESS: Provides coverage for disabilities caused by either an accidental injury or sickness.

ELIMINATION PERIOD: The number of continuous days, beginning with the first day of a total disability, before any monthly benefit amount is payable. Separate elimination periods apply to injury and illness.

BENEFIT PERIOD: The period of time for which Monthly Income Benefits are payable for disability due to the same cause.

WAIVER OF PREMIUM: Premium is waived if the Employee is totally disabled for more than 90 days or the elimination period, whichever is longer. Waiver of Premium will continue while the insured is receiving a Total Disability Income Benefit.

PRE-EXISTING CONDITION LIMITATION: If a member has a pre-existing condition that is diagnosed or symptoms occurred in the 12 months prior to the policy effective date, no benefits will be paid for the first 12 months of the policy effective date. Refer to the certificate of coverage for specific pre-existing limitations.

PORTABILITY: Portable after six months of continuous coverage if group master policy remains in force and the insured is less than age 70, not Totally Disabled, and no longer Actively at work for the Employer. Participants may continue coverage by paying premiums on a direct billing method. All ported certificates will be subject to any rate increases on the Employer's Master Policy. Dependents on ported certificates terminate when the spouse attained age is 70 or the child attained age is 25. If the policy terminates the ported Certificate terminates.

Disability Income Plus Rates

Rate Assumption Information

Rate Structure:	Issue Age
Tobacco Status:	Uni-Tobacco
Rate Guarantee Period:	One (1) Year
Contributions:	100% Employee Paid
Takeover:	Yes
Commissions:	High/Low
Coverage Type:	non-occupational
Industry Class:	Preferred; 8211
Benefits Included:	As shown above in the benefits and optional benefit sections
Participation Expectation:	Waived, expectation of 20% of all eligible enrolled by end of the enrollment. Employees.

PARTICIPATION EXPECTATION:

Participation requirement is the number of enrolled needed for Guaranteed Issue offer. If the participation requirement is waived, then all applications will be Guaranteed issue up to the amount listed in the Underwriting offer of the proposal, for the initial enrollment period.

At the end of the enrollment period, it will be expected that a minimum percentage of all eligible will be enrolled into the product. This participation percentage is in the participation section of the proposal. If the participation expectation is not met, then all applications will be Underwritten on a Simplified Issue basis.

TAKEOVER EXPECTATIONS

- The takeover/replacement policies will be underwritten on a Guarantee Issue basis.
- The takeover/replacement policies will be underwritten based on the Employee's age as of the Effective Date of Coverage with ManhattanLife.
- Takeover Provision – The Pre-Existing Conditions Clause will be reduced by a number of months equal to the number of months the replaced coverage was in force, when all of the following conditions are met:
 - ManhattanLife Assurance Company of America's coverage replaces a similar in force coverage.
 - The replaced coverage, including benefit amount and effective date, is submitted to ManhattanLife Assurance Company of America at the time of enrollment.
 - The replaced coverage was in force within 63 calendar days of the date of ManhattanLife Assurance Company of America's application.
 - The previous carrier's bill is submitted to ManhattanLife Assurance Company of America.
 - The applicant qualifies for coverage in accordance with ManhattanLife Assurance Company of America's underwriting offer.
 - The maximum amount of takeover coverage available is \$5,000.
- After the initial enrollment period is complete, takeover is no longer available.
- The takeover/replacement policies will be underwritten based on the Employee's age as of the Effective Date of Coverage with ManhattanLife.

OTHER CONTINGENCIES

- Late enrollees will be accepted on an SI basis only, unless otherwise approved by underwriting.
- *Where approved, Employees with State DI will be reduced accordingly to the following- CA/MA/NJ maximum of 25% of benefit, and HI/NY/RI maximum of 40% benefit.
- This offer is contingent on no other disability coverage is quoted or inforce.
- Please refer to the certificate/policy for full benefit and limitation information.

Disability Income Plus

Presented by

Warren County Schools



Disability Income Plus provides a monthly disability income benefit as a result of a non-occupational “off-the-job” accident or sickness. If you’re totally disabled by an accident or illness, Disability Income Plus can be there to help, helping pay the bills that won’t go away just because you can’t work: housing costs, food, car payments, and additional medical costs. You can focus on a full recovery and successful return to the workplace.

Coverage type	Disability Income Plus is a group disability income insurance policy that provides a monthly disability income benefit due to a non-occupational “off-the-job” accident or injury.
Benefit amount	Minimum benefit of \$300 and maximum benefit of \$3,000 per month (\$5,000 for Superintendents), not to exceed 65% of base monthly income.
Plan design	Accident & Sickness: Provides coverage for disabilities caused by either an accidental injury or sickness.
Benefit period	Twelve months
Elimination period	Provides non-occupational coverage for injuries after 0, 14 or 30 days and off-the job sicknesses after 7, 14 or 30 days of total disability (depending on your selection).
Definition of disability	<p>Total disability: for the first 24 months of a disability that the employee/member is unable to perform the substantial and material duties of his or her regular occupation, not working in any other occupation, and under the care of a physician for the disability.</p> <p>After 24 months of total disability, totally disabled means that the employee/member is unable to perform the duties of any occupation, and under the care of a physician for the disability.</p> <p>Partial disability: because of a covered sickness or injury, the employee/member is working more than 20% but not more than 80% of the normal pre-disability schedule, and under the regular care of a physician.</p> <p>The normal pre-disability schedule is as defined by the employee/member’s employer but does not include overtime.</p> <p>Recurrent disability: total and/or partial disability that is due to the same or related causes as a prior period of disability, follows a prior period for which a monthly benefit was paid, and occurs within 180 days after the end of a prior period for which a monthly benefit was paid.</p>

Bill Mode	Frequency	Action
Monthly	Semi-Monthly	Divide modal premium by 2
Monthly	Bi-Weekly	Multiply modal premium by 12, then divide by 26
Monthly	Weekly	Multiply modal premium by 12, then divide by 52
Thirteenthly (Billed every 28 days)	Bi-Weekly	Divide modal premium by 2
Thirteenthly (Billed every 28 days)	Weekly	Divide modal premium by 4
Tenthly	Monthly for 10 Months	Multiply modal premium by 12, then divide by 10
20 Pay	Semi-monthly for 10 Months	Multiply modal premium by 12, then divide by 20
9thly	Monthly for 9 Months	Multiply modal premium by 12, then divide by 9

Insured by ManhattanLife Insurance Company.

This is not a complete disclosure of plan qualifications and limitations. Your broker will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

Policy: M-8014
Underwritten by ManhattanLife Insurance Company

1-855.448.6982 s ManhattanLife.COM



Disability Income Plus

Warren County Schools

Disability Income Plus rates

Tenthly deductions, Elimination Period: 0/7

Age	Benefit amount									
Benefit	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
18-35	\$16.06	\$20.51	\$24.96	\$29.41	\$33.86	\$38.32	\$42.77	\$47.22	\$51.67	\$56.12
36-45	\$17.10	\$21.90	\$26.70	\$31.50	\$36.30	\$41.10	\$45.90	\$50.70	\$55.50	\$60.30
46-55	\$19.22	\$24.73	\$30.24	\$35.75	\$41.26	\$46.76	\$52.27	\$57.78	\$63.29	\$68.80
56-65	\$21.71	\$28.04	\$34.38	\$40.72	\$47.05	\$53.39	\$59.72	\$66.06	\$72.40	\$78.73
66-70	\$28.69	\$37.36	\$46.02	\$54.68	\$63.35	\$72.01	\$80.68	\$89.34	\$98.00	\$106.67
Benefit	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
18-35	\$60.58	\$65.03	\$69.48	\$73.93	\$78.38	\$82.84	\$87.29	\$91.74	\$96.19	\$100.64
36-45	\$65.10	\$69.90	\$74.70	\$79.50	\$84.30	\$89.10	\$93.90	\$98.70	\$103.50	\$108.30
46-55	\$74.30	\$79.81	\$85.32	\$90.83	\$96.34	\$101.84	\$107.35	\$112.86	\$118.37	\$123.88
56-65	\$85.07	\$91.40	\$97.74	\$104.08	\$110.41	\$116.75	\$123.08	\$129.42	\$135.76	\$142.09
66-70	\$115.33	\$124.00	\$132.66	\$141.32	\$149.99	\$158.65	\$167.32	\$175.98	\$184.64	\$193.31
Benefit	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200
18-35	\$105.10	\$109.55	\$114.00	\$118.45	\$122.90	\$127.36	\$131.81	\$136.26	\$140.71	\$145.16
36-45	\$113.10	\$117.90	\$122.70	\$127.50	\$132.30	\$137.10	\$141.90	\$146.70	\$151.50	\$156.30
46-55	\$129.38	\$134.89	\$140.40	\$145.91	\$151.42	\$156.92	\$162.43	\$167.94	\$173.45	\$178.96
56-65	\$148.43	\$154.76	\$161.10	\$167.44	\$173.77	\$180.11	\$186.44	\$192.78	\$199.12	\$205.45
66-70	\$201.97	\$210.64	\$219.30	\$227.96	\$236.63	\$245.29	\$253.96	\$262.62	\$271.28	\$279.95
Benefit	\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900	\$4,000	\$4,100	\$4,200
18-35	\$149.62	\$154.07	\$158.52	\$162.97	\$167.42	\$171.88	\$176.33	\$180.78	\$185.23	\$189.68
36-45	\$161.10	\$165.90	\$170.70	\$175.50	\$180.30	\$185.10	\$189.90	\$194.70	\$199.50	\$204.30
46-55	\$184.46	\$189.97	\$195.48	\$200.99	\$206.50	\$212.00	\$217.51	\$223.02	\$228.53	\$234.04
56-65	\$211.79	\$218.12	\$224.46	\$230.80	\$237.13	\$243.47	\$249.80	\$256.14	\$262.48	\$268.81
66-70	\$288.61	\$297.28	\$305.94	\$314.60	\$323.27	\$331.93	\$340.60	\$349.26	\$357.92	\$366.59
Benefit	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000		
18-35	\$194.14	\$198.59	\$203.04	\$207.49	\$211.94	\$216.40	\$220.85	\$225.30		
36-45	\$209.10	\$213.90	\$218.70	\$223.50	\$228.30	\$233.10	\$237.90	\$242.70		
46-55	\$239.54	\$245.05	\$250.56	\$256.07	\$261.58	\$267.08	\$272.59	\$278.10		
56-65	\$275.15	\$281.48	\$287.82	\$294.16	\$300.49	\$306.83	\$313.16	\$319.50		
66-70	\$375.25	\$383.92	\$392.58	\$401.24	\$409.91	\$418.57	\$427.24	\$435.90		



Disability Income Plus

Warren County Schools

Disability Income Plus rates

Tenthly deductions, Elimination Period: 14/14

Age	Benefit amount									
Benefit	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
18-35	\$11.59	\$14.56	\$17.52	\$20.48	\$23.45	\$26.41	\$29.38	\$32.34	\$35.30	\$38.27
36-45	\$12.31	\$15.52	\$18.72	\$21.92	\$25.13	\$28.33	\$31.54	\$34.74	\$37.94	\$41.15
46-55	\$14.11	\$17.92	\$21.72	\$25.52	\$29.33	\$33.13	\$36.94	\$40.74	\$44.54	\$48.35
56-65	\$16.42	\$20.99	\$25.56	\$30.13	\$34.70	\$39.28	\$43.85	\$48.42	\$52.99	\$57.56
66-70	\$21.67	\$28.00	\$34.32	\$40.64	\$46.97	\$53.29	\$59.62	\$65.94	\$72.26	\$78.59
Benefit	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
18-35	\$41.23	\$44.20	\$47.16	\$50.12	\$53.09	\$56.05	\$59.02	\$61.98	\$64.94	\$67.91
36-45	\$44.35	\$47.56	\$50.76	\$53.96	\$57.17	\$60.37	\$63.58	\$66.78	\$69.98	\$73.19
46-55	\$52.15	\$55.96	\$59.76	\$63.56	\$67.37	\$71.17	\$74.98	\$78.78	\$82.58	\$86.39
56-65	\$62.14	\$66.71	\$71.28	\$75.85	\$80.42	\$85.00	\$89.57	\$94.14	\$98.71	\$103.28
66-70	\$84.91	\$91.24	\$97.56	\$103.88	\$110.21	\$116.53	\$122.86	\$129.18	\$135.50	\$141.83
Benefit	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200
18-35	\$70.87	\$73.84	\$76.80	\$79.76	\$82.73	\$85.69	\$88.66	\$91.62	\$94.58	\$97.55
36-45	\$76.39	\$79.60	\$82.80	\$86.00	\$89.21	\$92.41	\$95.62	\$98.82	\$102.02	\$105.23
46-55	\$90.19	\$94.00	\$97.80	\$101.60	\$105.41	\$109.21	\$113.02	\$116.82	\$120.62	\$124.43
56-65	\$107.86	\$112.43	\$117.00	\$121.57	\$126.14	\$130.72	\$135.29	\$139.86	\$144.43	\$149.00
66-70	\$148.15	\$154.48	\$160.80	\$167.12	\$173.45	\$179.77	\$186.10	\$192.42	\$198.74	\$205.07
Benefit	\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900	\$4,000	\$4,100	\$4,200
18-35	\$100.51	\$103.48	\$106.44	\$109.40	\$112.37	\$115.33	\$118.30	\$121.26	\$124.22	\$127.19
36-45	\$108.43	\$111.64	\$114.84	\$118.04	\$121.25	\$124.45	\$127.66	\$130.86	\$134.06	\$137.27
46-55	\$128.23	\$132.04	\$135.84	\$139.64	\$143.45	\$147.25	\$151.06	\$154.86	\$158.66	\$162.47
56-65	\$153.58	\$158.15	\$162.72	\$167.29	\$171.86	\$176.44	\$181.01	\$185.58	\$190.15	\$194.72
66-70	\$211.39	\$217.72	\$224.04	\$230.36	\$236.69	\$243.01	\$249.34	\$255.66	\$261.98	\$268.31
Benefit	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000		
18-35	\$130.15	\$133.12	\$136.08	\$139.04	\$142.01	\$144.97	\$147.94	\$150.90		
36-45	\$140.47	\$143.68	\$146.88	\$150.08	\$153.29	\$156.49	\$159.70	\$162.90		
46-55	\$166.27	\$170.08	\$173.88	\$177.68	\$181.49	\$185.29	\$189.10	\$192.90		
56-65	\$199.30	\$203.87	\$208.44	\$213.01	\$217.58	\$222.16	\$226.73	\$231.30		
66-70	\$274.63	\$280.96	\$287.28	\$293.60	\$299.93	\$306.25	\$312.58	\$318.90		

Disability Income Plus

Warren County Schools

Disability Income Plus rates

Tenthly deductions, Elimination Period: 30/30

Age	Benefit amount									
Benefit	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
18-35	\$8.64	\$10.62	\$12.60	\$14.58	\$16.56	\$18.54	\$20.52	\$22.50	\$24.48	\$26.46
36-45	\$9.07	\$11.20	\$13.32	\$15.44	\$17.57	\$19.69	\$21.82	\$23.94	\$26.06	\$28.19
46-55	\$10.48	\$13.07	\$15.66	\$18.25	\$20.84	\$23.44	\$26.03	\$28.62	\$31.21	\$33.80
56-65	\$12.35	\$15.56	\$18.78	\$22.00	\$25.21	\$28.43	\$31.64	\$34.86	\$38.08	\$41.29
66-70	\$16.42	\$20.99	\$25.56	\$30.13	\$34.70	\$39.28	\$43.85	\$48.42	\$52.99	\$57.56
Benefit	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
18-35	\$28.44	\$30.42	\$32.40	\$34.38	\$36.36	\$38.34	\$40.32	\$42.30	\$44.28	\$46.26
36-45	\$30.31	\$32.44	\$34.56	\$36.68	\$38.81	\$40.93	\$43.06	\$45.18	\$47.30	\$49.43
46-55	\$36.40	\$38.99	\$41.58	\$44.17	\$46.76	\$49.36	\$51.95	\$54.54	\$57.13	\$59.72
56-65	\$44.51	\$47.72	\$50.94	\$54.16	\$57.37	\$60.59	\$63.80	\$67.02	\$70.24	\$73.45
66-70	\$62.14	\$66.71	\$71.28	\$75.85	\$80.42	\$85.00	\$89.57	\$94.14	\$98.71	\$103.28
Benefit	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200
18-35	\$48.24	\$50.22	\$52.20	\$54.18	\$56.16	\$58.14	\$60.12	\$62.10	\$64.08	\$66.06
36-45	\$51.55	\$53.68	\$55.80	\$57.92	\$60.05	\$62.17	\$64.30	\$66.42	\$68.54	\$70.67
46-55	\$62.32	\$64.91	\$67.50	\$70.09	\$72.68	\$75.28	\$77.87	\$80.46	\$83.05	\$85.64
56-65	\$76.67	\$79.88	\$83.10	\$86.32	\$89.53	\$92.75	\$95.96	\$99.18	\$102.40	\$105.61
66-70	\$107.86	\$112.43	\$117.00	\$121.57	\$126.14	\$130.72	\$135.29	\$139.86	\$144.43	\$149.00
Benefit	\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900	\$4,000	\$4,100	\$4,200
18-35	\$68.04	\$70.02	\$72.00	\$73.98	\$75.96	\$77.94	\$79.92	\$81.90	\$83.88	\$85.86
36-45	\$72.79	\$74.92	\$77.04	\$79.16	\$81.29	\$83.41	\$85.54	\$87.66	\$89.78	\$91.91
46-55	\$88.24	\$90.83	\$93.42	\$96.01	\$98.60	\$101.20	\$103.79	\$106.38	\$108.97	\$111.56
56-65	\$108.83	\$112.04	\$115.26	\$118.48	\$121.69	\$124.91	\$128.12	\$131.34	\$134.56	\$137.77
66-70	\$153.58	\$158.15	\$162.72	\$167.29	\$171.86	\$176.44	\$181.01	\$185.58	\$190.15	\$194.72
Benefit	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000		
18-35	\$87.84	\$89.82	\$91.80	\$93.78	\$95.76	\$97.74	\$99.72	\$101.70		
36-45	\$94.03	\$96.16	\$98.28	\$100.40	\$102.53	\$104.65	\$106.78	\$108.90		
46-55	\$114.16	\$116.75	\$119.34	\$121.93	\$124.52	\$127.12	\$129.71	\$132.30		
56-65	\$140.99	\$144.20	\$147.42	\$150.64	\$153.85	\$157.07	\$160.28	\$163.50		
66-70	\$199.30	\$203.87	\$208.44	\$213.01	\$217.58	\$222.16	\$226.73	\$231.30		

Disability Income Plus

Warren County Schools

Disability Income Plus rates

Monthly deductions, Elimination Period: 0/7

Age	Benefit amount									
Benefit	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
18-35	\$13.38	\$17.09	\$20.80	\$24.51	\$28.22	\$31.93	\$35.64	\$39.35	\$43.06	\$46.77
36-45	\$14.25	\$18.25	\$22.25	\$26.25	\$30.25	\$34.25	\$38.25	\$42.25	\$46.25	\$50.25
46-55	\$16.02	\$20.61	\$25.20	\$29.79	\$34.38	\$38.97	\$43.56	\$48.15	\$52.74	\$57.33
56-65	\$18.09	\$23.37	\$28.65	\$33.93	\$39.21	\$44.49	\$49.77	\$55.05	\$60.33	\$65.61
66-70	\$23.91	\$31.13	\$38.35	\$45.57	\$52.79	\$60.01	\$67.23	\$74.45	\$81.67	\$88.89
Benefit	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
18-35	\$50.48	\$54.19	\$57.90	\$61.61	\$65.32	\$69.03	\$72.74	\$76.45	\$80.16	\$83.87
36-45	\$54.25	\$58.25	\$62.25	\$66.25	\$70.25	\$74.25	\$78.25	\$82.25	\$86.25	\$90.25
46-55	\$61.92	\$66.51	\$71.10	\$75.69	\$80.28	\$84.87	\$89.46	\$94.05	\$98.64	\$103.23
56-65	\$70.89	\$76.17	\$81.45	\$86.73	\$92.01	\$97.29	\$102.57	\$107.85	\$113.13	\$118.41
66-70	\$96.11	\$103.33	\$110.55	\$117.77	\$124.99	\$132.21	\$139.43	\$146.65	\$153.87	\$161.09
Benefit	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200
18-35	\$87.58	\$91.29	\$95.00	\$98.71	\$102.42	\$106.13	\$109.84	\$113.55	\$117.26	\$120.97
36-45	\$94.25	\$98.25	\$102.25	\$106.25	\$110.25	\$114.25	\$118.25	\$122.25	\$126.25	\$130.25
46-55	\$107.82	\$112.41	\$117.00	\$121.59	\$126.18	\$130.77	\$135.36	\$139.95	\$144.54	\$149.13
56-65	\$123.69	\$128.97	\$134.25	\$139.53	\$144.81	\$150.09	\$155.37	\$160.65	\$165.93	\$171.21
66-70	\$168.31	\$175.53	\$182.75	\$189.97	\$197.19	\$204.41	\$211.63	\$218.85	\$226.07	\$233.29
Benefit	\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900	\$4,000	\$4,100	\$4,200
18-35	\$124.68	\$128.39	\$132.10	\$135.81	\$139.52	\$143.23	\$146.94	\$150.65	\$154.36	\$158.07
36-45	\$134.25	\$138.25	\$142.25	\$146.25	\$150.25	\$154.25	\$158.25	\$162.25	\$166.25	\$170.25
46-55	\$153.72	\$158.31	\$162.90	\$167.49	\$172.08	\$176.67	\$181.26	\$185.85	\$190.44	\$195.03
56-65	\$176.49	\$181.77	\$187.05	\$192.33	\$197.61	\$202.89	\$208.17	\$213.45	\$218.73	\$224.01
66-70	\$240.51	\$247.73	\$254.95	\$262.17	\$269.39	\$276.61	\$283.83	\$291.05	\$298.27	\$305.49
Benefit	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000		
18-35	\$161.78	\$165.49	\$169.20	\$172.91	\$176.62	\$180.33	\$184.04	\$187.75		
36-45	\$174.25	\$178.25	\$182.25	\$186.25	\$190.25	\$194.25	\$198.25	\$202.25		
46-55	\$199.62	\$204.21	\$208.80	\$213.39	\$217.98	\$222.57	\$227.16	\$231.75		
56-65	\$229.29	\$234.57	\$239.85	\$245.13	\$250.41	\$255.69	\$260.97	\$266.25		
66-70	\$312.71	\$319.93	\$327.15	\$334.37	\$341.59	\$348.81	\$356.03	\$363.25		



Disability Income Plus

Warren County Schools

Disability Income Plus rates

Monthly deductions, Elimination Period: 14/14

Age	Benefit amount									
Benefit	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
18-35	\$9.66	\$12.13	\$14.60	\$17.07	\$19.54	\$22.01	\$24.48	\$26.95	\$29.42	\$31.89
36-45	\$10.26	\$12.93	\$15.60	\$18.27	\$20.94	\$23.61	\$26.28	\$28.95	\$31.62	\$34.29
46-55	\$11.76	\$14.93	\$18.10	\$21.27	\$24.44	\$27.61	\$30.78	\$33.95	\$37.12	\$40.29
56-65	\$13.68	\$17.49	\$21.30	\$25.11	\$28.92	\$32.73	\$36.54	\$40.35	\$44.16	\$47.97
66-70	\$18.06	\$23.33	\$28.60	\$33.87	\$39.14	\$44.41	\$49.68	\$54.95	\$60.22	\$65.49
Benefit	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
18-35	\$34.36	\$36.83	\$39.30	\$41.77	\$44.24	\$46.71	\$49.18	\$51.65	\$54.12	\$56.59
36-45	\$36.96	\$39.63	\$42.30	\$44.97	\$47.64	\$50.31	\$52.98	\$55.65	\$58.32	\$60.99
46-55	\$43.46	\$46.63	\$49.80	\$52.97	\$56.14	\$59.31	\$62.48	\$65.65	\$68.82	\$71.99
56-65	\$51.78	\$55.59	\$59.40	\$63.21	\$67.02	\$70.83	\$74.64	\$78.45	\$82.26	\$86.07
66-70	\$70.76	\$76.03	\$81.30	\$86.57	\$91.84	\$97.11	\$102.38	\$107.65	\$112.92	\$118.19
Benefit	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200
18-35	\$59.06	\$61.53	\$64.00	\$66.47	\$68.94	\$71.41	\$73.88	\$76.35	\$78.82	\$81.29
36-45	\$63.66	\$66.33	\$69.00	\$71.67	\$74.34	\$77.01	\$79.68	\$82.35	\$85.02	\$87.69
46-55	\$75.16	\$78.33	\$81.50	\$84.67	\$87.84	\$91.01	\$94.18	\$97.35	\$100.52	\$103.69
56-65	\$89.88	\$93.69	\$97.50	\$101.31	\$105.12	\$108.93	\$112.74	\$116.55	\$120.36	\$124.17
66-70	\$123.46	\$128.73	\$134.00	\$139.27	\$144.54	\$149.81	\$155.08	\$160.35	\$165.62	\$170.89
Benefit	\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900	\$4,000	\$4,100	\$4,200
18-35	\$83.76	\$86.23	\$88.70	\$91.17	\$93.64	\$96.11	\$98.58	\$101.05	\$103.52	\$105.99
36-45	\$90.36	\$93.03	\$95.70	\$98.37	\$101.04	\$103.71	\$106.38	\$109.05	\$111.72	\$114.39
46-55	\$106.86	\$110.03	\$113.20	\$116.37	\$119.54	\$122.71	\$125.88	\$129.05	\$132.22	\$135.39
56-65	\$127.98	\$131.79	\$135.60	\$139.41	\$143.22	\$147.03	\$150.84	\$154.65	\$158.46	\$162.27
66-70	\$176.16	\$181.43	\$186.70	\$191.97	\$197.24	\$202.51	\$207.78	\$213.05	\$218.32	\$223.59
Benefit	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000		
18-35	\$108.46	\$110.93	\$113.40	\$115.87	\$118.34	\$120.81	\$123.28	\$125.75		
36-45	\$117.06	\$119.73	\$122.40	\$125.07	\$127.74	\$130.41	\$133.08	\$135.75		
46-55	\$138.56	\$141.73	\$144.90	\$148.07	\$151.24	\$154.41	\$157.58	\$160.75		
56-65	\$166.08	\$169.89	\$173.70	\$177.51	\$181.32	\$185.13	\$188.94	\$192.75		
66-70	\$228.86	\$234.13	\$239.40	\$244.67	\$249.94	\$255.21	\$260.48	\$265.75		

Disability Income Plus

Warren County Schools

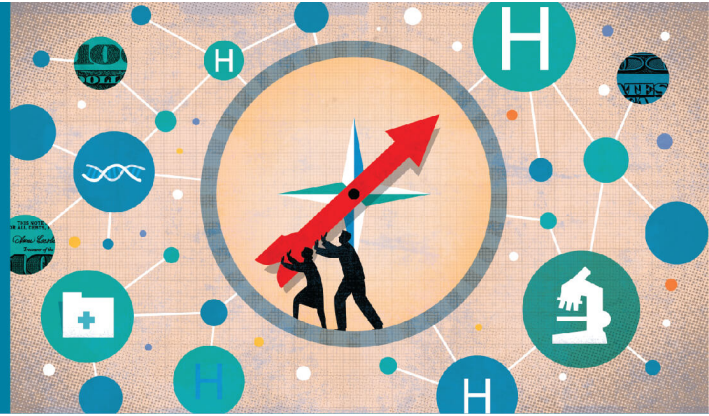
Disability Income Plus rates

Monthly deductions, Elimination Period: 30/30

Age	Benefit amount									
Benefit	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
18-35	\$7.20	\$8.85	\$10.50	\$12.15	\$13.80	\$15.45	\$17.10	\$18.75	\$20.40	\$22.05
36-45	\$7.56	\$9.33	\$11.10	\$12.87	\$14.64	\$16.41	\$18.18	\$19.95	\$21.72	\$23.49
46-55	\$8.73	\$10.89	\$13.05	\$15.21	\$17.37	\$19.53	\$21.69	\$23.85	\$26.01	\$28.17
56-65	\$10.29	\$12.97	\$15.65	\$18.33	\$21.01	\$23.69	\$26.37	\$29.05	\$31.73	\$34.41
66-70	\$13.68	\$17.49	\$21.30	\$25.11	\$28.92	\$32.73	\$36.54	\$40.35	\$44.16	\$47.97
Benefit	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
18-35	\$23.70	\$25.35	\$27.00	\$28.65	\$30.30	\$31.95	\$33.60	\$35.25	\$36.90	\$38.55
36-45	\$25.26	\$27.03	\$28.80	\$30.57	\$32.34	\$34.11	\$35.88	\$37.65	\$39.42	\$41.19
46-55	\$30.33	\$32.49	\$34.65	\$36.81	\$38.97	\$41.13	\$43.29	\$45.45	\$47.61	\$49.77
56-65	\$37.09	\$39.77	\$42.45	\$45.13	\$47.81	\$50.49	\$53.17	\$55.85	\$58.53	\$61.21
66-70	\$51.78	\$55.59	\$59.40	\$63.21	\$67.02	\$70.83	\$74.64	\$78.45	\$82.26	\$86.07
Benefit	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200
18-35	\$40.20	\$41.85	\$43.50	\$45.15	\$46.80	\$48.45	\$50.10	\$51.75	\$53.40	\$55.05
36-45	\$42.96	\$44.73	\$46.50	\$48.27	\$50.04	\$51.81	\$53.58	\$55.35	\$57.12	\$58.89
46-55	\$51.93	\$54.09	\$56.25	\$58.41	\$60.57	\$62.73	\$64.89	\$67.05	\$69.21	\$71.37
56-65	\$63.89	\$66.57	\$69.25	\$71.93	\$74.61	\$77.29	\$79.97	\$82.65	\$85.33	\$88.01
66-70	\$89.88	\$93.69	\$97.50	\$101.31	\$105.12	\$108.93	\$112.74	\$116.55	\$120.36	\$124.17
Benefit	\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900	\$4,000	\$4,100	\$4,200
18-35	\$56.70	\$58.35	\$60.00	\$61.65	\$63.30	\$64.95	\$66.60	\$68.25	\$69.90	\$71.55
36-45	\$60.66	\$62.43	\$64.20	\$65.97	\$67.74	\$69.51	\$71.28	\$73.05	\$74.82	\$76.59
46-55	\$73.53	\$75.69	\$77.85	\$80.01	\$82.17	\$84.33	\$86.49	\$88.65	\$90.81	\$92.97
56-65	\$90.69	\$93.37	\$96.05	\$98.73	\$101.41	\$104.09	\$106.77	\$109.45	\$112.13	\$114.81
66-70	\$127.98	\$131.79	\$135.60	\$139.41	\$143.22	\$147.03	\$150.84	\$154.65	\$158.46	\$162.27
Benefit	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000		
18-35	\$73.20	\$74.85	\$76.50	\$78.15	\$79.80	\$81.45	\$83.10	\$84.75		
36-45	\$78.36	\$80.13	\$81.90	\$83.67	\$85.44	\$87.21	\$88.98	\$90.75		
46-55	\$95.13	\$97.29	\$99.45	\$101.61	\$103.77	\$105.93	\$108.09	\$110.25		
56-65	\$117.49	\$120.17	\$122.85	\$125.53	\$128.21	\$130.89	\$133.57	\$136.25		
66-70	\$166.08	\$169.89	\$173.70	\$177.51	\$181.32	\$185.13	\$188.94	\$192.75		

Hospital Indemnity

Providing supplemental hospital benefits for you and your family



Cash benefits paid to you

Hospital Indemnity plans pay employees a lump-sum cash benefit when they're hospitalized. These cash benefits pay in addition to other coverage. Benefits can be used however they choose: to help pay medical bills and cover everyday expenses. It can help them get back on their feet and back to work.

Here are some more benefits to you

- Receive a cash benefit regardless of any other insurance you have.
- Don't worry about a physical exam; it's not required.
- Pay your premiums through payroll deduction.

Here's how it works

You'll be reimbursed a specified amount for covered hospital confinement. Benefits are paid directly to you, and you can use the cash however you want. It's that simple.

Hospital Indemnity

Coverage type	Hospital Indemnity is a group policy form that includes coverage for inpatient confinement along with other benefits to pay expenses for hospital stays.		
Product	Policy Type:	Group	
	Policy Name:	Hospital Indemnity Insurance	
	Policy Form:	M-8019	
Eligibility	Issue Age:	Employee:	18-90
		Spouse:	18-90
		Child:	Under age 26
	Criteria:	<ul style="list-style-type: none"> Employee is benefit eligible, actively at work full-time, working at least 20 hours per week. Spouse and children not eligible if Employee is not issued coverage. Spouse includes domestic partner where allowed by state and Employer. 	
	Termination Age:	<ul style="list-style-type: none"> EE: Age 91 unless actively at work, then on last day of active employment. SP: Age 91, or when Employee terminates, whichever is earlier. Child: Age 26, or when Employee terminates, whichever is earlier. 	
Underwriting Offer		Coverage Tier	Guarantee Issue
		Employee:	Guarantee Issue
		Spouse:	Guarantee Issue
Target Participation	Minimum to Issue:	5 Employee applications or 1% of eligible Employees, whichever is greater.	
	Guarantee Issue:	Waived, expectation of 15% of all eligible enrolled by end of the enrollment.	

Benefits and Features

	Option Two
Hospital Indemnity	\$200
Pre-existing Condition Limitation	Waived
Maternity Waiting Period	300 Day Waiting Period-Waived
Portability	None
Waiver of Premium	Included
First Admission	\$1,500
Intensive Care/Cardiac Care/ Burn Unit	\$200
Wellness Screening	\$50

Definitions

HOSPITAL INDEMNITY BENEFIT: If a covered person is confined as an inpatient in a hospital, pays a daily benefit. Hospital confinement must be for at least 18 hours. Max 30 days.

WAIVER OF PREMIUM: Maximum waiver of premium benefit is limited to a total of 12 consecutive months per disability. This waives an Employee's premium if he or she becomes totally disabled for at least 90 days after the effective date of coverage. There is no lifetime maximum. Issue age 18-55.

PRE-EXISTING CONDITION LIMITATION: If a member has a pre-existing condition that is diagnosed or symptoms occurred in the 12 months prior to the policy effective date, no benefits will be paid for the first 12 months of the policy effective date. Refer to the certificate of coverage for specific pre-existing limitations.

FIRST HOSPITAL ADMISSION BENEFIT: If a covered person is confined as an inpatient in a hospital for the first time during a calendar year, pays a one-time lump sum per year. Hospital confinement must be for at least 18 hours as an inpatient.

INTENSIVE CARE (ICU)/CARDIAC CARE (CCU)/BURN UNIT BENEFIT: Pays a daily benefit when confined to an intensive care unit. Max 30 days Hospital confinement must be for at least 18 hours as an inpatient.

WELLNESS SCREENING: Pays a cash benefit when a member has one or more of the 21 covered screening tests. This screening benefit is payable once per covered person per calendar year.

Hospital Indemnity

Rate Assumption Information

Rate Structure:	Composite
Tobacco Status:	Uni-tobacco
Rate Guarantee Period:	One (1) Year
Contributions:	100% Employee Paid
Takeover:	Yes
Commissions:	Heaped
Coverage Type:	Non-Occupational
Benefits Included:	As shown above in the Benefits and Optional Benefits sections.
Participation Expectation:	Waived, expectation of 15% of all eligible enrolled by end of the enrollment.

Monthly (12) premium				
Benefit:	Employee	Employee/Spouse	Employee/Child(ren)	Family
Option 2	\$32.88	\$62.29	\$49.58	\$78.97

Tenthly (10) premium				
Benefit:	Employee	Employee/Spouse	Employee/Child(ren)	Family
Option 2	\$39.45	\$74.74	\$59.51	\$94.76

Note: Final implementation rate may vary slightly due to rounding

PARTICIPATION EXPECTATION:

Participation requirement is the number of enrolled needed for Guaranteed Issue offer. If the participation requirement is waived, then all applications will be Guaranteed issue up to the amount listed in the Underwriting offer of the proposal, for the initial enrollment period. At the end of the enrollment period, it will be expected that a minimum percentage of all eligible will be enrolled into the product. This participation percentage is in the participation section of the proposal. If the participation expectation is not met, then all applications will be Underwritten on a Simplified Issue basis.

OTHER CONTINGENCIES

- ManhattanLife Assurance Company of America's Group Hospital Indemnity product is a true supplemental product. All applicants must be enrolled in a group health insurance plan to be eligible for benefits.
- Only one level may be sold to a group, unless pre-approved by underwriting.
- Rates may change if the SIC code changes.
- Late enrollees will be accepted on an SI basis only, unless otherwise approved by underwriting.
- Employer must have an in force medical plan offered to all eligible Employees.
- If spouse is also an Employee, they may apply as an Employee or as a dependent, but not as both.
- If both parents are Employees of the company, then the child(ren) may be covered under only one parent, not both.
- Please refer to certificate/policy for full benefit and limitation information.



AF™ Limited Benefit Accident Only Insurance

Prepare for the unexpected.

Accidents* can happen to anyone. And even though you can't plan for an accident, you can help prepare for unexpected medical costs. AF™ **Limited Benefit Accident Only Insurance** provides coverage to help with unforeseen accident expenses.

EMERGENCY ACCIDENT

Hypothetical Example ¹

Twisted knee in the parking lot resulting in a torn meniscus and treatment is received within 72 hours.

	BASIC	ENHANCED
Accident Emergency Treatment	\$200	\$300
Accident Follow-Up Treatment (4 visits)	\$200	\$200
Physical Therapy (8 treatments)	\$200	\$200
Medical Imaging	\$200	\$200
X-Ray	\$100	\$150
Appliances	\$100	\$100
Surgical Facility	\$150	\$250
Torn Knee Cartilage Repair	\$500	\$500
Anesthesia	\$150	\$200
TOTAL	\$1,800	\$2,100

Annual Wellness Benefit

BASIC

\$50

ENHANCED

\$75

Paid directly to you!

Benefits for Policy and Enhancement Rider

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

BASIC	PRIMARY	SPOUSE	CHILD
Common Carrier	\$50,000	\$50,000	\$25,000
Other Accident	\$15,000	\$15,000	\$7,500
Dismemberment	\$1,000 to \$15,000	\$1,000 to \$15,000	\$500 to \$7,500
ENHANCED	PRIMARY	SPOUSE	CHILD
Common Carrier	\$100,000	\$100,000	\$50,000
Other Accident	\$30,000	\$30,000	\$15,000
Dismemberment	\$1,500 to \$30,000	\$1,500 to \$30,000	\$750 to \$15,000



¹Hypothetical example of a covered accident based on policy AO-03 and rider AMDI-258 Series.

***Accident** is defined as a sudden, unexpected and unintended event, which results in bodily injury, which is independent of disease or bodily infirmity or any other cause.

Benefits

ACCIDENT BENEFITS	BASIC	ENHANCED
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EMERGENCY ACCIDENT TREATMENT

Accident Emergency Treatment	\$200	\$300
Emergency Accident Follow-up Treatment (up to four treatments)	\$50	\$50

NON-EMERGENCY ACCIDENT TREATMENT

Non-Emergency Accident Initial Treatment	\$100	\$150
Non-Emergency Accident Follow-up Treatment (up to two treatments)	\$50	\$50

MEDICAL IMAGING

MRI, CT, CAT, PET, US	\$200	\$200
X-Rays	\$100	\$150

HOSPITAL CONFINEMENT

Hospital Admission	\$500	\$1,000
Intensive Care Unit (up to 15 days)	\$300	\$600
Hospital Confinement (up to 365 days)	\$100	\$200

AMBULANCE

Ground	\$300	\$300
Air	\$1,500	\$1,500

TREATMENT

Outpatient Hospital or Ambulatory Surgical Center	\$150	\$250
Anesthesia	\$150	\$200

TRANSPORTATION BENEFITS

Transportation Patient only, per round trip for up to 3 round trips per calendar year	\$300	\$300
Family Member Lodging and Meals Per day per accident; up to 30 days per confinement	\$100	\$100

MONTHLY PREMIUMS

For Policy And Benefit Enhancement Rider**

	BASIC	ENHANCED
Individual	\$14.60	\$20.40
Individual & Spouse	\$21.60	\$27.50
Individual & Child(ren)	\$24.80	\$32.80
Family	\$31.80	\$39.90

ACCIDENT INJURY BENEFITS	ALL COVERAGE LEVELS	
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INJURY TREATMENT

Fractures Benefit Depending on open or closed reduction, bone involved, or chip fracture	\$25 to \$3,000	
Dislocations Benefit Depending on open or closed reduction, with or without anesthesia and joint involved	\$25 to \$3,000	
Internal Injuries Benefit Resulting in open abdominal or thoracic surgery	\$1,000	
Tendons, Ligaments, and Rotator Cuff Benefit One tendon, ligament, or rotator cuff	\$500	
More than one tendon, ligament, or rotator cuff	\$750	
2nd & 3rd Degree Burns Skin grafts are 25% of benefit	\$100 to \$10,000	
Torn Knee Cartilage or Ruptured Disc Benefit	\$500	
Eye Injury Benefit Injury with surgical repair, for one or both eyes	\$250	
Removal of foreign body by a physician, for one or both eyes	\$50	
Emergency Dental Work Benefit Broken teeth repaired with crown	\$150	
Extraction of broken teeth (regardless of number)	\$50	
Concussion Benefit	\$200	
Lacerations Benefit Not requiring sutures	\$25	
Sutured lacerations up to two inches	\$100	
Sutured lacerations totaling two to six inches	\$200	
Sutured lacerations totaling over six inches	\$400	
Appliances Benefit Crutches, leg braces, etc.	\$100	
Physical Therapy Benefit Per treatment up to eight treatments	\$25	
Prosthesis Benefit	\$500	
Blood, Plasma, and Platelets Benefit	\$250	
Exploratory Surgery without Surgical Repair Benefit	\$250	
Paralysis Benefit: Paraplegia / Quadriplegia	\$5,000 / \$10,000	

WELLNESS BENEFIT	BASIC	ENHANCED
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WELLNESS

Annual Routine Physical Exam Requires a 12-month waiting period before use. One exam per policy per calendar year	\$50	\$75
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**The premium and amount of benefits provided vary based upon the plan selected.

A Covered Person (hereafter referred to as "Person") under AF™ **Limited Benefit Accident Only Insurance** Policy can expect the following benefits when a Covered Accident (hereafter referred to as "Accident") happens. All benefits are paid once per Person per Accident unless otherwise specified. All benefits are only paid as a result of Injuries received in an Accident that occurs while coverage is in force. All treatment, procedures, and medical equipment must be diagnosed, recommended and treated by a Physician. These references are not intended to change or modify any definitions in the AO-03 policy series.

Accident Emergency Treatment Benefit Payable for receiving emergency treatment in a Physician's office or emergency room within 72 hours, including physician fees and emergency services.

Accident Follow-Up Treatment Benefit Payable for necessary follow-up treatment of Injuries in addition to the emergency treatment administered within 72 hours for up to four treatments. Not payable for a visit in which a Physical Therapy Benefit or Non-Emergency Follow-up Benefit is paid.

Accidental Death and Dismemberment Benefit The applicable benefits apply when an Accidental Death or Dismemberment occurs within 90 days of an Accident. In the event that Accidental Death and Dismemberment result from the same Accident, only the Accidental Death Benefit will be paid.

Ambulance Benefit If air and ground ambulance transportation is required for the same Accident, only the highest benefit will be paid.

Anesthesia Benefit Pays the amount shown in the Schedule of Benefits for the services of an anesthesiologist for a surgery performed due to an Accident. Hospital Confinement is not required to receive this benefit. We will only pay one Anesthesia Benefit per Person in a 24-hour period even if more than one surgical procedure is performed. This benefit is not payable for local anesthesia.

Appliances Benefit Payable for one of the following: crutches, leg braces, back braces, walkers, or wheel chairs. Not payable for Prosthetic Devices.

Blood, Plasma and Platelets Benefit Payable for blood, plasma and platelets. This benefit does not provide benefits for immunoglobulins.

Burns Benefit Payable for 2nd and 3rd degree burns when treated by a Physician within 72 hours.

Concussion Benefit Payable for a Person who sustains a concussion and is diagnosed by a Physician within 72 hours using any type of medical imaging.

Dislocations Benefit Amount payable varies by the joint involved, type of treatment, and type of anesthesia. If a Person receives more than one Dislocation in an Accident, we will pay for all Dislocations up to two times the amount shown in the Schedule of Benefits for the Dislocation involved that has the highest benefit amount. No other amount will be paid under this benefit. Benefits are payable only for the first dislocation of a joint which occurs while this policy is in force.

Emergency Dental Work Benefit Payable for repair to natural teeth when treated by a Physician or dentist. Initial dental treatment must be received within 72 hours.

Exploratory Surgery without Surgical Repair Benefit Payable when an exploratory surgical operation without surgical repair is performed.

Eye Injury Benefit Payable for one or both eyes requiring treatment by a Physician due to an Accident.

Family Member Lodging and Meals Benefit Payable for lodging and meals for a family member to be near a Person who is Hospital Confined in a non-local Hospital. The Hospital must be at least 50 miles away, one way from closer of the Covered Person's residence or site of the Accident.

Fractures Benefit Varies based on the bone involved, type of fracture and type of treatment. If the Person fractures more than one bone, payment is made for all fractures up to two times the amount for the bone involved that has the highest benefit amount.

Hospital Admission Benefit Pays per admission for confinement to a Hospital. This benefit does not pay for outpatient treatment, emergency room treatment, or a stay of less than 18 hours in an observation unit.

Hospital Confinement Benefit Pays a daily benefit for a Hospital Confinement that is longer than 18 hours for up to 365 days.

Intensive Care Unit Benefit Payable for each day of confinement in an Intensive Care Unit, as defined in the policy, up to 15 days. This benefit is paid in addition to the Hospital Confinement Benefit amount.

Internal Injuries Benefit Payable for an open abdominal or thoracic surgery performed within 72 hours.

Lacerations Benefit This benefit varies based on the severity of the laceration due to an Accident.

Medical Imaging Benefit Payable for a Magnetic Resonance Imaging (MRI), a Computed Tomography (CT) scan, a Computed Axial Tomography (CAT) scan, a Positron Emission Tomography (PET) scan or an ultrasound due to an Accident.

Non-Emergency Accident Initial Treatment Benefit Payable for initial medical treatment when treatment is received more than 72 hours after the Accident. Initial medical treatment must: (1) be received in a Physician's office or emergency room; and (2) be the first treatment; and (3) occur within 30 days.

Non-Emergency Accident Follow-Up Treatment Benefit Payable only if the Non-Emergency Accident Initial Treatment Benefit is payable and later requires additional follow-up treatment. We will pay for up to two follow-up treatments. Not payable for the same visit that the Physical Therapy Benefit or the Accident Follow-up Benefit is paid.

Outpatient Hospital or Ambulatory Surgical Center Benefit When a surgical procedure is performed on an outpatient basis in a Hospital or at an Ambulatory Surgical Center, we will pay the indemnity amount shown in the Schedule of Benefits for the facility fee charged by such Hospital or Ambulatory Surgical Center. We will only pay one Outpatient Hospital or Ambulatory Surgical Center Benefit in a 24-hour period even if more than one surgical procedure is performed. This benefit will not be paid for surgery performed in a Hospital emergency room or in a Physician's office.

Paralysis Benefit The duration of the Paralysis must be a minimum of 3 consecutive months. Paid once per lifetime per Person.

Physical Therapy Benefit Payable for one treatment per day for up to eight treatments by a caregiver licensed in physical therapy. This benefit is not payable for the same visit that the Accident Follow-up Treatment Benefit or Non-Emergency Follow-up Benefit is paid.

Prosthesis Benefit Payable for the use of a Prosthesis. This benefit is not payable for hearing aids; dental aids; eyeglasses; false teeth; cosmetic aids such as wigs; or joint replacements such as artificial hips or knees.

Plan Benefit Highlights (cont.)

Tendons, Ligaments and Rotator Cuff Benefit Payable for the repair of one or more tendons, ligaments, or rotator cuffs. The tendons, ligaments, or rotator cuff must be repaired through surgery performed by a Physician, as a result of an Accident.

Torn Knee Cartilage or Ruptured Disc Benefit Payable for surgical repair as a result of an Accident.

Transportation Benefit Payable for the transportation when specialized treatment and Hospital Confinement in a non-local Hospital is required. A non-local Hospital must be at least 50 miles away, one way, using the most direct route, from the closer of the Person's residence or site of the Accident. Travel must be by scheduled bus, plane, train, or by car. Ambulance service does not qualify for this benefit. The treatment must be prescribed by a Physician and not be available locally. This benefit is payable up to three round trips per Calendar Year.

Wellness Benefit After coverage is in force for the waiting period shown, you can receive a benefit for an annual routine physical exam, including immunizations and preventive testing. Services must be supervised by a Physician and a charge must be incurred for the service. The benefit does not apply to dental or eye exams and is payable once per policy per calendar year.

X-Ray Benefit Payable when an x-ray is performed due to Injuries sustained in a Covered Accident. The x-ray must be done at the request of a Physician. This benefit does not cover any tests payable under the Medical Imaging Benefit or any other screening or medical imaging tests.

Limitations and Exclusions For Policy and Benefit Enhancement Rider

No benefits will be provided for an Accident that is caused by or occurs as a result of:

- (1) intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane;
- (2) participation in any form of flight aviation other than as a fare-paying passenger in a fully licensed/passenger-carrying aircraft;
- (3) any act that was caused by war, declared or undeclared, or service in any of the armed forces;
- (4) participation in any activity or event while under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions;

- (5) active participation in, or attempting to participate in, a felony, riot or insurrection. (A felony is as defined by the law of the jurisdiction in which the activity takes place.)
- (6) participation in any sport for pay or profit;
- (7) participation in any contest of speed in a power driven vehicle for pay or profit;
- (8) participation in parachuting, bungee jumping, rappelling, mountain climbing or hang gliding.

Benefits will not be provided for medical treatment for an Accident received outside the United States or its territories. Benefits will not be paid for services rendered by a member of the immediate family of a Person.

An Accident is defined as a sudden, unexpected and unintended event, which results in bodily injury, which is independent of disease or bodily infirmity or any other cause. The policy will not pay benefits for injuries received prior to the Effective Date of coverage that are aggravated or re-injured by any event that occurs after the Effective Date.

A hospital is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

Eligibility includes you, your lawful spouse and each natural, adopted or step child who is under 26 years of age.

Guaranteed Renewable

You cannot be singled out for a rate increase for any reason. The Insurer has the right to increase premium rates only if rates for all policies in this class change.

Termination Notice

Policy/rider(s) will terminate and coverage will end for all Covered Persons on the earliest of: the end of the grace period if the premium remains unpaid; or the end of the Policy/Rider(s) Month in which we receive a written request from you to terminate this policy/rider(s); or the date of your death, if this is an Individual Plan. If the plan is other than Individual the remaining Covered Persons may have the right to continue or convert their coverage. Coverage for any Covered Person will terminate when they no longer meet the eligibility requirements.

Refer to Plan Benefit Highlights section for more Benefit Descriptions on the Accident Only Insurance Policy and Benefit Enhancement Rider.

Underwritten by American Fidelity Assurance Company. This is a brief description of the coverage. This product contains limitations and exclusions. For complete benefits and other provisions, please refer to your policy/certificate, AO-03, and Accident Only Benefit Enhancement Rider, AMDI-258 series. This coverage does NOT replace Workers' compensation Insurance. Availability of riders may vary by employer. **This product is inappropriate for people who are eligible for Medicaid coverage.**

Marketed by:



First Financial Group of America
11811 N. Freeway, Suite 900 Houston, TX 77060
Local: (281) 847-8422 / Toll Free: (800)523-8422
www.ffga.com

Underwritten and administered by:



American Fidelity Assurance Company
9000 Cameron Parkway, Oklahoma City, Oklahoma 73114
800-662-1113 • americanfidelity.com

C11 CANCER Insurance Plan

Underwritten by American Fidelity Assurance Company



Limited Benefit Individual Cancer and Specified Disease Insurance



Marketed by:

First Financial Capital Corporation

P.O. Box 670329 • Houston, TX 77267-0329

Local (281) 847-8422 | Toll Free (800) 523-8422

www.ffga.com

Cancer C11 Insurance

Focus on the fight

A Cancer diagnosis may be both a physical and emotional drain. But thanks to advances in medicine and procedures to treat Cancer, more and more people are beating the disease. However, with the arrival of these advances also comes the continuing rise in the cost of Cancer treatment.

AF™ Limited Benefit Individual Cancer Insurance offers a solution to help you and your family focus on fighting the disease.

Cancer Insurance Benefits

With over 25 benefits specifically designed to help with the financial impact of being diagnosed, **Individual Cancer Insurance** may help pay for expenses not covered by your major medical insurance.

Example Cancer insurance benefits include:



Experimental Treatment

This benefit may help pay for experimental treatment to give you alternatives in your healing. These treatment types may not be covered by major medical plans.



Transportation and Lodging

This benefit may help pay for qualified transportation and lodging for the patient and a family member.

Plan Highlights

This plan is designed to help cover expenses, should you be diagnosed with cancer. With more than 25 built-in plan benefits, this plan provides benefits for the treatment of cancer, transportation, hospitalization, and more.

In addition, this is a portable plan, so you own the policy. You can take the coverage with you if you choose to leave your current job, and your premiums will not increase because you left your employment.

American Fidelity's Limited Benefit Cancer Insurance features:

- **Helps cover expenses** for the treatment of Cancer, transportation, hospitalization, and more.
- **Benefits paid directly to you** to be used however you see fit.
- **Portable to take with you** even if you leave employment.
- **Coverage options available** for you, your spouse, and your children under age 26.

SCREENING BENEFIT⁺

Receive a benefit for your annual internal cancer screening test, including but not limited to Mammogram, PAP, Prostate-Specific Antigen Blood Test (PSA), Chest X-ray, Flexible Sigmoidoscopy, ThinPrep Pap test, and Colonoscopy.

DIAGNOSTIC AND PREVENTION BENEFIT (per calendar year)

Basic
\$60

Enhanced
\$75

Plan Options

You can take advantage of the following options to extend coverage to your family:

- **Individual Plan**
The Insured, age 18 through 70, at the date of policy issue, is the only Covered Person.
- **Single Parent Family Plan**
The Insured, age 18 through 70, at the date of policy issue, and each Eligible Child, to age 26, or as defined in the policy.
- **Family Plan**
The Insured and spouse age 18 through 70, at the date of policy issue, and Eligible Child, to age 26, or as defined in the policy.

⁺The premium and amount of benefits vary based upon the plan selected.

Schedule of Benefits by Plan⁺

Marketed by: First Financial Group of America

	Basic	Enhanced
SCREENING BENEFITS		
Diagnostic and Prevention Benefit <i>(one per calendar year)</i>	\$60	\$75
Cancer Screening Follow-Up Benefit <i>(one per calendar year)</i>	\$60	\$75
TREATMENT BENEFITS		
Radiation Therapy/Chemotherapy/Immunotherapy Benefit <i>(per 12-month period) (Actual Charges)</i>	up to \$15,000	up to \$20,000
Medical Imaging Benefit <i>(per image - max 2 per calendar year)</i>	\$200	\$300
Hormone Therapy Benefit <i>(per treatment - max 12 treatments/calendar year)</i>	\$50	\$50
Administrative/Lab Work Benefit <i>(per calendar month)</i>	\$75	\$100
Blood, Plasma, and Platelets Benefit <i>(Actual Charges per day)</i> <i>(per calendar year max)</i>	\$150 \$7,500	\$200 \$10,000
Experimental Treatment Benefit	Paid as any non-experimental benefit	
Bone Marrow/Stem Cell Transplant Benefit Autologous <i>(Patient provided) (per calendar year)</i> Non-autologous <i>(Donor provided) (per calendar year)</i>	\$1,000 \$3,000	\$1,500 \$4,500
Donor Benefit	\$1,000 per donation	
Inpatient Special Nursing Services Benefit <i>(benefit per day while Hospital Confined)</i>	\$150	\$150
Dread Disease Benefit <i>(benefit per day for the first 30 days per Hospital Confinement)</i> <i>(benefit per day thereafter)</i>	\$200 \$400	\$300 \$600
HOSPITALIZATION BENEFITS		
Hospital Confinement Benefit*** <i>(per day for the first 30 days)</i> <i>(per day after the first 30 days of Hospital Confinement)</i>	\$200 \$400	\$300 \$600
Drugs & Medicine Benefit Hospital Confinement <i>(per Confinement)</i> Outpatient <i>(per prescription - \$100 monthly max for Basic; \$150 for Enhanced)</i> <i>per calendar month</i>	\$200 \$50	\$300 \$50
Attending Physician Benefit <i>(per day while Hospital Confined)</i>	\$40	\$50
U.S. Government/Charity Hospital or HMO Benefit <i>(per day in lieu of most benefits)</i> Hospital Confinement Outpatient Services	\$200 \$200	\$300 \$300
AMBULANCE, TRANSPORTATION, & LODGING BENEFITS		
Ambulance Benefit <i>(per trip - max 2 trips any combination per confinement)</i> Ground Air	\$200 \$2,000	\$200 \$2,000
Transportation & Lodging Benefit (Patient and/or Family) Transportation <i>(\$1,500 max per round trip; max 12 trips/calendar year)</i> Outpatient Lodging <i>(per day up to 90 days per calendar year)</i>	Coach fare or \$.50/mile by car \$60	Coach fare or \$.50/mile by car \$80

Schedule of Benefits by Plan⁺ (continued)

	Basic	Enhanced
SURGICAL TREATMENT BENEFITS		
Surgical Benefit <i>Unit Dollar Amount (per surgical unit)</i> <i>Maximum Per Operation</i>	\$30 \$3,000	\$40 \$4,000
Anesthesia Benefit	25% of the amount paid for covered surgery	
Outpatient Hospital or Ambulatory Surgical Center Benefit (per day)	\$400	\$600
Second & Third Surgical Opinion Benefit (per diagnosis)	\$300	\$300
CONTINUING CARE BENEFITS		
Prosthesis Benefit Non-Surgical (per device - 1 per site, lifetime max of 3) Surgical Implantation (per device, includes surgical fee - 1 per site, lifetime max of 2) Hair Prosthesis (once per life)	\$150 \$1,500 \$150	\$200 \$2,000 \$200
Extended Care Facility Benefit <i>(per day for up to the same number of days of paid Hospital Confinement)</i>	\$75	\$100
Physical or Speech Therapy Benefit <i>(per visit up to 4 per calendar month - lifetime max of \$1,000)</i>	\$25	\$25
Hospice Care Benefit <i>(per day - \$13,500 lifetime max for Basic; \$18,000 lifetime max for Enhanced)</i>	\$75	\$100
Home Health Care Benefit <i>(per day for up to the same number of days of paid Hospital Confinement)</i>	\$75	\$100
Waiver of Premium Benefit <i>(as long as the primary insured remains disabled)</i>	after 90 continuous days of disability	

Refer to Plan Benefit Highlights for more complete Benefit Descriptions and limits on the Cancer Insurance Plan.

Enhance your plan⁺⁺

Critical Illness Rider

Thanks to medical technology, more people are surviving critical illnesses. This rider is designed to help with the cost associated with surviving these types of illnesses.

Schedule of Benefits	
Cancer Benefit <i>(per unit - maximum \$10,000)</i>	\$2,500
Heart Attack/Stroke Benefit <i>(per unit - maximum \$10,000)</i>	\$2,500

Summary of Critical Illness Rider Benefits:

- Pays when diagnosed after 30-day Critical Illness Waiting Period with Internal Cancer or Heart Attack/Stroke, depending upon the Critical Illness coverage elected at time of application.
- Pays the specified Maximum Benefit Amount per Covered Critical Illness, as defined under this rider (this rider only pays a benefit for the first to occur of either a heart attack or stroke).
- Each benefit is a one-time paid benefit.
- All Critical Illness amounts reduce by 50% at age 70.

+The premium and amount of benefits provided vary based upon the plan selected.

++Availability of riders may vary by state and employer. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed.

Hospital Intensive Care Unit Rider

This rider can provide a benefit to help by paying for each day a Covered Person is confined in an Intensive Care Unit (ICU), as defined in the rider.

Schedule of Benefits	
ICU Confinement Benefit <i>(per day up to 30 days)</i>	\$600
Ambulance Benefit <i>(per admission in an ICU)</i>	\$100

Summary of Hospital ICU Rider Benefits:

- Confinement must be due to an accident or sickness and begin after the effective date of coverage under this rider.
- A day is defined as a 24-hour period.
- If confined to an ICU for a portion of a day, a pro rata share of the daily benefit will be paid.
- For ambulance charges, \$100 for transportation to a Hospital where the Covered Person is admitted to an ICU within 24 hours of arrival.
- All ICU amounts reduce by 50% at age 70.

Plan Benefit Highlights

Only loss for Cancer The policy pays only for loss resulting from definitive Cancer treatment including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. The policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer. The policy does not cover any other disease, sickness, or incapacity, even though after contracting Cancer it may have been aggravated or affected by Cancer or the treatment of Cancer except for conditions specifically provided in the dread disease benefit.

Cancer means a disease which is manifested by autonomous growth (malignancy) in which there is uncontrolled growth, function, or spread (local or distant) of cells in any part of the body. This includes Cancer in situ and malignant melanoma. It does not include other conditions which may be considered precancerous or having malignant potential such as: leukoplakia; hyperplasia; polycythemia; actinic keratosis; myelodysplastic and non-malignant myeloproliferative disorders; aplastic anemia; atypia; non-malignant monoclonal gammopathy; carcinoid; or pre-malignant lesions, benign tumors or polyps.

All diagnosis of Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. **Benefits under this policy pays the benefit amount shown per covered person due to a covered Cancer unless otherwise specified.**

Diagnostic, Prevention and Cancer Screening Benefit Pays for a generally medically recognized internal Cancer screening test when a charge is incurred for the test. Tests include but are not limited to mammogram, thinprep pap test, prostate-specific antigen blood test (PSA), colonoscopy, and chest x-ray. Refer to the policy for more examples. Screening tests payable under this benefit will ONLY be paid under this benefit and does not include any test payable under the medical imaging benefit. This benefit is available without a diagnosis of Cancer.

Cancer Screening Follow-Up Benefit Payable for one invasive follow-up screening test needed due to an abnormal result from a covered screening test. Diagnostic surgeries which result in a positive diagnosis of Cancer will be paid under the surgical benefit.

Radiation/Chemotherapy/Immunotherapy Benefit Pays the Actual Charges up to the maximum amount shown when radiation therapy, chemotherapy, or immunotherapy is received as defined in the policy, per 12-month period. The 12-month period begins on the first day the covered radiation therapy, chemotherapy, or immunotherapy is received. This benefit does not cover other procedures related to radiation/ chemotherapy/immunotherapy. This benefit does not include any drugs/ medicines covered under the drugs and medicine benefit or the hormone therapy benefit. Actual Charges means the amount actually paid by or on behalf of the insured person and accepted by the provider for services provided.

Medical Imaging Benefit Pays the indemnity amount for either an MRI; CT scan; CAT scan; or PET scan when performed at the request of a physician.

Hormone Therapy Benefit Drugs and medicines covered under the drugs and medicine benefit or the radiation/chemotherapy/immunotherapy benefit are not included. This benefit does not cover associated administrative processes.

Administrative/Lab Work Benefit Pays when procedures related to radiation therapy/chemotherapy/immunotherapy treatment occur and benefits are payable during the same calendar month as the radiation therapy/chemotherapy/immunotherapy benefit.

Blood, Plasma and Platelets Benefit Pays the actual charges for blood, plasma and platelets including fees for administering such and are only provided under this benefit. Other laboratory processes and colony stimulating factors are not covered. Actual charges means the amount actually paid by or on behalf of the insured person and accepted by the provider for services provided.

Bone Marrow/Stem Cell Transplant Benefit Harvesting of bone marrow or stem cells from a donor are not covered under this benefit.

Hospital Confinement Benefit Payable while confined to a Hospital for at least 18 continuous hours. *A Hospital is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction. This benefit is not payable for outpatient treatment.

Drugs and Medicine Benefit Pays for anti-nausea and pain medication prescribed by a physician and administered while also receiving radiation therapy/chemotherapy/immunotherapy, a covered surgery, or a bone marrow/stem cell transplant. It does not include associated administrative processes or drugs or medicines covered under the radiation therapy/chemotherapy/immunotherapy benefit or the hormone therapy benefit.

Attending Physician Benefit Pays for one physician's visit per day when the services of a physician, other than a surgeon, are required while confined in a Hospital.

U.S. Government/Charity Hospital /HMO Benefit Payable when an itemized list of services is not available due to confinement in a charity Hospital or a Hospital owned or operated by the U.S. government or covered under an HMO or diagnostic related group where no charges are made for treatment of Cancer or a covered dread disease. This benefit will be paid in lieu of most benefits covered under this policy.

Ambulance Benefit If air and ground ambulance services are both required on the same day, we will only pay the higher benefit amount. The covered person must be admitted as an inpatient and Hospital confined for at least 18 consecutive hours.

Transportation and Lodging Benefits Pays a benefit for transportation by scheduled bus, plane or train, or by car and outpatient lodging to receive radiation therapy, chemotherapy, or immunotherapy treatment, bone marrow or stem cell transplant, or surgery in a Hospital not available locally and at least 50 miles from the covered person's residence. Payable for the covered person and one adult family member. If traveling in the same car or lodging in the same room, the benefit is payable only for the covered person. Travel must be within the United States or its Territories.

Plan Benefit Highlights (continued)

Surgical Benefit Payable when a surgical operation is performed for covered diagnosed Cancer, skin Cancer, or reconstructive surgery due to Cancer. Benefits are calculated up to a maximum benefit by multiplying the surgical unit value assigned to the procedure, as shown in the most current physician's relative value table, by the unit dollar amount shown in the policy. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Bone marrow surgeries, surgeries to implant a permanent prosthetic device, are not covered under this benefit.

Anesthesia Benefit Services of an anesthesiologist for bone marrow transplants, skin Cancer or surgical prosthesis implantation are not covered.

Outpatient Hospital or Ambulatory Surgical Center Benefit Surgical procedures for skin Cancer are not covered.

Second and Third Surgical Opinion Benefit Payable once per diagnosis of Cancer for a second surgical opinion, and a third if the second disagrees with the first. Surgical opinions for reconstructive, skin Cancer, or prosthesis surgeries are not covered.

Prosthesis Benefit Payable for a prosthetic device and, if surgery required, its surgical implantation. Prosthetic related supplies such as special bras or ostomy pouches and supplies are not covered.

Hair Prosthesis Benefit is payable once per covered person per lifetime when a hair prosthesis is needed.

Extended Care Facility Benefit Pays for physician authorized confinement that begins within 14 days after a Hospital confinement.

Physical or Speech Therapy Benefit Therapy must be provided by a caregiver licensed in physical or speech therapy.

Hospice Care Benefit Payable when a physician determines terminal illness with life expectancy of 6 months or less and approves hospice care at home or in a hospice facility. This benefit does not include well baby care, volunteer services, meals, housekeeping services, or family support after the death.

Home Health Care Benefit Pays for physician authorized private nursing care that begins within 14 days of a hospital confinement. This benefit does not include nutrition counseling, medical social services, medical supplies, prosthesis or orthopedic appliances, rental or purchase of durable medical equipment, drugs or medicines, child care, meals or housekeeping services, or physical or speech therapy. The service must be provided by a nurse or home health nurse's aid and can not be a family member.

Waiver of Premium Benefit If the primary insured becomes disabled due to Cancer and remains so for more than 90 continuous days, we will pay all premiums for policy and rider(s) due after the 90th day so long as the primary insured remains disabled. "Disabled" means the primary insured's inability because of Cancer: to work at any job for which (s)he is qualified by education, training or experience; not working at any job for pay or benefits; and under the care of a physician for the treatment of Cancer. The policy must be in force at the time disability begins and the primary insured must be under age 65.

Experimental Treatment Benefit Benefits for experimental treatment prescribed by a physician for treatment of Cancer will be provided the same as non-experimental treatment. Coverage for treatments received outside of the United States or its territories is not provided.

Donor Benefit Pays if a donor incurs expenses on behalf of a covered person for a covered surgery due to organ transplant or a bone marrow/ stem cell transplant. Blood donor expenses are not covered under this benefit.

Dread Disease Benefit Covered dread diseases are: addison's disease; amyotrophic lateral sclerosis; cystic fibrosis; diphtheria; encephalitis; grand mal epilepsy; legionnaire's disease; meningitis; multiple sclerosis; muscular dystrophy; myasthenia gravis; niemann-pick disease; osteomyelitis; poliomyelitis; reye's syndrome; rheumatic fever; rocky mountain spotted fever; sickle cell anemia; systemic lupus erythematosus; tay-sach's disease; tetanus; toxic epidermal; toxic shock syndrome; tuberculosis; tularemia; typhoid fever; whipple's disease.

Inpatient Special Nursing Services Benefit Pays when Hospital confined and receiving physician authorized special nursing care (other than that regularly furnished by a Hospital) of at least 8 consecutive hours during a 24 hour period.

See your policy for more information regarding the benefits listed above.

Eligibility The policy/rider(s) will be issued only to those persons who meet American Fidelity's insurability requirements, which includes satisfactory responses to medical questions. You, your lawful spouse and each natural, adopted or step child who is under 26 years of age are eligible to apply for coverage.

Limitations and Exclusions The policy does not cover any other disease, sickness or incapacity even though after contracting Cancer it may have been aggravated or affected by Cancer or the treatment of Cancer except for conditions specifically stated in the dread disease benefit.

Pre-Existing Condition A Pre-Existing Condition means a Specified disease for which, within 12 months prior to the Effective Date of coverage, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession. Pre-Existing Conditions specifically named or described as excluded in any part of this contract are never covered. No benefits are payable for any covered person for any loss incurred during the first year of the policy as a result of a related Pre-Existing Condition. Benefits will be provided for unrelated Cancer diagnosed after the Effective Date of coverage. Conditions revealed in the application will be covered unless specifically excluded by the rider.

Waiting Period The policy contains a 30-day waiting period during which no benefits will be paid under the policy. If any Cancer or dread disease is diagnosed before the end of the 30-day period immediately following the effective date, coverage will apply only to loss that is incurred after one year from the effective date. If any covered person is diagnosed as having a Cancer or dread disease during the 30-day period immediately following the effective date, you may elect to void the policy from the beginning and receive a full refund of premium. All benefits are payable only up to the maximum amount listed in the schedule of benefits in the policy.

Termination of Insurance Policy/rider(s) will terminate and coverage will end on the earliest of: the end of the grace period if the premium remains unpaid; or the end of the policy/rider(s) month in which we receive a written request from you or the date of your death, if this is an Individual Plan. If the plan is other than individual the remaining covered persons may have the right to continue or convert their coverage. Coverage will terminate when they no longer meet the eligibility requirements. For the spouse, policy/rider(s) will terminate and coverage will end on the earliest of: The end of the policy/rider(s) month in which we receive a written request from you to delete the spouse from the policy/rider(s); the end of the premium term in which a divorce, annulment, legal separation is obtained; or upon their death. For the child(ren), policy/rider(s) will terminate and coverage will end the earliest of: The end of the policy/rider(s) month in which we receive a written request from you to delete the child(ren) from the policy/rider(s); or upon their death.

Guaranteed Renewable You are guaranteed the right to renew your policy/rider(s) during your lifetime as long as you pay premiums when due or within the premium grace period. We have the right to increase premiums by class.

Critical Illness Rider

Limitations and Exclusions Benefits will only be paid for a Covered Critical Illness as shown on the Policy Schedule page in the policy. No benefits will be provided for any loss caused by or resulting from: intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane; or intentional self-injury; or alcoholism or drug addiction; or any act of war, declared or undeclared or any act related to war (undeclared war does not include acts of terrorism); or military service for any country at war; or a Pre-Existing Condition during the 12 month period following the Covered Person's Effective Date under the rider; (An unrelated Internal Cancer diagnosed after the 30th day following the Covered Person's effective date of coverage will be covered.) or a Covered Critical Illness when the Date of Diagnosis occurs during the Waiting Period, if applicable; or active participation in, or attempting to participate in, a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place.) All Critical Illness amounts reduce by 50% at age 70.

Pre-Existing Condition As defined in the rider means any sickness or condition for which, within 12 months prior to the Effective Date of coverage under the rider, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession. Internal Cancer does not include: other conditions that may be considered pre-cancerous or having malignant potential such as: Acquired immune deficiency syndrome (AIDS); or Actinic keratosis; or Myelodysplastic and non-malignant myeloproliferative disorders; or Aplastic anemia; or Atypia; or Non-malignant monoclonal gammopathy; or Pre-malignant lesions, benign tumors or polyps; or Leukoplakia; or Hyperplasia; or Carcinoid; or Polycythemia; or Cancer in situ or any skin Cancer other than invasive malignant melanoma into the dermis or deeper. Heart Attack does not include congestive heart failure, atherosclerotic heart disease, angina, including unstable angina, coronary disease or any other dysfunction of the cardiovascular system. Stroke does not mean a head injury, transient ischemic attack, multi-infarct dementia, or chronic cerebrovascular insufficiency.

Waiting Period Pays when diagnosed by a Physician after a 30-day Critical Illness Waiting Period with Internal Cancer or Heart Attack/Stroke, depending upon the Critical Illness coverage elected at time of application.

Termination Each Covered Person's coverage will terminate when the maximum benefit amount for the Covered Critical Illness(es) has been paid for him/her.

Hospital Intensive Care Unit Rider

Limitations and Exclusions No benefits will be provided during the first two years of the rider for Hospital Intensive Care Unit confinement caused by any heart condition when any heart condition was diagnosed or treated prior to the 30th day following the Covered Person's Effective Date of the rider (The heart condition causing the confinement need not be the same condition diagnosed or treated prior to the Effective Date.). No benefits will be provided if the loss results from: attempted suicide whether sane or insane; intentional self-injury; alcoholism or drug addiction; or any act of war, declared or undeclared, or any act related to war; or military service for any country at war. No benefits will be paid for confinements in units such as: Surgical Recovery Rooms, Progressive Care, Burn Units, Intermediate Care, Private Monitored Rooms, Observation Units, Telemetry Units or Psychiatric Units not involving intensive medical care; or other facilities which do not meet the standards for Intensive Care Unit as defined in the Rider. For a newborn child born within the ten-month period following the effective date of the rider, no benefits will be provided for Hospital Intensive Care Unit Confinement that begins within the first 30 days following the birth of such child. All ICU and Ambulance amounts reduce by 50% at age 70.

Termination of Insurance this policy/rider(s) will terminate and coverage will end for all Covered Persons on the earliest of: the end of the grace period if the premium remains unpaid; or the end of the Policy/Rider(s) Month in which we receive a written request from you to terminate this policy/rider(s); or the date of your death, if this is an Individual Plan; or the date insurance has ceased on all persons covered under this policy/rider(s).

Cancer Insurance Premiums

Base Plan Monthly Premiums*

BASIC	18-40	41-50	51-60	61+
Individual	16.30	23.60	32.60	44.20
1 Parent Family	24.40	35.20	48.70	65.90
2 Parent Family	31.80	45.70	63.30	85.80

ENHANCED	18-40	41-50	51-60	61+
Individual	21.00	30.80	42.40	57.30
1 Parent Family	31.40	45.80	63.30	85.60
2 Parent Family	40.80	59.50	82.30	111.30

Optional Benefit Rider Monthly Premiums*

Hospital Intensive Care Unit Rider Monthly Premiums

ICU RIDER	18-40	41-50	51-60	61+
Individual	3.40	4.20	5.50	7.10
1 Parent Family	5.10	6.30	8.20	10.60
2 Parent Family	6.60	8.20	10.70	13.80

Optional Benefit Rider Monthly Premiums*

Critical Illness Rider Monthly Premiums

CANCER ONLY												
\$2,500			\$5,000			\$7,500			\$10,000			
	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family
18-40	1.50	2.20	2.90	3.00	4.40	5.80	4.50	6.60	8.70	6.00	8.80	11.60
41-50	3.00	4.50	5.80	6.00	9.00	11.60	9.00	13.50	17.40	12.00	18.00	23.20
51-60	4.90	7.30	9.40	9.80	14.60	18.80	14.70	21.90	28.20	19.60	29.20	37.60
61+	7.10	10.60	13.80	14.20	21.20	27.60	21.30	31.80	41.40	28.40	42.40	55.20

HEART ATTACK/STROKE ONLY												
\$2,500			\$5,000			\$7,500			\$10,000			
	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family
18-40	0.80	1.20	1.50	1.60	2.40	3.00	2.40	3.60	4.50	3.20	4.80	6.00
41-50	2.10	3.10	4.10	4.20	6.20	8.20	6.30	9.30	12.30	8.40	12.40	16.40
51-60	3.10	4.60	6.00	6.20	9.20	12.00	9.30	13.80	18.00	12.40	18.40	24.00
61+	4.60	6.90	8.90	9.20	13.80	17.80	13.80	20.70	26.70	18.40	27.60	35.60

*The premium and amount of benefits provided vary based upon the plan selected. This is a brief description of the coverage. For complete benefits and other provisions, please refer to the policy and riders. This coverage does not replace Workers' Compensation Insurance. **These products are inappropriate for people who are eligible for Medicaid Coverage.**



View and print your policies or file a claim at americanfidelity.com

American Fidelity's Online Service Center provides you convenient, secure access to manage your account.

Guaranteed Renewable

You are guaranteed the right to renew your base policy during your lifetime as long as you pay premiums when due or within the premium grace period. We have the right to increase premiums by class.

Underwritten and administered by:



9000 Cameron Parkway • Oklahoma City, Oklahoma 73114 • 800-654-8489 • www.americanfidelity.com

Critical Illness

Helping protect you and your family with lump sum coverage



Critical Illness/Cancer voluntary coverages pay benefits to you

With our Critical Illness and Cancer plans, you'll receive a benefit after a serious illness or a condition such as a heart attack, stroke, coronary artery disease, or cancer is diagnosed. During your recovery, you and your loved ones can rest a little easier knowing you won't have to deplete your bank accounts or take on additional debt to cover day-to-day living expenses.

Why do I need Critical Illness and Cancer coverages?

These plans can assist you with a variety of expenses so you can focus on getting better. You can use the benefit however you want:

- Make your mortgage payments.
- Hire extra help around the house, such as in-home caregivers.
- Help cover medical bills as well as therapy and training.
- Pay for travel to treatment facilities away from home – and for family visits.

In addition to the physical and emotional effects, people who are diagnosed with a serious condition may see a costly impact on their expenses. You may need additional help to absorb the expense of paying for drugs and other associated costs.

Here's how it works

All benefit payments are made directly to you, placing you in control at a time when you may feel that your options are limited. Some or all of the benefit is available to you after your initial diagnosis, so it's there when you need it most. You will save on your premiums because coverage through your employer typically is less expensive than purchasing on your own, and you can pay premiums through automatic payroll deduction. You can continue the coverage even if you change employers.

Critical Illness/Cancer Coverage

Coverage type	Voluntary Critical Illness insurance is a group policy that includes coverage for vascular, cancer, and other critical illnesses.		
Product	Policy Type:	Group	
	Policy Name:	Critical Illness	
	Policy Form:	M-8021	
Eligibility	Issue Ages:	Employee:	18 – 69
		Spouse:	18 – 69
		Child:	Under age 26
	Criteria:	<ul style="list-style-type: none"> Employee is benefit eligible, actively at work full-time, working at least 20 hours per week. Spouse and children not eligible if Employee is not issued coverage. Spouse includes domestic partner where allowed by state and Employer. 	
	Termination Age:	<ul style="list-style-type: none"> Employee: Age 70 unless actively at work, then on last day of active employment. Spouse: When Employee terminates. Child: Age 26, or when Employee terminates, whichever is earlier. 	
		Guarantee Issue	Simplified Issue*
Underwriting Offer	Employee:	\$20,000	\$50,000
	Spouse:	50% of the Employee's benefit	\$25,000
	Child(ren):	50% of the Employee's benefit	\$25,000
Target Participation	Minimum to Issue:	5 enrolled or 1% of all eligible, whichever is greater.	
	Guarantee Issue:	Waived, expectation of 20% of all eligible enrolled by end of the enrollment.	
Benefit Amounts	Employee:	\$10,000 - \$50,000	
	Spouse:	\$5,000 - \$25,000, 50% of Employee election	
	Child(ren):	50% of Employee election to \$25,000	

*If Enrollment technology does not support SI Underwriting all applications must be taken on paper applications.

Benefits and Features Conditions

Covered Conditions		Percent Payment
Cardiac Benefits	<ul style="list-style-type: none"> Myocardial Infarction 	100%
	<ul style="list-style-type: none"> Coronary Heart Disease 	25%
	<ul style="list-style-type: none"> Sudden Cardiac Arrest 	100%
Cerebral Vascular Disease Benefit	<ul style="list-style-type: none"> Stroke 	100%
	<ul style="list-style-type: none"> Ruptured Brain Aneurysm 	10%
	<ul style="list-style-type: none"> Transient Ischemic Attack 	10%
Cancer	<ul style="list-style-type: none"> Invasive 	100%
	<ul style="list-style-type: none"> Non-Invasive 	25%
	<ul style="list-style-type: none"> Skin Cancer 	\$250
	<ul style="list-style-type: none"> 30 day waiting period-Waived 	
Other Specified Illness Category	<ul style="list-style-type: none"> Benign Brain Tumor 	100%
	<ul style="list-style-type: none"> Major Organ Failure 	100%
	<ul style="list-style-type: none"> End Stage Renal Failure* 	100%
	<ul style="list-style-type: none"> Coma 	100%
	<ul style="list-style-type: none"> Severe Burns 	100%
	<ul style="list-style-type: none"> Permanent Paralysis* 	100%
	<ul style="list-style-type: none"> Functional Loss of Hearing* 	100%
	<ul style="list-style-type: none"> Functional Loss of Speech* 	100%
	<ul style="list-style-type: none"> Functional Loss of Sight* 	100%
	<ul style="list-style-type: none"> Occupational HIV/Hepatitis* 	100%
<ul style="list-style-type: none"> Bone Marrow/Stem Cell (not HSA Compliant) 	100%	

*not eligible for recurrence benefit.

Additional Occurrence Benefit	Included
Pre-existing Condition Limitation	Waived
Waiver of Premium for Disability	After 180 days
Portability	Included

Benefit Reduction	Waived
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Employer Elected Optional Benefits

Recurrence	Included
Wellness Screening	\$150
Progressive Disease*	<p>100% Benefit per condition.</p> <p>Covered Conditions:</p> <ul style="list-style-type: none"> • ALS (Lou Gehrig's Disease) • Multiple Sclerosis • Advanced Dementia (including Alzheimer's) • Advanced Parkinson's

*not eligible for recurrence benefit.

Benefit Definitions

ADDITIONAL OCCURRENCE BENEFIT: once benefits have been paid for a Critical Illness, a benefit is paid for an additional different Critical Illness when; 1) the Date of Diagnosis for the new Critical Illness is separated from the prior Critical Illness by at least six (6) consecutive months, and 2) the new Critical Illness is not caused by a Critical Illness for which benefits have been paid, and 3) a benefit is not paid for more than one Critical Illness with in a six (6) month period.

WAIVER OF PREMIUM FOR DISABILITY: This waives an Employee's premium if he or she becomes totally disabled for at least 180 days after the effective date of coverage. Total Disability must start while policy is inforce, for employees ages 18-55.

PORTABILITY: Portable after six months of continuous coverage if group master policy remains in force and the insured is less than age 70, not Totally Disabled, and no longer Actively at work for the Employer. Participants may continue coverage by paying premiums on a direct billing method. All ported certificates will be subject to any rate increases on the Employer's Master Policy. Dependents on ported certificates terminate when the spouse attained age is 70 or the child attained age is 25. If the policy terminates the ported Certificate terminates.

PRE-EXISTING CONDITION LIMITATION: If a member has a pre-existing condition that is diagnosed or symptoms occurred in the 12 months prior to the policy effective date, no benefits will be paid for the first 12 months of the policy effective date. Refer to the certificate of coverage for specific pre-existing limitations. Waived

RECURRENCE: This provides a one-time additional benefit for the same condition if a covered participant is treatment-free for at least 12 months.

WELLNESS SCREENING: Pays a cash benefit when a member has one or more of the 21 covered screening tests. This screening benefit is payable once per covered person per calendar year.

PROGRESSIVE DISEASE: Pays a benefit when a covered person is unable to perform two or more Activities of Daily Living due to one of the Progressive Diseases listed. These must be diagnosed by a Physician after the effective date of this policy.

Critical Illness Rates

Rate Assumption Information

Rate Structure:	Issue Age - tiered
Tobacco Status:	Tobacco Distinct
Rate Guarantee Period:	One (1) Year
Contributions:	100% Employee paid
Commissions:	Heaped
Takeover	Yes
Coverage Type:	Lump Sum
Benefits Included:	As shown above in the Benefits and Optional Benefits sections.
Participation Expectation:	Waived, expectation of 20% of all eligible enrolled by end of the enrollment.

PARTICIPATION EXPECTATION:

Participation requirement is the number of enrolled needed for Guaranteed Issue offer. If the participation requirement is waived, then all applications will be Guaranteed issue up to the amount listed in the Underwriting offer of the proposal, for the initial enrollment period.

At the end of the enrollment period, it will be expected that a minimum percentage of all eligible will be enrolled into the product. This participation percentage is in the participation section of the proposal. If the participation expectation is not met, then all applications will be Underwritten on a Simplified Issue basis.

Takeover Expectations

- The takeover/replacement policies will be underwritten on a Guarantee Issue basis.
- The takeover/replacement policies will be underwritten based on the Employee's age as of the Effective Date of Coverage with ManhattanLife.
- Takeover Provision – The Pre-Existing Conditions Clause will be reduced by a number of months equal to the number of months the replaced coverage was in force, when all the following conditions are met:
 - ManhattanLife Assurance Company of America's coverage replaces a similar in force coverage.
 - The replaced coverage, including benefit amount and effective date, is submitted to ManhattanLife Assurance Company of America at the time of enrollment.
 - The replaced coverage was in force within 63 calendar days of the date of ManhattanLife Assurance Company of America's application.
 - The previous carrier's bill is submitted to ManhattanLife Assurance Company of America.
 - The applicant qualifies for coverage in accordance with ManhattanLife Assurance Company of America's underwriting offer.
 - The maximum amount of takeover coverage available is \$50,000.
- After the initial enrollment period is complete, takeover is no longer available.
- The takeover/replacement policies will be underwritten based on the Employee's age as of the Effective Date of Coverage with ManhattanLife.

Other Contingencies

- Total amount of Critical Illness and Cancer in force with all carriers including ManhattanLife cannot exceed \$100,000.
- Late enrollees will be accepted on an SI basis only, unless otherwise approved by underwriting.
- If spouse is also an Employee, they may apply as an Employee or as a dependent, but not as both.
- If both parents are Employees of the company, then the child(ren) may be covered under only one parent, not both.
- Please refer to the certificate/policy for full benefit and limitation information.

Critical Illness & Cancer North Carolina

Displaying Monthly payroll deductions including Recurrence, Progressive Disease, Sudden Cardiac Arrest, Bone Marrow Transplant, Skin Cancer, and \$150 Wellness Screening Benefit.

Age	Employee - NTU										
	Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29		\$7.81	\$9.32	\$10.84	\$12.35	\$13.87	\$15.39	\$16.90	\$18.42	\$19.93	\$21.45
30-39		\$9.47	\$12.56	\$15.64	\$18.73	\$21.81	\$24.90	\$27.98	\$31.07	\$34.15	\$37.24
40-49		\$13.83	\$21.08	\$28.32	\$35.57	\$42.82	\$50.07	\$57.32	\$64.57	\$71.82	\$79.07
50-59		\$21.51	\$36.17	\$50.84	\$65.50	\$80.16	\$94.82	\$109.48	\$124.14	\$138.80	\$153.46
60-64		\$30.59	\$54.07	\$77.54	\$101.02	\$124.49	\$147.97	\$171.44	\$194.92	\$218.39	\$241.87
65-69		\$37.64	\$67.95	\$98.25	\$128.56	\$158.86	\$189.17	\$219.48	\$249.78	\$280.09	\$310.40

Age	Employee & Spouse - NTU										
	Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29		\$14.36	\$16.63	\$18.91	\$21.18	\$23.45	\$25.73	\$28.00	\$30.27	\$32.54	\$34.82
30-39		\$16.91	\$21.53	\$26.16	\$30.79	\$35.41	\$40.04	\$44.67	\$49.29	\$53.92	\$58.55
40-49		\$23.53	\$34.40	\$45.27	\$56.15	\$67.02	\$77.90	\$88.77	\$99.64	\$110.52	\$121.39
50-55		\$35.20	\$57.19	\$79.18	\$101.17	\$123.16	\$145.15	\$167.14	\$189.13	\$211.12	\$233.11
56-59		\$48.94	\$84.16	\$119.37	\$154.58	\$189.80	\$225.01	\$260.22	\$295.44	\$330.65	\$365.86
60-64		\$59.63	\$105.09	\$150.55	\$196.00	\$241.46	\$286.92	\$332.38	\$377.84	\$423.30	\$468.76

*Spouse Amount is 50% of Employee Amount.

Age	Employee & Children - NTU										
	Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29		\$7.81	\$9.32	\$10.84	\$12.35	\$13.87	\$15.39	\$16.90	\$18.42	\$19.93	\$21.45
30-39		\$9.47	\$12.56	\$15.64	\$18.73	\$21.81	\$24.90	\$27.98	\$31.07	\$34.15	\$37.24
40-49		\$13.83	\$21.08	\$28.32	\$35.57	\$42.82	\$50.07	\$57.32	\$64.57	\$71.82	\$79.07
50-55		\$21.51	\$36.17	\$50.84	\$65.50	\$80.16	\$94.82	\$109.48	\$124.14	\$138.80	\$153.46
56-59		\$30.59	\$54.07	\$77.54	\$101.02	\$124.49	\$147.97	\$171.44	\$194.92	\$218.39	\$241.87
60-64		\$37.64	\$67.95	\$98.25	\$128.56	\$158.86	\$189.17	\$219.48	\$249.78	\$280.09	\$310.40

*Child Amount is 50% of Employee Amount, capped at \$25,000.

Age	Family - NTU										
	Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29		\$14.36	\$16.63	\$18.91	\$21.18	\$23.45	\$25.73	\$28.00	\$30.27	\$32.54	\$34.82
30-39		\$16.91	\$21.53	\$26.16	\$30.79	\$35.41	\$40.04	\$44.67	\$49.29	\$53.92	\$58.55
40-49		\$23.53	\$34.40	\$45.27	\$56.15	\$67.02	\$77.90	\$88.77	\$99.64	\$110.52	\$121.39
50-55		\$35.20	\$57.19	\$79.18	\$101.17	\$123.16	\$145.15	\$167.14	\$189.13	\$211.12	\$233.11
56-59		\$48.94	\$84.16	\$119.37	\$154.58	\$189.80	\$225.01	\$260.22	\$295.44	\$330.65	\$365.86
60-64		\$59.63	\$105.09	\$150.55	\$196.00	\$241.46	\$286.92	\$332.38	\$377.84	\$423.30	\$468.76

*Spouse Amount is 50% of Employee Amount. Child Amount is 50% of Employee Amount, capped at \$25,000.

NTU: Non-tobacco user; TU: Tobacco user

The proposed rates are for an effective date no later than 10/1/2022

Policy: M-8021

Underwritten by ManhattanLife Assurance Company of America.

Critical Illness & Cancer North Carolina

Displaying Monthly payroll deductions including Recurrence, Progressive Disease, Sudden Cardiac Arrest, Bone Marrow Transplant, Skin Cancer, and \$150 Wellness Screening Benefit.

Age	Employee - TU										
	Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29		\$8.24	\$10.16	\$12.09	\$14.02	\$15.94	\$17.87	\$19.80	\$21.73	\$23.65	\$25.58
30-39		\$11.26	\$16.04	\$20.83	\$25.61	\$30.40	\$35.18	\$39.97	\$44.76	\$49.54	\$54.33
40-49		\$19.34	\$31.86	\$44.38	\$56.90	\$69.42	\$81.94	\$94.46	\$106.99	\$119.51	\$132.03
50-59		\$33.12	\$58.93	\$84.73	\$110.54	\$136.34	\$162.15	\$187.95	\$213.75	\$239.56	\$265.36
60-64		\$48.88	\$90.00	\$131.11	\$172.22	\$213.33	\$254.45	\$295.56	\$336.67	\$377.78	\$418.90
65-69		\$60.19	\$112.26	\$164.34	\$216.41	\$268.48	\$320.56	\$372.63	\$424.71	\$476.78	\$528.85

Age	Employee & Spouse - TU										
	Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29		\$15.01	\$17.90	\$20.79	\$23.68	\$26.57	\$29.46	\$32.35	\$35.24	\$38.13	\$41.02
30-39		\$19.62	\$26.80	\$33.98	\$41.16	\$48.33	\$55.51	\$62.69	\$69.87	\$77.05	\$84.23
40-49		\$31.92	\$50.70	\$69.48	\$88.26	\$107.04	\$125.83	\$144.61	\$163.39	\$182.17	\$200.95
50-55		\$52.85	\$91.55	\$130.26	\$168.97	\$207.67	\$246.38	\$285.09	\$323.79	\$362.50	\$401.20
56-59		\$76.71	\$138.38	\$200.05	\$261.72	\$323.38	\$385.05	\$446.72	\$508.39	\$570.06	\$631.73
60-64		\$93.84	\$171.95	\$250.06	\$328.17	\$406.28	\$484.39	\$562.50	\$640.62	\$718.73	\$796.84

*Spouse Amount is 0% of Employee Amount.

Age	Employee & Children - TU										
	Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29		\$8.24	\$10.16	\$12.09	\$14.02	\$15.94	\$17.87	\$19.80	\$21.73	\$23.65	\$25.58
30-39		\$11.26	\$16.04	\$20.83	\$25.61	\$30.40	\$35.18	\$39.97	\$44.76	\$49.54	\$54.33
40-49		\$19.34	\$31.86	\$44.38	\$56.90	\$69.42	\$81.94	\$94.46	\$106.99	\$119.51	\$132.03
50-55		\$33.12	\$58.93	\$84.73	\$110.54	\$136.34	\$162.15	\$187.95	\$213.75	\$239.56	\$265.36
56-59		\$48.88	\$90.00	\$131.11	\$172.22	\$213.33	\$254.45	\$295.56	\$336.67	\$377.78	\$418.90
60-64		\$60.19	\$112.26	\$164.34	\$216.41	\$268.48	\$320.56	\$372.63	\$424.71	\$476.78	\$528.85

*Child Amount is 0% of Employee Amount, capped at \$25,000.

Age	Family - TU										
	Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29		\$15.01	\$17.90	\$20.79	\$23.68	\$26.57	\$29.46	\$32.35	\$35.24	\$38.13	\$41.02
30-39		\$19.62	\$26.80	\$33.98	\$41.16	\$48.33	\$55.51	\$62.69	\$69.87	\$77.05	\$84.23
40-49		\$31.92	\$50.70	\$69.48	\$88.26	\$107.04	\$125.83	\$144.61	\$163.39	\$182.17	\$200.95
50-55		\$52.85	\$91.55	\$130.26	\$168.97	\$207.67	\$246.38	\$285.09	\$323.79	\$362.50	\$401.20
56-59		\$76.71	\$138.38	\$200.05	\$261.72	\$323.38	\$385.05	\$446.72	\$508.39	\$570.06	\$631.73
60-64		\$93.84	\$171.95	\$250.06	\$328.17	\$406.28	\$484.39	\$562.50	\$640.62	\$718.73	\$796.84

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Age	Employee - NTU									
	Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000
18-29	\$9.37	\$11.19	\$13.01	\$14.83	\$16.65	\$18.46	\$20.28	\$22.10	\$23.92	\$25.74
30-39	\$11.37	\$15.07	\$18.77	\$22.47	\$26.18	\$29.88	\$33.58	\$37.28	\$40.98	\$44.68
40-49	\$16.59	\$25.29	\$33.99	\$42.69	\$51.39	\$60.09	\$68.79	\$77.49	\$86.19	\$94.89
50-59	\$25.82	\$43.41	\$61.00	\$78.60	\$96.19	\$113.78	\$131.38	\$148.97	\$166.56	\$184.16
60-64	\$36.71	\$64.88	\$93.05	\$121.23	\$149.40	\$177.57	\$205.74	\$233.91	\$262.08	\$290.26
65-69	\$45.17	\$81.54	\$117.91	\$154.28	\$190.65	\$227.01	\$263.38	\$299.75	\$336.12	\$372.49

Age	Employee & Spouse - NTU									
	Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000
18-29	\$17.23	\$19.96	\$22.69	\$25.42	\$28.14	\$30.87	\$33.60	\$36.33	\$39.06	\$41.78
30-39	\$20.29	\$25.84	\$31.39	\$36.95	\$42.50	\$48.05	\$53.60	\$59.16	\$64.71	\$70.26
40-49	\$28.23	\$41.28	\$54.33	\$67.38	\$80.43	\$93.48	\$106.53	\$119.58	\$132.63	\$145.68
50-55	\$42.24	\$68.63	\$95.02	\$121.41	\$147.80	\$174.19	\$200.58	\$226.97	\$253.36	\$279.75
56-59	\$58.73	\$100.99	\$143.25	\$185.51	\$227.76	\$270.02	\$312.28	\$354.54	\$396.80	\$439.05
60-64	\$71.55	\$126.11	\$180.66	\$235.22	\$289.77	\$344.32	\$398.88	\$453.43	\$507.98	\$562.54

*Spouse Amount is 50% of Employee Amount.

Age	Employee & Children - NTU									
	Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000
18-29	\$9.37	\$11.19	\$13.01	\$14.83	\$16.65	\$18.46	\$20.28	\$22.10	\$23.92	\$25.74
30-39	\$11.37	\$15.07	\$18.77	\$22.47	\$26.18	\$29.88	\$33.58	\$37.28	\$40.98	\$44.68
40-49	\$16.59	\$25.29	\$33.99	\$42.69	\$51.39	\$60.09	\$68.79	\$77.49	\$86.19	\$94.89
50-55	\$25.82	\$43.41	\$61.00	\$78.60	\$96.19	\$113.78	\$131.38	\$148.97	\$166.56	\$184.16
56-59	\$36.71	\$64.88	\$93.05	\$121.23	\$149.40	\$177.57	\$205.74	\$233.91	\$262.08	\$290.26
60-64	\$45.17	\$81.54	\$117.91	\$154.28	\$190.65	\$227.01	\$263.38	\$299.75	\$336.12	\$372.49

*Child Amount is 50% of Employee Amount, capped at \$25,000.

Age	Family - NTU									
	Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000
18-29	\$17.23	\$19.96	\$22.69	\$25.42	\$28.14	\$30.87	\$33.60	\$36.33	\$39.06	\$41.78
30-39	\$20.29	\$25.84	\$31.39	\$36.95	\$42.50	\$48.05	\$53.60	\$59.16	\$64.71	\$70.26
40-49	\$28.23	\$41.28	\$54.33	\$67.38	\$80.43	\$93.48	\$106.53	\$119.58	\$132.63	\$145.68
50-55	\$42.24	\$68.63	\$95.02	\$121.41	\$147.80	\$174.19	\$200.58	\$226.97	\$253.36	\$279.75
56-59	\$58.73	\$100.99	\$143.25	\$185.51	\$227.76	\$270.02	\$312.28	\$354.54	\$396.80	\$439.05
60-64	\$71.55	\$126.11	\$180.66	\$235.22	\$289.77	\$344.32	\$398.88	\$453.43	\$507.98	\$562.54

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Age	Employee - TU										
	Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29		\$9.88	\$12.20	\$14.51	\$16.82	\$19.13	\$21.45	\$23.76	\$26.07	\$28.38	\$30.70
30-39		\$13.51	\$19.25	\$24.99	\$30.74	\$36.48	\$42.22	\$47.97	\$53.71	\$59.45	\$65.19
40-49		\$23.21	\$38.23	\$53.26	\$68.29	\$83.31	\$98.34	\$113.36	\$128.39	\$143.41	\$158.44
50-59		\$39.75	\$70.72	\$101.68	\$132.65	\$163.62	\$194.58	\$225.55	\$256.52	\$287.48	\$318.45
60-64		\$58.66	\$108.00	\$157.34	\$206.67	\$256.01	\$305.35	\$354.68	\$404.02	\$453.36	\$502.70
65-69		\$72.23	\$134.72	\$197.21	\$259.70	\$322.19	\$384.68	\$447.18	\$509.67	\$572.16	\$634.65

Age	Employee & Spouse - TU										
	Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29		\$18.01	\$21.48	\$24.95	\$28.42	\$31.89	\$35.36	\$38.83	\$42.29	\$45.76	\$49.23
30-39		\$23.55	\$32.16	\$40.78	\$49.39	\$58.00	\$66.62	\$75.23	\$83.85	\$92.46	\$101.08
40-49		\$38.31	\$60.84	\$83.38	\$105.92	\$128.46	\$151.00	\$173.54	\$196.07	\$218.61	\$241.15
50-55		\$63.42	\$109.87	\$156.32	\$202.77	\$249.22	\$295.67	\$342.12	\$388.57	\$435.02	\$481.47
56-59		\$92.05	\$166.06	\$240.07	\$314.07	\$388.08	\$462.08	\$536.09	\$610.09	\$684.10	\$758.11
60-64		\$112.61	\$206.35	\$300.08	\$393.82	\$487.56	\$581.30	\$675.03	\$768.77	\$862.51	\$956.25

*Spouse Amount is 0% of Employee Amount.

Age	Employee & Children - TU										
	Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29		\$9.88	\$12.20	\$14.51	\$16.82	\$19.13	\$21.45	\$23.76	\$26.07	\$28.38	\$30.70
30-39		\$13.51	\$19.25	\$24.99	\$30.74	\$36.48	\$42.22	\$47.97	\$53.71	\$59.45	\$65.19
40-49		\$23.21	\$38.23	\$53.26	\$68.29	\$83.31	\$98.34	\$113.36	\$128.39	\$143.41	\$158.44
50-55		\$39.75	\$70.72	\$101.68	\$132.65	\$163.62	\$194.58	\$225.55	\$256.52	\$287.48	\$318.45
56-59		\$58.66	\$108.00	\$157.34	\$206.67	\$256.01	\$305.35	\$354.68	\$404.02	\$453.36	\$502.70
60-64		\$72.23	\$134.72	\$197.21	\$259.70	\$322.19	\$384.68	\$447.18	\$509.67	\$572.16	\$634.65

*Child Amount is 0% of Employee Amount, capped at \$25,000.

Age	Family - TU										
	Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29		\$18.01	\$21.48	\$24.95	\$28.42	\$31.89	\$35.36	\$38.83	\$42.29	\$45.76	\$49.23
30-39		\$23.55	\$32.16	\$40.78	\$49.39	\$58.00	\$66.62	\$75.23	\$83.85	\$92.46	\$101.08
40-49		\$38.31	\$60.84	\$83.38	\$105.92	\$128.46	\$151.00	\$173.54	\$196.07	\$218.61	\$241.15
50-55		\$63.42	\$109.87	\$156.32	\$202.77	\$249.22	\$295.67	\$342.12	\$388.57	\$435.02	\$481.47
56-59		\$92.05	\$166.06	\$240.07	\$314.07	\$388.08	\$462.08	\$536.09	\$610.09	\$684.10	\$758.11
60-64		\$112.61	\$206.35	\$300.08	\$393.82	\$487.56	\$581.30	\$675.03	\$768.77	\$862.51	\$956.25

*Spouse Amount is 0% of Employee Amount. Child Amount is 0% of Employee Amount, capped at \$25,000.

NTU: Non-tobacco user; TU: Tobacco user

The proposed rates are for an effective date no later than 10/1/2022

Policy: M-8021

Underwritten by ManhattanLife Assurance Company of America.

LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS

Life insurance can be an ideal way to provide money for your family when they need it most. PURELIFE-PLUS offers permanent insurance with a high death benefit and long guarantees¹ that can provide financial peace of mind for you and your loved ones. PURELIFE-PLUS is an ideal complement to any group term and optional term life insurance your employer might provide and has the following features:



**IT'S AFFORDABLE
YOU OWN IT**



**YOU CAN TAKE IT
WITH YOU WHEN YOU
CHANGE JOBS OR RETIRE**



**YOU PAY FOR IT
THROUGH CONVENIENT
PAYROLL DEDUCTIONS**



**YOU CAN COVER YOUR
SPOUSE, CHILDREN AND
GRANDCHILDREN, TOO²**



**YOU CAN GET A LIVING
BENEFIT IF YOU BECOME
TERMINALLY ILL³**



**YOU CAN GET CASH TO COVER
LIVING EXPENSES IF YOU
BECOME CHRONICALLY ILL⁴**

3 QUICK QUESTIONS

You can qualify by answering just 3 questions – no exams or needles.

DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

- 1** Been actively at work on a full time basis, performing usual duties?
- 2** Been absent from work due to illness or medical treatment for a period of more than 5 consecutive working days?
- 3** Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation, dialysis treatment, or treatment for alcohol or drug abuse?

1. After the guarantee period, premiums may go down, stay the same or go up.
2. Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.
3. Conditions apply.
4. Chronic Illness Rider available for an additional cost for employees only. Conditions apply. Rider not available in CA. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15

Flexible Premium Adjustable Life Insurance to age 121. Policy Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18. Some limitations apply. See the PureLife-plus brochure for details. Texas Life is licensed to do business in the District of Columbia and every state but New York.



TEXASLIFE INSURANCE COMPANY

WOW!

LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS



**IT'S AFFORDABLE
YOU OWN IT**



**YOU CAN TAKE IT WITH
YOU WHEN YOU CHANGE
JOBS OR RETIRE**



**YOU PAY FOR IT THROUGH
CONVENIENT PAYROLL DEDUCTIONS:
NO CHECKS TO WRITE OR LINKS TO CLICK**



**YOU CAN COVER YOUR SPOUSE, CHILDREN
AND GRANDCHILDREN, TOO¹**



**YOU CAN GET A LIVING BENEFIT IF YOU
BECOME TERMINALLY ILL²**



**YOU CAN GET CASH TO COVER
LIVING EXPENSES IF YOU BECOME
CHRONICALLY ILL³**



**YOU CAN QUALIFY BY ANSWERING JUST
3 QUESTIONS - NO EXAM OR NEEDLES**

1. Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.

2. Conditions apply.

3. Chronic Illness Rider available for an additional cost for employees only. Conditions apply. Rider not available in CA. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15

Flexible Premium Adjustable Life Insurance to age 121. Policy Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18. Some limitations apply. See the PureLife-plus brochure for details. Texas Life is licensed to do business in the District of Columbia and every state but New York.

 **First
Financial
Group
of America**
First in Service and Expertise

TEXASLIFE INSURANCE
COMPANY

Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

PureLife-plus — Standard Risk Table Premiums — Non-Tobacco — Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20		13.05	23.85	34.65	45.45	67.05	88.65	110.25	131.85	75
21-22		13.33	24.40	35.48	46.55	68.70	90.85	113.00	135.15	74
23		13.60	24.95	36.30	47.65	70.35	93.05	115.75	138.45	75
24-25		13.88	25.50	37.13	48.75	72.00	95.25	118.50	141.75	74
26		14.43	26.60	38.78	50.95	75.30	99.65	124.00	148.35	75
27-28		14.70	27.15	39.60	52.05	76.95	101.85	126.75	151.65	74
29		14.98	27.70	40.43	53.15	78.60	104.05	129.50	154.95	74
30-31		15.25	28.25	41.25	54.25	80.25	106.25	132.25	158.25	73
32		16.08	29.90	43.73	57.55	85.20	112.85	140.50	168.15	74
33		16.63	31.00	45.38	59.75	88.50	117.25	146.00	174.75	74
34		17.45	32.65	47.85	63.05	93.45	123.85	154.25	184.65	75
35		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	76
36		19.10	35.95	52.80	69.65	103.35	137.05	170.75	204.45	76
37		19.93	37.60	55.28	72.95	108.30	143.65	179.00	214.35	77
38		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	77
39		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	78
40	10.75	23.50	44.75	66.00	87.25	129.75	172.25	214.75	257.25	79
41	11.52	25.43	48.60	71.78	94.95	141.30	187.65	234.00	280.35	80
42	12.40	27.63	53.00	78.38	103.75	154.50	205.25	256.00	306.75	81
43	13.17	29.55	56.85	84.15	111.45	166.05	220.65	275.25	329.85	82
44	13.94	31.48	60.70	89.93	119.15	177.60	236.05	294.50	352.95	83
45	14.71	33.40	64.55	95.70	126.85	189.15	251.45	313.75	376.05	83
46	15.59	35.60	68.95	102.30	135.65	202.35	269.05	335.75	402.45	84
47	16.36	37.53	72.80	108.08	143.35	213.90	284.45	355.00	425.55	84
48	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	85
49	18.12	41.93	81.60	121.28	160.95	240.30	319.65	399.00	478.35	85
50	19.22	44.68	87.10	129.53	171.95					86
51	20.54	47.98	93.70	139.43	185.15					87
52	21.97	51.55	100.85	150.15	199.45					88
53	23.07	54.30	106.35	158.40	210.45					88
54	24.17	57.05	111.85	166.65	221.45					88
55	25.38	60.08	117.90	175.73	233.55					89
56	26.48	62.83	123.40	183.98	244.55					89
57	27.80	66.13	130.00	193.88	257.75					89
58	29.01	69.15	136.05	202.95	269.85					89
59	30.33	72.45	142.65	212.85	283.05					89
60	31.18	74.58	146.90	219.23	291.55					90
61	32.61	78.15	154.05	229.95	305.85					90
62	34.37	82.55	162.85	243.15	323.45					90
63	36.13	86.95	171.65	256.35	341.05					90
64	38.00	91.63	181.00	270.38	359.75					90
65	40.09	96.85	191.45	286.05	380.65					90
66	42.40									90
67	44.93									91
68	47.68									91
69	50.43									91
70	53.29									91

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18
 Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

PureLife-plus — Standard Risk Table Premiums — Non-Tobacco — Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	Includes Added Cost for Accidental Death Benefit (Ages 17-59)									
	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
15D-1				9.25					16.25	81
2-4				9.50					16.75	80
5-8				9.75					17.25	79
9-10				10.00					17.75	79
11-16				10.25					18.25	77
17-20				12.25	14.25	16.25	18.25	20.25	22.25	75
21-22				12.50	14.55	16.60	18.65	20.70	22.75	74
23				12.75	14.85	16.95	19.05	21.15	23.25	75
24-25				13.00	15.15	17.30	19.45	21.60	23.75	74
26				13.50	15.75	18.00	20.25	22.50	24.75	75
27-28				13.75	16.05	18.35	20.65	22.95	25.25	74
29				14.00	16.35	18.70	21.05	23.40	25.75	74
30-31				14.25	16.65	19.05	21.45	23.85	26.25	73
32				15.00	17.55	20.10	22.65	25.20	27.75	74
33				15.50	18.15	20.80	23.45	26.10	28.75	74
34				16.25	19.05	21.85	24.65	27.45	30.25	75
35		11.25	14.25	17.25	20.25	23.25	26.25	29.25	32.25	76
36		11.55	14.65	17.75	20.85	23.95	27.05	30.15	33.25	76
37		12.00	15.25	18.50	21.75	25.00	28.25	31.50	34.75	77
38		12.45	15.85	19.25	22.65	26.05	29.45	32.85	36.25	77
39		13.20	16.85	20.50	24.15	27.80	31.45	35.10	38.75	78
40	10.05	13.95	17.85	21.75	25.65	29.55	33.45	37.35	41.25	79
41	10.75	15.00	19.25	23.50	27.75	32.00	36.25	40.50	44.75	80
42	11.55	16.20	20.85	25.50	30.15	34.80	39.45	44.10	48.75	81
43	12.25	17.25	22.25	27.25	32.25	37.25	42.25	47.25	52.25	82
44	12.95	18.30	23.65	29.00	34.35	39.70	45.05	50.40	55.75	83
45	13.65	19.35	25.05	30.75	36.45	42.15	47.85	53.55	59.25	83
46	14.45	20.55	26.65	32.75	38.85	44.95	51.05	57.15	63.25	84
47	15.15	21.60	28.05	34.50	40.95	47.40	53.85	60.30	66.75	84
48	15.85	22.65	29.45	36.25	43.05	49.85	56.65	63.45	70.25	85
49	16.75	24.00	31.25	38.50	45.75	53.00	60.25	67.50	74.75	85
50	17.75	25.50	33.25	41.00						86
51	18.95	27.30	35.65	44.00						87
52	20.25	29.25	38.25	47.25						88
53	21.25	30.75	40.25	49.75						88
54	22.25	32.25	42.25	52.25						88
55	23.35	33.90	44.45	55.00						89
56	24.35	35.40	46.45	57.50						89
57	25.55	37.20	48.85	60.50						89
58	26.65	38.85	51.05	63.25						89
59	27.85	40.65	53.45	66.25						89
60	28.55	41.70	54.85	68.00						90
61										90
62										90
63										90
64										90
65										90
66										90
67										91
68										91
69										91
70										91

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

PureLife-plus – Standard Risk Table Premiums – Tobacco – Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	71
21-22		19.38	36.50	53.63	70.75	105.00	139.25	173.50	207.75	71
23		20.20	38.15	56.10	74.05	109.95	145.85	181.75	217.65	72
24-25		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	71
26		21.30	40.35	59.40	78.45	116.55	154.65	192.75	230.85	72
27-28		21.85	41.45	61.05	80.65	119.85	159.05	198.25	237.45	71
29		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	71
30-31		24.88	47.50	70.13	92.75	138.00	183.25	228.50	273.75	72
32		25.70	49.15	72.60	96.05	142.95	189.85	236.75	283.65	72
33		25.98	49.70	73.43	97.15	144.60	192.05	239.50	286.95	72
34		26.25	50.25	74.25	98.25	146.25	194.25	242.25	290.25	71
35		28.18	54.10	80.03	105.95	157.80	209.65	261.50	313.35	72
36		29.00	55.75	82.50	109.25	162.75	216.25	269.75	323.25	72
37		30.93	59.60	88.28	116.95	174.30	231.65	289.00	346.35	73
38		31.75	61.25	90.75	120.25	179.25	238.25	297.25	356.25	73
39		33.95	65.65	97.35	129.05	192.45	255.85	319.25	382.65	74
40	16.14	36.98	71.70	106.43	141.15	210.60	280.05	349.50	418.95	76
41	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	77
42	18.34	42.48	82.70	122.93	163.15	243.60	324.05	404.50	484.95	78
43	19.88	46.33	90.40	134.48	178.55	266.70	354.85	443.00	531.15	80
44	20.65	48.25	94.25	140.25	186.25	278.25	370.25	462.25	554.25	80
45	21.75	51.00	99.75	148.50	197.25	294.75	392.25	489.75	587.25	81
46	22.63	53.20	104.15	155.10	206.05	307.95	409.85	511.75	613.65	81
47	23.73	55.95	109.65	163.35	217.05	324.45	431.85	539.25	646.65	82
48	24.72	58.43	114.60	170.78	226.95	339.30	451.65	564.00	676.35	82
49	26.15	62.00	121.75	181.50	241.25	360.75	480.25	599.75	719.25	83
50	27.36	65.03	127.80	190.58	253.35					83
51	28.57	68.05	133.85	199.65	265.45					83
52	30.33	72.45	142.65	212.85	283.05					84
53	31.87	76.30	150.35	224.40	298.45					85
54	33.30	79.88	157.50	235.13	312.75					85
55	34.84	83.73	165.20	246.68	328.15					85
56	36.60	88.13	174.00	259.88	345.75					85
57	38.36	92.53	182.80	273.08	363.35					86
58	40.23	97.20	192.15	287.10	382.05					86
59	42.10	101.88	201.50	301.13	400.75					86
60	43.28	104.83	207.40	309.98	412.55					86
61	45.81	111.15	220.05	328.95	437.85					86
62	48.23	117.20	232.15	347.10	462.05					87
63	50.65	123.25	244.25	365.25	486.25					87
64	53.07	129.30	256.35	383.40	510.45					87
65	55.71	135.90	269.55	403.20	536.85					87
66	58.57									88
67	61.65									88
68	64.84									88
69	68.25									88
70	71.88									89

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18
 Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

PureLife-plus — Standard Risk Table Premiums — Tobacco — Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20				17.25	20.25	23.25	26.25	29.25	32.25	71
21-22				18.00	21.15	24.30	27.45	30.60	33.75	71
23				18.75	22.05	25.35	28.65	31.95	35.25	72
24-25				19.25	22.65	26.05	29.45	32.85	36.25	71
26				19.75	23.25	26.75	30.25	33.75	37.25	72
27-28				20.25	23.85	27.45	31.05	34.65	38.25	71
29				20.50	24.15	27.80	31.45	35.10	38.75	71
30-31				23.00	27.15	31.30	35.45	39.60	43.75	72
32				23.75	28.05	32.35	36.65	40.95	45.25	72
33				24.00	28.35	32.70	37.05	41.40	45.75	72
34				24.25	28.65	33.05	37.45	41.85	46.25	71
35		16.50	21.25	26.00	30.75	35.50	40.25	45.00	49.75	72
36		16.95	21.85	26.75	31.65	36.55	41.45	46.35	51.25	72
37		18.00	23.25	28.50	33.75	39.00	44.25	49.50	54.75	73
38		18.45	23.85	29.25	34.65	40.05	45.45	50.85	56.25	73
39		19.65	25.45	31.25	37.05	42.85	48.65	54.45	60.25	74
40	14.95	21.30	27.65	34.00	40.35	46.70	53.05	59.40	65.75	76
41	15.85	22.65	29.45	36.25	43.05	49.85	56.65	63.45	70.25	77
42	16.95	24.30	31.65	39.00	46.35	53.70	61.05	68.40	75.75	78
43	18.35	26.40	34.45	42.50	50.55	58.60	66.65	74.70	82.75	80
44	19.05	27.45	35.85	44.25	52.65	61.05	69.45	77.85	86.25	80
45	20.05	28.95	37.85	46.75	55.65	64.55	73.45	82.35	91.25	81
46	20.85	30.15	39.45	48.75	58.05	67.35	76.65	85.95	95.25	81
47	21.85	31.65	41.45	51.25	61.05	70.85	80.65	90.45	100.25	82
48	22.75	33.00	43.25	53.50	63.75	74.00	84.25	94.50	104.75	82
49	24.05	34.95	45.85	56.75	67.65	78.55	89.45	100.35	111.25	83
50	25.15	36.60	48.05	59.50						83
51	26.25	38.25	50.25	62.25						83
52	27.85	40.65	53.45	66.25						84
53	29.25	42.75	56.25	69.75						85
54	30.55	44.70	58.85	73.00						85
55	31.95	46.80	61.65	76.50						85
56	33.55	49.20	64.85	80.50						85
57	35.15	51.60	68.05	84.50						86
58	36.85	54.15	71.45	88.75						86
59	38.55	56.70	74.85	93.00						86
60	39.55	58.20	76.85	95.50						86
61										86
62										87
63										87
64										87
65										87
66										88
67										88
68										88
69										88
70										89

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

Term Life Insurance

Underwritten by: American Fidelity Assurance Company

**10, 20 & 30 Year Renewable and Convertible
Term Life Insurance**



Easy Application Process • No Medical Exams • Excellent Customer Service • Learn More » »



Marketed by:
First Financial Capital Corporation
P.O. Box 670329 • Houston, TX 77267-0329
Local (281) 847-8422 | Toll Free (800) 523-8422
ffga.com

Strengthen Your Family's Financial Plan

Life insurance is an important piece of a strong financial plan. While there is no replacement for the loss of a loved one, AF™ **Term Life Insurance** can help protect your family in your absence. It supplies short-term coverage at a competitive price. For those on a limited budget, Term Life Insurance can help fill temporary needs.



Life insurance provided by your employer is an important benefit. However, it may not be enough protection to provide for your loved ones.

A term life policy can help supplement your existing coverage should you need it. Plus, this is an individual policy which means you own it and can take it with you to a different job or in retirement.

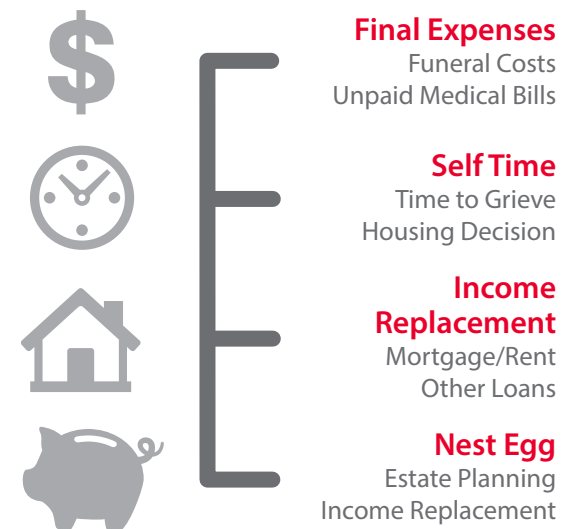


AF™ **Term Life Insurance** is a great option for your working and earning years when costs are usually at their highest.

Premiums will remain the same for the initial term period selected.² The death benefit will not change for the life of the policy, and death benefits are generally paid tax free.

Why You Need Life Insurance

Consider the following expenses when choosing the right life insurance plan for you.



Three Easy Steps to Get Covered

- 1 Select a Term Period**
Choose from a 10, 20, or 30 year term.
- 2 Answer Three Health Questions⁴**
Only three health questions are required to issue coverage, and you don't have to participate in any invasive medical exams.
- 3 Get Death Benefit Coverage Immediately⁵**
Your death benefit coverage starts when you sign the application.

¹LIMRA: 2019 Insurance Barometer Study; March 29, 2019, p25. ²Rates will be adjusted on each renewed term period. ³LIMRA: The Facts of Life and Annuities - 2019 Update; January 7, 2020, p5. ⁴Issuance of the policy may depend on the answer to these questions. ⁵Interim coverage for death will be in force from the date your application is signed if on such date the proposed insured is insurable per our underwriting guidelines for the requested coverage in accordance with the terms of the policy. This interim coverage for death will remain in force until the earlier of: 1) the date a policy becomes effective; 2) the date we decline the application; or 3) the date we notify the proposed insured that they are ineligible for interim coverage. The employee and/or spouse must remain actively at work during the interim coverage period. If the death of the proposed insured occurs during the interim coverage period, the first month's premium will be subtracted from the policy proceeds. Interim coverage is only for death benefits under the base policy, Children's Term Rider and Spouse Term Rider. No interim coverage benefits are available under any Waiver of Premium Rider, Accidental Death and Dismemberment Rider, or Accelerated Benefit Rider for Long Term Illness. ⁶Example is based on a 20-year term, monthly, non-tobacco, base policy with no attached riders. For specific ages, rates, term periods or face amounts, see your American Fidelity account manager. ⁷Premiums remain level for the initial term period selected. If you choose the 10 or 20 Year Term Life Plan, the renewal date will be every 10 or 20 years until the policy anniversary following age 70 or 60 respectively. Thereafter, premiums are renewable annually. The 30 Year Term Life Plan is renewable annually after the initial term period. All term plans expire on the policy anniversary following age 90. Rates will be adjusted on each renewed term period.

EMPLOYEE ISSUE AGES

10 Year Term: 17-65
20 Year Term: 17-60
30 Year Term: 17-50

EMPLOYEE ISSUE MAXIMUM

Ages 17-49: \$300,000
Ages 50-65: \$100,000

GUARANTEED LEVEL DEATH BENEFIT

Receive the full face amount of your policy provided no accelerated benefits are paid.

SPOUSE ISSUE AGES AND MAXIMUMS

Ages 17-49: \$50,000
Ages 50-60: \$25,000

RATES BASED ON ISSUE AGE AND TOBACCO STATUS

Premiums will be based on your age on the date your policy becomes effective. You may be eligible for reduced rates if you are a non-tobacco user.

RENEWABLE AND CONVERTIBLE⁷

Renew your coverage to age 90. You may convert to a whole life policy prior to age 70.

Enhance Your Plan

Waiver of Premium Rider

This rider waives the premium if the base Insured becomes totally disabled, as defined in the rider, for at least six consecutive months. Premiums are waived for the base policy and any attached riders. Issue age is 17-60. The rider terminates at age 65.

Accidental Death and Dismemberment Rider

This rider provides coverage upon death, dismemberment, or paralysis of the base Insured prior to age 70 if such death, dismemberment, or paralysis results from accidental causes, as defined in the rider. This rider also provides an additional 10% seatbelt benefit, if the police accident report certifies the base Insured was wearing a properly fastened seatbelt at time of death. Benefits are payable once per covered Accident.

Spouse Term Rider

This rider provides level Term Life Insurance coverage on your spouse. The premiums for this rider are based on the spouse's age and tobacco usage. Coverage may be renewed for each additional renewal period up to the spouse's age 90, while the base policy is in force. ⁷Premiums adjust upon renewal. Face amount must be equal to or less than the base policy.

Children's Term Rider

This rider provides level Term Life Insurance protection for all your eligible children who are between the ages of one month through age 19. Coverage remains on each child until age 26 or marriage of the child prior to age 26. Your covered child may also convert this rider for up to five times the amount of coverage (subject to a \$100,000 limit overall) to any form of permanent insurance offered by American Fidelity for conversions. One premium covers all eligible children. Three benefit levels are available: \$10,000, \$20,000, and \$30,000.

Accelerated Benefit Rider for Long Term Illness (Available with 30-Year Term Life Only)

This rider provides for two equal advances of a portion of the base policy's death benefit due to a Long Term Illness if we receive satisfactory proof of Long Term Illness prior to each annual payment. Coverage is available on the base Insured only.

SAMPLE 20-YEAR TERM NON-TOBACCO MONTHLY PREMIUM RATES ⁶					
	\$25K*	\$50K*	\$100K	\$150K	\$300K
25	\$6.50	\$9.00	\$16.00	\$20.00	\$38.00
35	\$7.50	\$11.50	\$21.00	\$27.50	\$53.00
45	\$11.75	\$20.50	\$39.00	\$56.00	\$110.00
55	\$25.25	\$38.50	\$75.00	n/a	n/a

*Shaded amounts available for spouse base policy purchases.

Additional riders are subject to our general underwriting criteria and coverage is not guaranteed. Rider availability may vary by state.

Third Party Notice: The owner has the right to designate a third party to receive notice of lapse or termination of an individual life insurance policy due to nonpayment of premium. Such notice will be sent to the policy owner and the third party at least 30 calendar days before cancellation. This designation may be done at this time, or at any time the policy is in force. Please contact us to request a form to designate, change or update this information at a later date. M3437.R118

Accelerated Benefit Summary and Disclosure Notice

THIS DOCUMENT SERVES ONLY AS A SUMMARY AND A DISCLOSURE NOTICE. PLEASE REFER TO YOUR POLICY OR RIDER FOR ACTUAL CONTRACT PROVISIONS.

THE POLICY/RIDER PROVIDES AN ACCELERATED BENEFIT OPTION. YOU SHOULD CONSULT WITH A PERSONAL TAX ADVISOR IF YOU ARE CONSIDERING ELECTING PAYMENT UNDER AN ACCELERATED BENEFIT PROVISION. BENEFITS AS SPECIFIED IN THE POLICY/RIDER WILL BE REDUCED UPON RECEIPT OF AN ACCELERATED BENEFIT PAYMENT. RECEIPT OF ACCELERATED BENEFIT PAYMENTS: 1) MAY BE TAXABLE; 2) MAY AFFECT YOUR ELIGIBILITY FOR BENEFITS UNDER STATE OR FEDERAL LAW; AND, 3) DO NOT AND ARE NOT INTENDED TO QUALIFY AS LONG-TERM CARE INSURANCE.

The policy and/or rider you are applying for has an Accelerated Benefit provision. The provision allows a portion of the death benefits to be advanced if certain conditions are met. Please see policy/rider for conditions and definitions, as applicable.

Prior to the payment of any Accelerated Benefit, the following conditions must be met:

- The maximum Accelerated Benefit varies by policy/rider (see specific information below) and shall not exceed the Benefit Amount for the policy shown on the Policy Schedule.
- Only one Accelerated Benefit election will be made under the policy and/or each rider even if the Owner does not elect the full acceleration amount.
- If two or more Accelerated Benefits are payable on behalf of the Insured/Covered Person under the policy or any attached riders for the same or related sickness, injury or loss, benefits will be paid in the following order:
 - 1) Accelerated Benefit for Long Term Illness, if this optional rider is attached to the policy; and
 - 2) Accelerated Benefit for Terminal Condition.
- Additional limitations and exclusions may apply, please read your policy/rider carefully.

Upon request to accelerate the policy/rider proceeds, and upon the payment of the accelerated benefit, the Owner and any irrevocable beneficiary shall be given a statement demonstrating the effect of the acceleration on the payment of policy proceeds, cash value, death benefit, premium, and policy loans, as applicable.

Accelerated Benefit for Terminal Condition

Prior to the payment of any Accelerated Benefit, the Insured/Covered Person must have a Terminal Condition, defined as an imminent death expected as a result of a non-correctable medical condition that with reasonable medical certainty will result in a drastically limited life span of the Insured/Covered Person of 12 months or less. The maximum payable is the lesser of: 50% of the eligible proceeds as defined in the policy/rider, or \$100,000. There is no premium associated with this provision.

Payment of an Accelerated Benefit, if elected, will have the following effect on your contract:

- Upon payment of the Accelerated Benefit, the policy/rider will remain in force. Any premiums due to keep the policy/rider in force will be paid by us, and will be deducted from the policy proceeds upon death, unless you are currently exercising the Automatic Premium Loan option. If you are currently exercising the Automatic Premium Loan option, any premiums will continue to be paid under this option, until such time as this option is exhausted or discontinued.

- Policy proceeds which are payable on the death of the Insured/Covered Person will be reduced by the amount of the Accelerated Benefit, any outstanding policy loans, and any premiums paid by us on your behalf.
- Cash values, if any, will continue to accumulate as specified in your policy or rider. Access to the policy cash value may be restricted to the excess of the cash value over the sum of the amount accelerated and any premiums paid by us and any other outstanding policy loans.
- Any outstanding loan, including interest will not be deducted from the Accelerated Benefit payment.
- This Accelerated Benefit will be treated as a lien against the death benefit and applied at time of death.

Accelerated Benefit for Long Term Illness (optional rider)

Prior to the payment of any Accelerated Benefit, the Insured must have a Long Term Illness, which means the Insured has been certified within the last 12 months by a Licensed Health Care Practitioner as permanently unable to perform, without Substantial Assistance from another individual, at least two out of five Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or requiring Substantial Supervision due to permanent Severe Cognitive Impairment. The maximum payable is the lesser of 50% of the Eligible Proceeds available at the time of claim payable in two equal annual payments up to a maximum of 25% of the Eligible Proceeds per year for two consecutive years; or \$100,000 payable in two equal annual payments up to a maximum of \$50,000 per year for two consecutive years. Premium is required to keep this rider in force.

Payment of an Accelerated Benefit for Long Term Illness, if elected, will have the following effect on your contract:

- Upon payment of the Accelerated Benefit, the rider will terminate and no additional benefits will be due under the rider, even for recurrence. The policy will remain in force and premiums will continue to be billed and payable as due.
- Policy proceeds which are payable on the death of the Insured will be reduced by the amount of the Accelerated Benefit.
- Cash values, if any, will continue to accumulate as specified in your policy or rider. The cash values will be adjusted proportionally by the percent accelerated.
- Any outstanding policy loan, including interest, will be proportionally reduced by the percent accelerated and will be deducted from the Accelerated Benefit payment.
- The Accelerated Benefit will reduce the Benefit Amount and will be applied immediately upon acceleration.

ICC14 DN111

This brochure does not constitute the full policy and is intended to provide basic information about American Fidelity Assurance Company's Renewable and Convertible Term Life Insurance product, ICC14 RCTL14 / RCTL14 Series. For specific details, limitations and exclusions, please refer to your policy, riders. Please consult your tax advisor for your specific situation. This policy is not eligible under Section 125. Rider availability may vary by state.

We will not pay the policy proceeds if the insured commits suicide, while sane or insane for the period of time as described in the insured's policy, from the Effective date. Instead, we will return all premiums paid.

Underwritten and administered by:

AMERICAN FIDELITY
a different opinion



American Fidelity Assurance Company
9000 Cameron Parkway
Oklahoma City, Oklahoma 73114
800-654-8489
americanfidelity.com

For Use In: AZ, LA, NM, NC, VA
051-536, 051-537, 051-546,
051-547, 051-556, 051-557

TERM LIFE INSURANCE

Renewable and Convertible

Marketed by:



Underwritten by American Fidelity Assurance Company

Spouse Coverage Available¹

10 YEAR RATES Tobacco Users Rates

ISSUE AGE	DEATH BENEFIT										
	Monthly Premium Including Policy Fee										
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000
17	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
18	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
19	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
20	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
21	8.25	9.50	12.50	17.75	23.00	24.50	29.00	33.50	38.00	47.00	56.00
22	8.25	9.50	13.00	18.50	24.00	24.50	29.00	33.50	38.00	47.00	56.00
23	8.25	9.50	13.00	18.50	24.00	24.50	29.00	33.50	38.00	47.00	56.00
24	8.25	9.50	13.50	19.25	25.00	24.50	29.00	33.50	38.00	47.00	56.00
25	8.25	9.50	14.00	20.00	26.00	24.50	29.00	33.50	38.00	47.00	56.00
26	8.25	9.50	14.50	20.75	27.00	24.50	29.00	33.50	38.00	47.00	56.00
27	8.50	9.80	14.50	20.75	27.00	24.50	29.00	33.50	38.00	47.00	56.00
28	8.50	9.80	15.00	21.50	28.00	25.75	30.50	35.25	40.00	49.50	59.00
29	8.75	10.10	15.00	21.50	28.00	25.75	30.50	35.25	40.00	49.50	59.00
30	8.75	10.10	15.50	22.25	29.00	25.75	30.50	35.25	40.00	49.50	59.00
31	9.00	10.40	16.00	23.00	30.00	27.00	32.00	37.00	42.00	52.00	62.00
32	9.50	11.00	17.00	24.50	32.00	28.25	33.50	38.75	44.00	54.50	65.00
33	9.75	11.30	17.50	25.25	33.00	29.50	35.00	40.50	46.00	57.00	68.00
34	10.00	11.60	18.00	26.00	34.00	32.00	38.00	44.00	50.00	62.00	74.00
35	10.50	12.20	19.00	27.50	36.00	33.25	39.50	45.75	52.00	64.50	77.00
36	11.25	13.10	20.00	29.00	38.00	37.00	44.00	51.00	58.00	72.00	86.00
37	12.00	14.00	21.50	31.25	41.00	40.75	48.50	56.25	64.00	79.50	95.00
38	12.75	14.90	23.00	33.50	44.00	44.50	53.00	61.50	70.00	87.00	104.00
39	13.50	15.80	24.50	35.75	47.00	49.50	59.00	68.50	78.00	97.00	116.00
40	14.50	17.00	26.00	38.00	50.00	54.50	65.00	75.50	86.00	107.00	128.00
41	15.75	18.50	28.50	41.75	55.00	57.00	68.00	79.00	90.00	112.00	134.00
42	17.00	20.00	31.00	45.50	60.00	60.75	72.50	84.25	96.00	119.50	143.00
43	18.25	21.50	34.00	50.00	66.00	63.25	75.50	87.75	100.00	124.50	149.00
44	19.75	23.30	37.50	55.25	73.00	67.00	80.00	93.00	106.00	132.00	158.00
45	21.50	25.40	41.00	60.50	80.00	70.75	84.50	98.25	112.00	139.50	167.00
46	24.00	28.40	42.50	62.75	83.00	73.25	87.50	101.75	116.00	144.50	173.00
47	27.00	32.00	44.00	65.00	86.00	77.00	92.00	107.00	122.00	152.00	182.00
48	30.50	36.20	45.50	67.25	89.00	80.75	96.50	112.25	128.00	159.50	191.00
49	34.25	40.70	47.00	69.50	92.00	84.50	101.00	117.50	134.00	167.00	200.00
50	38.50	45.80	48.50	71.75	95.00	--	--	--	--	--	--
51	40.50	48.20	53.00	78.50	104.00	--	--	--	--	--	--
52	42.75	50.90	58.00	86.00	114.00	--	--	--	--	--	--
53	45.25	53.90	63.00	93.50	124.00	--	--	--	--	--	--
54	47.50	56.60	69.00	102.50	136.00	--	--	--	--	--	--
55	50.25	59.90	75.50	112.25	149.00	--	--	--	--	--	--
56	56.50	67.40	84.00	125.00	166.00	--	--	--	--	--	--
57	63.50	75.80	93.00	138.50	184.00	--	--	--	--	--	--
58	71.25	85.10	103.50	154.25	205.00	--	--	--	--	--	--
59	80.25	95.90	115.50	172.25	229.00	--	--	--	--	--	--
60	90.50	108.20	128.50	191.75	255.00	--	--	--	--	--	--
61	90.75	108.50	137.50	205.25	273.00	--	--	--	--	--	--
62	91.25	109.10	147.50	220.25	293.00	--	--	--	--	--	--
63	91.50	109.40	158.50	236.75	315.00	--	--	--	--	--	--
64	92.00	110.00	170.00	254.00	338.00	--	--	--	--	--	--
65	92.25	110.30	182.50	272.75	363.00	--	--	--	--	--	--

This insert must be used in conjunction with SB-30357 and any state specific deviations thereof. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For additional details, limitations, exclusions and other provisions, please refer to the policy/rider. Rider availability may vary by state. Not eligible under section 125. ¹ Maximum face amount available is \$50,000.

TERM LIFE INSURANCE

Renewable and Convertible

RIDER RATES (Monthly Premium)

SPOUSE TERM RIDER: Use the rate sheet to find the the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.

CHILDREN'S TERM RIDER: \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19. Subject to the overall child maximum of \$50,000. Grandchildren are not eligible for this rider.

ACCIDENTAL DEATH & DISMEMBERMENT RIDER: For the monthly rate, multiply .08 per \$1,000 of coverage.

WAIVER OF PREMIUM RIDER: Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

Spouse Coverage Available¹

10 YEAR RATES Non-Tobacco Users Rates

ISSUE AGE	DEATH BENEFIT Monthly Premium Including Policy Fee										
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000
17	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
18	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
19	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
20	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
21	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
22	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
23	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
24	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
25	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
26	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
27	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
28	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
29	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
30	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
31	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
32	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
33	6.75	7.70	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
34	6.75	7.70	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
35	6.75	7.70	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
36	7.00	8.00	9.50	13.25	17.00	18.25	21.50	24.75	28.00	34.50	41.00
37	7.25	8.30	10.00	14.00	18.00	19.50	23.00	26.50	30.00	37.00	44.00
38	7.50	8.60	10.50	14.75	19.00	20.75	24.50	28.25	32.00	39.50	47.00
39	7.75	8.90	11.00	15.50	20.00	22.00	26.00	30.00	34.00	42.00	50.00
40	8.00	9.20	11.50	16.25	21.00	23.25	27.50	31.75	36.00	44.50	53.00
41	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
42	8.75	10.10	13.00	18.50	24.00	27.00	32.00	37.00	42.00	52.00	62.00
43	9.00	10.40	13.50	19.25	25.00	28.25	33.50	38.75	44.00	54.50	65.00
44	9.25	10.70	14.00	20.00	26.00	29.50	35.00	40.50	46.00	57.00	68.00
45	9.75	11.30	15.00	21.50	28.00	32.00	38.00	44.00	50.00	62.00	74.00
46	10.50	12.20	16.00	23.00	30.00	34.50	41.00	47.50	54.00	67.00	80.00
47	11.50	13.40	17.50	25.25	33.00	37.00	44.00	51.00	58.00	72.00	86.00
48	12.50	14.60	18.50	26.75	35.00	40.75	48.50	56.25	64.00	79.50	95.00
49	13.50	15.80	20.00	29.00	38.00	44.50	53.00	61.50	70.00	87.00	104.00
50	14.75	17.30	21.50	31.25	41.00	--	--	--	--	--	--
51	15.50	18.20	23.00	33.50	44.00	--	--	--	--	--	--
52	16.50	19.40	24.00	35.00	46.00	--	--	--	--	--	--
53	17.50	20.60	25.50	37.25	49.00	--	--	--	--	--	--
54	18.50	21.80	27.50	40.25	53.00	--	--	--	--	--	--
55	19.50	23.00	29.00	42.50	56.00	--	--	--	--	--	--
56	21.25	25.10	32.00	47.00	62.00	--	--	--	--	--	--
57	23.00	27.20	35.00	51.50	68.00	--	--	--	--	--	--
58	25.00	29.60	38.50	56.75	75.00	--	--	--	--	--	--
59	27.25	32.30	42.50	62.75	83.00	--	--	--	--	--	--
60	29.75	35.30	46.50	68.75	91.00	--	--	--	--	--	--
61	31.00	36.80	50.50	74.75	99.00	--	--	--	--	--	--
62	32.00	38.00	54.50	80.75	107.00	--	--	--	--	--	--
63	33.25	39.50	59.00	87.50	116.00	--	--	--	--	--	--
64	34.75	41.30	64.00	95.00	126.00	--	--	--	--	--	--
65	36.00	42.80	69.50	103.25	137.00	--	--	--	--	--	--

This insert must be used in conjunction with SB-30357 and any state specific deviations thereof. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For additional details, limitations, exclusions and other provisions, please refer to the policy/rider. Rider availability may vary by state. Not eligible under section 125. ¹ Maximum face amount available is \$50,000.

TERM LIFE INSURANCE

Renewable and Convertible

Marketed by:



Underwritten by American Fidelity Assurance Company

Spouse Coverage Available¹

20 YEAR RATES Tobacco Users Rates

ISSUE AGE	DEATH BENEFIT										
	Monthly Premium Including Policy Fee										
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000
17	8.75	10.10	12.50	17.75	23.00	25.75	30.50	35.25	40.00	49.50	59.00
18	8.75	10.10	12.50	17.75	23.00	25.75	30.50	35.25	40.00	49.50	59.00
19	8.75	10.10	12.50	17.75	23.00	25.75	30.50	35.25	40.00	49.50	59.00
20	8.75	10.10	12.50	17.75	23.00	25.75	30.50	35.25	40.00	49.50	59.00
21	8.75	10.10	13.00	18.50	24.00	25.75	30.50	35.25	40.00	49.50	59.00
22	8.75	10.10	13.50	19.25	25.00	27.00	32.00	37.00	42.00	52.00	62.00
23	8.75	10.10	13.50	19.25	25.00	27.00	32.00	37.00	42.00	52.00	62.00
24	8.75	10.10	14.00	20.00	26.00	28.25	33.50	38.75	44.00	54.50	65.00
25	8.75	10.10	14.50	20.75	27.00	28.25	33.50	38.75	44.00	54.50	65.00
26	9.00	10.40	15.00	21.50	28.00	29.50	35.00	40.50	46.00	57.00	68.00
27	9.25	10.70	15.50	22.25	29.00	30.75	36.50	42.25	48.00	59.50	71.00
28	9.25	10.70	16.00	23.00	30.00	30.75	36.50	42.25	48.00	59.50	71.00
29	9.50	11.00	16.50	23.75	31.00	32.00	38.00	44.00	50.00	62.00	74.00
30	9.75	11.30	17.00	24.50	32.00	33.25	39.50	45.75	52.00	64.50	77.00
31	10.25	11.90	18.00	26.00	34.00	34.50	41.00	47.50	54.00	67.00	80.00
32	11.00	12.80	19.50	28.25	37.00	37.00	44.00	51.00	58.00	72.00	86.00
33	11.50	13.40	20.50	29.75	39.00	39.50	47.00	54.50	62.00	77.00	92.00
34	12.25	14.30	22.00	32.00	42.00	40.75	48.50	56.25	64.00	79.50	95.00
35	13.00	15.20	23.50	34.25	45.00	43.25	51.50	59.75	68.00	84.50	101.00
36	14.00	16.40	25.50	37.25	49.00	47.00	56.00	65.00	74.00	92.00	110.00
37	15.00	17.60	27.50	40.25	53.00	52.00	62.00	72.00	82.00	102.00	122.00
38	16.25	19.10	30.00	44.00	58.00	55.75	66.50	77.25	88.00	109.50	131.00
39	17.50	20.60	32.50	47.75	63.00	60.75	72.50	84.25	96.00	119.50	143.00
40	18.75	22.10	35.50	52.25	69.00	67.00	80.00	93.00	106.00	132.00	158.00
41	20.25	23.90	38.50	56.75	75.00	74.50	89.00	103.50	118.00	147.00	176.00
42	22.00	26.00	42.00	62.00	82.00	84.50	101.00	117.50	134.00	167.00	200.00
43	24.00	28.40	46.00	68.00	90.00	94.50	113.00	131.50	150.00	187.00	224.00
44	26.25	31.10	50.00	74.00	98.00	105.75	126.50	147.25	168.00	209.50	251.00
45	28.50	33.80	54.50	80.75	107.00	118.25	141.50	164.75	188.00	234.50	281.00
46	31.50	37.40	57.00	84.50	112.00	124.50	149.00	173.50	198.00	247.00	296.00
47	34.75	41.30	59.50	88.25	117.00	130.75	156.50	182.25	208.00	259.50	311.00
48	38.25	45.50	62.50	92.75	123.00	138.25	165.50	192.75	220.00	274.50	329.00
49	42.25	50.30	65.50	97.25	129.00	145.75	174.50	203.25	232.00	289.50	347.00
50	46.75	55.70	68.50	101.75	135.00	--	--	--	--	--	--
51	50.25	59.90	74.00	110.00	146.00	--	--	--	--	--	--
52	53.75	64.10	80.00	119.00	158.00	--	--	--	--	--	--
53	57.75	68.90	86.00	128.00	170.00	--	--	--	--	--	--
54	62.00	74.00	93.00	138.50	184.00	--	--	--	--	--	--
55	66.50	79.40	100.50	149.75	199.00	--	--	--	--	--	--
56	73.50	87.80	108.50	161.75	215.00	--	--	--	--	--	--
57	81.25	97.10	117.50	175.25	233.00	--	--	--	--	--	--
58	89.75	107.30	127.00	189.50	252.00	--	--	--	--	--	--
59	99.25	118.70	137.50	205.25	273.00	--	--	--	--	--	--
60	110.00	131.60	149.00	222.50	296.00	--	--	--	--	--	--

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TERM LIFE INSURANCE

Renewable and Convertible

RIDER RATES (Monthly Premium)

SPOUSE TERM RIDER: Use the rate sheet to find the the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.

CHILDREN'S TERM RIDER: \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19. Subject to the overall child maximum of \$50,000. Grandchildren are not eligible for this rider.

ACCIDENTAL DEATH & DISMEMBERMENT RIDER: For the monthly rate, multiply .08 per \$1,000 of coverage.

WAIVER OF PREMIUM RIDER: Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

Spouse Coverage Available¹

20 YEAR RATES Non-Tobacco Users Rates

ISSUE AGE	DEATH BENEFIT Monthly Premium Including Policy Fee										
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000
17	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
18	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
19	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
20	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
21	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
22	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
23	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
24	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
25	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
26	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
27	6.50	7.40	9.00	12.50	16.00	18.25	21.50	24.75	28.00	34.50	41.00
28	6.50	7.40	9.50	13.25	17.00	18.25	21.50	24.75	28.00	34.50	41.00
29	6.50	7.40	9.50	13.25	17.00	19.50	23.00	26.50	30.00	37.00	44.00
30	6.50	7.40	9.50	13.25	17.00	19.50	23.00	26.50	30.00	37.00	44.00
31	6.75	7.70	10.00	14.00	18.00	20.75	24.50	28.25	32.00	39.50	47.00
32	7.00	8.00	10.00	14.00	18.00	20.75	24.50	28.25	32.00	39.50	47.00
33	7.00	8.00	10.50	14.75	19.00	22.00	26.00	30.00	34.00	42.00	50.00
34	7.25	8.30	11.00	15.50	20.00	22.00	26.00	30.00	34.00	42.00	50.00
35	7.50	8.60	11.50	16.25	21.00	23.25	27.50	31.75	36.00	44.50	53.00
36	7.75	8.90	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
37	8.00	9.20	13.00	18.50	24.00	27.00	32.00	37.00	42.00	52.00	62.00
38	8.25	9.50	13.50	19.25	25.00	28.25	33.50	38.75	44.00	54.50	65.00
39	8.75	10.10	14.00	20.00	26.00	30.75	36.50	42.25	48.00	59.50	71.00
40	9.00	10.40	15.00	21.50	28.00	33.25	39.50	45.75	52.00	64.50	77.00
41	9.50	11.00	16.00	23.00	30.00	35.75	42.50	49.25	56.00	69.50	83.00
42	10.00	11.60	17.00	24.50	32.00	38.25	45.50	52.75	60.00	74.50	89.00
43	10.50	12.20	18.00	26.00	34.00	40.75	48.50	56.25	64.00	79.50	95.00
44	11.00	12.80	19.00	27.50	36.00	43.25	51.50	59.75	68.00	84.50	101.00
45	11.75	13.70	20.50	29.75	39.00	47.00	56.00	65.00	74.00	92.00	110.00
46	12.75	14.90	21.50	31.25	41.00	49.50	59.00	68.50	78.00	97.00	116.00
47	14.00	16.40	22.50	32.75	43.00	52.00	62.00	72.00	82.00	102.00	122.00
48	15.25	17.90	24.00	35.00	46.00	55.75	66.50	77.25	88.00	109.50	131.00
49	16.75	19.70	25.00	36.50	48.00	58.25	69.50	80.75	92.00	114.50	137.00
50	18.50	21.80	26.50	38.75	51.00	--	--	--	--	--	--
51	19.75	23.30	28.50	41.75	55.00	--	--	--	--	--	--
52	21.00	24.80	30.50	44.75	59.00	--	--	--	--	--	--
53	22.25	26.30	33.00	48.50	64.00	--	--	--	--	--	--
54	23.75	28.10	35.50	52.25	69.00	--	--	--	--	--	--
55	25.25	29.90	38.50	56.75	75.00	--	--	--	--	--	--
56	27.50	32.60	42.50	62.75	83.00	--	--	--	--	--	--
57	30.00	35.60	47.00	69.50	92.00	--	--	--	--	--	--
58	32.50	38.60	52.00	77.00	102.00	--	--	--	--	--	--
59	35.50	42.20	58.00	86.00	114.00	--	--	--	--	--	--
60	38.75	46.10	64.00	95.00	126.00	--	--	--	--	--	--

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TERM LIFE INSURANCE

Renewable and Convertible

Marketed by:



Underwritten by American Fidelity Assurance Company

30 YEAR RATES *Non-Tobacco Users Rates*

ISSUE AGE	Death Benefit													
	Monthly Premium Including Policy Fee													
	\$25,000		\$50,000		\$100,000		\$150,000		\$200,000		\$250,000		\$300,000	
	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI
17	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
18	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
19	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
20	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
21	7.00	0.20	10.50	0.40	19.00	0.80	24.50	1.20	32.00	1.60	39.50	2.00	47.00	2.40
22	7.00	0.21	10.50	0.42	19.00	0.83	24.50	1.25	32.00	1.66	39.50	2.08	47.00	2.49
23	7.25	0.21	11.00	0.43	20.00	0.85	26.00	1.28	34.00	1.70	42.00	2.13	50.00	2.55
24	7.25	0.22	11.00	0.44	20.00	0.88	26.00	1.32	34.00	1.76	42.00	2.20	50.00	2.64
25	7.25	0.23	11.00	0.47	20.00	0.93	26.00	1.40	34.00	1.86	42.00	2.33	50.00	2.79
26	7.25	0.25	11.00	0.50	20.00	1.00	27.50	1.50	36.00	2.00	44.50	2.50	53.00	3.00
27	7.50	0.27	11.50	0.54	21.00	1.08	27.50	1.62	36.00	2.16	44.50	2.70	53.00	3.24
28	7.50	0.29	11.50	0.58	21.00	1.15	29.00	1.73	38.00	2.30	47.00	2.88	56.00	3.45
29	7.75	0.31	12.00	0.62	22.00	1.23	29.00	1.85	38.00	2.46	47.00	3.08	56.00	3.69
30	7.75	0.33	12.00	0.65	22.00	1.30	30.50	1.95	40.00	2.60	49.50	3.25	59.00	3.90
31	8.00	0.35	12.50	0.70	23.00	1.40	32.00	2.10	42.00	2.80	52.00	3.50	62.00	4.20
32	8.25	0.38	13.00	0.75	24.00	1.50	32.00	2.25	42.00	3.00	52.00	3.75	62.00	4.50
33	8.25	0.40	13.00	0.80	24.00	1.60	33.50	2.40	44.00	3.20	54.50	4.00	65.00	4.80
34	8.50	0.43	13.50	0.85	25.00	1.70	33.50	2.55	44.00	3.40	54.50	4.25	65.00	5.10
35	8.75	0.45	14.00	0.90	26.00	1.80	35.00	2.70	46.00	3.60	57.00	4.50	68.00	5.40
36	9.25	0.48	15.00	0.97	28.00	1.93	38.00	2.90	50.00	3.86	62.00	4.83	74.00	5.79
37	9.75	0.51	16.00	1.03	30.00	2.05	41.00	3.08	54.00	4.10	67.00	5.13	80.00	6.15
38	10.25	0.55	17.00	1.09	32.00	2.18	44.00	3.27	58.00	4.36	72.00	5.45	86.00	6.54
39	10.75	0.58	18.00	1.15	34.00	2.30	47.00	3.45	62.00	4.60	77.00	5.75	92.00	6.90
40	11.50	0.60	19.50	1.20	37.00	2.39	51.50	3.59	68.00	4.78	84.50	5.98	101.00	7.17
41	12.25	0.64	21.00	1.28	40.00	2.56	56.00	3.84	74.00	5.12	92.00	6.40	110.00	7.68
42	13.25	0.68	23.00	1.36	44.00	2.71	62.00	4.07	82.00	5.42	102.00	6.78	122.00	8.13
43	14.25	0.72	24.50	1.43	47.00	2.86	66.50	4.29	88.00	5.72	109.50	7.15	131.00	8.58
44	15.25	0.75	27.00	1.51	52.00	3.01	72.50	4.52	96.00	6.02	119.50	7.53	143.00	9.03
45	16.50	0.79	29.00	1.58	56.00	3.15	80.00	4.73	106.00	6.30	132.00	7.88	158.00	9.45
46	17.75	0.86	31.50	1.73	61.00	3.45	87.50	5.18	116.00	6.90	144.50	8.63	173.00	10.35
47	19.00	0.93	34.00	1.87	66.00	3.73	95.00	5.60	126.00	7.46	157.00	9.33	188.00	11.19
48	20.25	1.00	37.00	2.00	72.00	4.00	104.00	6.00	138.00	8.00	172.00	10.00	206.00	12.00
49	21.75	1.07	40.50	2.14	79.00	4.27	114.50	6.41	152.00	8.54	189.50	10.68	227.00	12.81
50	23.50	1.13	44.00	2.25	86.00	4.50	--	--	--	--	--	--	--	--

Spouse Coverage Available¹

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TERM LIFE INSURANCE

Renewable and Convertible

RIDER RATES (Monthly Premium)

- SPOUSE TERM RIDER:** Use the rate sheet to find the the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.
- CHILDREN'S TERM RIDER:** \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19. Subject to the overall child maximum of \$50,000. Grandchildren are not eligible for this rider.
- ACCIDENTAL DEATH & DISMEMBERMENT RIDER:** For the monthly rate, multiply .08 per \$1,000 of coverage.
- WAIVER OF PREMIUM RIDER:** Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.
- ACCELERATED BENEFIT FOR LONG TERM ILLNESS RIDER (ABLTI):** Add the rate shown in the ABLTI column to the base rate.

30 YEAR RATES

Tobacco Users Rates

ISSUE AGE	Death Benefit													
	Monthly Premium Including Policy Fee													
	\$25,000		\$50,000		\$100,000		\$150,000		\$200,000		\$250,000		\$300,000	
	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI
17	9.50	0.30	15.00	0.59	28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
18	9.50	0.30	15.00	0.59	28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
19	9.50	0.30	15.00	0.59	28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
20	9.50	0.30	15.00	0.59	28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
21	9.75	0.31	15.50	0.62	29.00	1.23	39.50	1.85	52.00	2.46	64.50	3.08	77.00	3.69
22	10.00	0.32	16.00	0.64	30.00	1.28	41.00	1.92	54.00	2.56	67.00	3.20	80.00	3.84
23	10.25	0.33	16.50	0.67	31.00	1.33	42.50	2.00	56.00	2.66	69.50	3.33	83.00	3.99
24	10.50	0.35	17.00	0.69	32.00	1.38	44.00	2.07	58.00	2.76	72.00	3.45	86.00	4.14
25	10.75	0.35	17.50	0.70	33.00	1.40	45.50	2.10	60.00	2.80	74.50	3.50	89.00	4.20
26	11.00	0.38	18.00	0.75	34.00	1.50	47.00	2.25	62.00	3.00	77.00	3.75	92.00	4.50
27	11.25	0.40	18.50	0.80	35.00	1.60	48.50	2.40	64.00	3.20	79.50	4.00	95.00	4.80
28	11.50	0.43	19.00	0.85	36.00	1.70	50.00	2.55	66.00	3.40	82.00	4.25	98.00	5.10
29	11.75	0.45	19.50	0.90	37.00	1.80	51.50	2.70	68.00	3.60	84.50	4.50	101.00	5.40
30	12.00	0.49	20.00	0.98	38.00	1.95	53.00	2.93	70.00	3.90	87.00	4.88	104.00	5.85
31	13.00	0.53	22.00	1.05	42.00	2.10	57.50	3.15	76.00	4.20	94.50	5.25	113.00	6.30
32	14.00	0.56	24.00	1.13	46.00	2.25	62.00	3.38	82.00	4.50	102.00	5.63	122.00	6.75
33	15.25	0.60	26.50	1.20	51.00	2.40	66.50	3.60	88.00	4.80	109.50	6.00	131.00	7.20
34	16.50	0.64	29.00	1.28	56.00	2.55	72.50	3.83	96.00	5.10	119.50	6.38	143.00	7.65
35	17.75	0.68	32.00	1.37	62.00	2.73	78.50	4.10	104.00	5.46	129.50	6.83	155.00	8.19
36	19.00	0.73	34.50	1.47	67.00	2.93	84.50	4.40	112.00	5.86	139.50	7.33	167.00	8.79
37	20.50	0.78	37.50	1.57	73.00	3.13	90.50	4.70	120.00	6.26	149.50	7.83	179.00	9.39
38	22.25	0.83	40.50	1.67	79.00	3.33	98.00	5.00	130.00	6.66	162.00	8.33	194.00	9.99
39	24.00	0.88	43.50	1.77	85.00	3.53	105.50	5.30	140.00	7.06	174.50	8.83	209.00	10.59
40	25.75	0.91	47.00	1.83	92.00	3.65	113.00	5.48	150.00	7.30	187.00	9.13	224.00	10.95
41	27.75	0.99	51.00	1.97	100.00	3.94	122.00	5.91	162.00	7.88	202.00	9.85	242.00	11.82
42	30.00	1.06	55.50	2.11	109.00	4.22	131.00	6.33	174.00	8.44	217.00	10.55	260.00	12.66
43	32.50	1.13	60.50	2.25	119.00	4.50	141.50	6.75	188.00	9.00	234.50	11.25	281.00	13.50
44	35.25	1.19	66.00	2.38	130.00	4.76	153.50	7.14	204.00	9.52	254.50	11.90	305.00	14.28
45	38.25	1.26	72.00	2.52	142.00	5.04	165.50	7.56	220.00	10.08	274.50	12.60	329.00	15.12
46	41.00	1.40	74.50	2.79	147.00	5.58	173.00	8.37	230.00	11.16	287.00	13.95	344.00	16.74
47	44.00	1.53	77.00	3.05	152.00	6.10	179.00	9.15	238.00	12.20	297.00	15.25	356.00	18.30
48	47.25	1.65	80.00	3.30	158.00	6.60	188.00	9.90	250.00	13.20	312.00	16.50	374.00	19.80
49	50.75	1.77	82.50	3.55	163.00	7.09	197.00	10.64	262.00	14.18	327.00	17.73	392.00	21.27
50	54.50	1.89	85.50	3.79	169.00	7.57	--	--	--	--	--	--	--	--

Spouse Coverage Available¹

This insert must be used in conjunction with SB-30357 and any state specific deviations thereof. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For specific details, limitations, exclusions and other provisions, please refer to the policy/rider. Rider availability may vary by state. Not eligible under section 125. ¹Maximum face amount available is \$50,000.

Plan Highlights

Voluntary Group Term Life Insurance

ONLY FOR NEW HIRES



Warren County Schools

ELIGIBILITY

Any active, full-time employee who works 20 or more hours per week is eligible for this group life insurance plan. There are no medical questions to answer.

Dependents: You must be insured in order for your spouse to be covered. Your spouse is:

- Your legal spouse not legally separated or divorced from you, or your Civil Union Partner

You must be insured in order for dependent children to be covered. Dependent children are:

- Unmarried financially dependent children*
*natural and adopted children; stepchildren and foster children in your custody.
Upper age limits do not apply to handicapped children
- A person may not have coverage as both an Employee and Dependent
- Only one insured spouse may cover Dependent Children

BENEFIT AMOUNT

Voluntary Life

Choose from a minimum of \$10,000 to a maximum of \$500,000 in \$10,000 increments. Guaranteed issue amount is \$150,000. Any amounts over the guaranteed issue amount require evidence of insurability.

Dependent Life

Spouse or Civil Union Partner - \$10,000
Dependent Child(ren) - \$10,000 or 5,000 units

Additional Spouse Coverage

Coverage from a minimum of \$10,000 to a maximum of \$150,000 in \$10,000 increments. Guaranteed issue amount is \$50,000. Any amounts over the guaranteed issue amount require evidence of insurability.

Spouse coverage terminates at age 75

CONTRIBUTION REQUIREMENTS

Employee: Coverage is 100% employee paid

Spouse: Coverage is 100% employee paid

Dependent Child(ren): Coverage is 100% employee paid

BENEFIT REDUCTION DUE TO AGE

AGE	Original Benefit Reduced To
75	60%
80	35%
85	27.5%
90	20%
95	7.5%
100	5%

FEATURES

- Accelerated Death Benefit (expressed as Living Benefit Rider in some states and Imminent Death Benefit in PA)
- Conversion Privilege
- Waiver of Premium
- Portability

EXCLUSIONS

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

EMPLOYEE AND SPOUSE MONTHLY PREMIUMS

Benefit Amount	Premium
\$10,000	\$1.80
\$20,000	\$3.60
\$30,000	\$5.40
\$40,000	\$7.20
\$50,000	\$9.00
\$60,000	\$10.80
\$70,000	\$12.60
\$80,000	\$14.40

Benefit Amount	Premium
\$90,000	\$16.20
\$100,000	\$18.00
\$110,000	\$19.80
\$120,000	\$21.60
\$130,000	\$23.40
\$140,000	\$25.20
\$150,000	\$27.00

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6422.et al.

CLEVER RX

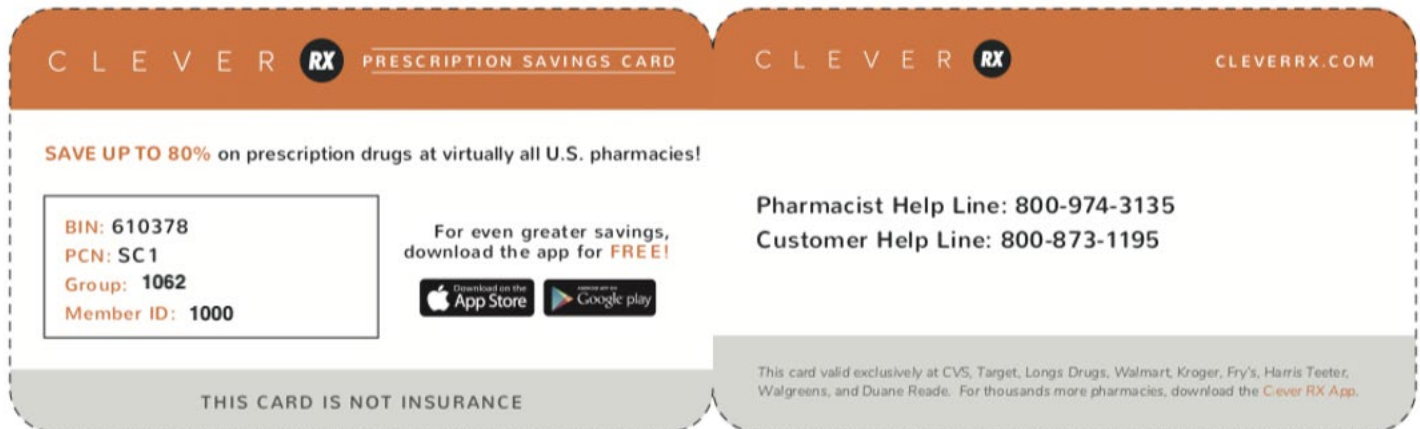
Clever RX | <https://partner.cleverrx.com/ffga> | 1.800.873.1195

Clever RX helps you save money by using a prescription drug savings card. They partner with the healthcare community to bring state-of-the-art, money-savings tools to participants. It helps you save up to 80% off prescriptions drugs and often beats the average copay. Plus, it's completely free. Thanks to Clever RX, you will never overpay for prescriptions again!

HIGHLIGHTS

- 100% FREE to use.
- Unlock discounts on thousands of medications.
- Save up to 80% on prescription medication – Often beats your copay!
- Download the Clever RX app by using the information on your card below to unlock exclusive savings at over 60,000 pharmacies nationwide.
- Available to use now!

Use Clever RX every time you pay for a medication for instant savings! Download the app or visit the site to price a drug: <https://partner.cleverrx.com/ffga>.



CONTACT INFORMATION

Warren County Schools
 109 Cousin Lucy's Lane | Warrenton, NC 27589
 434.260.7646

FIRST FINANCIAL GROUP OF AMERICA
 Michael Shelly, Sr. Account Executive
 800.924.3539 / Michael.Shelly@ffga.com

CONTACTS			
BENEFIT	CARRIER	WEBSITE	PHONE
Dental	Delta Dental	www.deltadentalins.com	(800) 662-8856
Vision	Superior Vision by MetLife	www.metlife.com	(855) 638-3931
Short Term Disability	Manhattan Life	www.manhattanlife.com	(800) 669-9030
Hospital Indemnity	Manhattan Life	www.manhattanlife.com	(800) 669-9030
Accident	AFA	www.americanfidelity.com	(800) 662-1113
Cancer	AFA	www.americanfidelity.com	(800) 662-1113
Critical Illness	Manhattan Life	www.manhattanlife.com	(800) 669-9030
Permanent Life	Texas Life	www.texaslife.com	(800) 283-9233
Term Life	AFA	www.americanfidelity.com	(800) 662-1113