

Workplace Benefits

Re-enrollment Offer for: Mesquite ISD

CHUBB®

Presented By

Crook Milligan Group
May 31, 2022

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Chubb

Workplace Benefits

With Chubb, you are never alone. We are committed to working with you to create superior solutions. Our experts are committed to years of above and beyond service excellence. With Chubb as your partner, you can deliver customized benefit programs for your clients, and do so with the utmost confidence. Expect craftsmanship.

Chubb. Insured.

Committed to our Craft

Proven Industry Experience

We are a force in the supplemental benefits marketplace. We have had a dedicated workplace unit since 1996 and leverage over 90 years' experience providing supplemental benefits to individuals and their families.

Leading Edge Product Portfolio

Benefit programs require customizable solutions. Chubb workplace products are created to give you the innovative, flexible and competitive solutions your clients deserve.

Strong and Stable Partnership

Chubb stands for excellence. Our world class reputation, global leadership, extensive product offering and exceptional financial strength means we are partners you can count on with confidence.

Extensive Service and Support

Well-planned, flawlessly executed programs are integral to your success. Our expert, hands-on approach and extensive infrastructure assure you smooth implementation from enrollment through fulfillment.

The Right Solutions

Chubb Accident, Chubb Critical Illness, High Deductible Buffer and LifeTime Benefit Term® are rich with innovative, flexible and competitive solutions. By design, they enable Chubb to create the custom benefit programs your clients deserve.

Product Offering

Life Insurance

Lifetime Benefit Term

LifeTime Benefit Term

Product Features

- Valuable life insurance protection through age 120!
- LifeTime Benefit Term life insurance up to **\$250,000** for eligible actively at work employees.
- Life base insurance premiums are guaranteed never to increase through age 100.
- No medical exams required. Issuance of coverage depends upon answers to a few health questions.
- Provides paid-up death benefit values after only ten years, so if you decide to stop paying premiums at some time in the future, you are guaranteed paid-up coverage of a reduced amount.
- Flexible! You have the option to: Continue your coverage at the same premium; or Elect paid-up insurance coverage of a reduced amount after 10 years with no further premium payments—Guaranteed!
- Fully portable – you own it and take it with you when you leave your employment.
- Spouse and child coverage is available.
- Based on current interest rate assumptions the death benefit is designed to remain level through age 120 and fully paid up at age 100. In the event of a long term decline in interest rates, your coverage does contain a guarantee ensuring that the initial death benefit will last for the longer of 25 years or to age 70 and thereafter can never be less than 50% of your initial death benefit

Group Name:	Mesquite ISD
Domicile State:	TX
Enrollment State(s):	TX
# Eligible Participants:	6,712
Expected GI Participation:	25%
Product:	LifeTime Benefit Term LBT30 Including incl LTC & RR25%
Last enrollment date:	8/26/2021
Expected Enrollment Date:	7/5/2022 – 8/18/2022
Window of Eligibility for GI/CGI:	Hired After 8/26/2021
Wait Period:	First of the month following date of hire.
Persistency & Participation:	Persistency: Below Average; Participation: 13.22%
Underwriting Approval Date:	May 31, 2022
Offer Expiration Date:	This offer is valid for a 90 day period from the underwriting approval date above.

LBT Interim Coverage Guidelines:

Interim coverage will only be available under the following conditions:

If the scheduled enrollment for Mesquite ISD will exceed (sixty) 60 days between the enrollment date and the date of the first deduction, interim coverage will not be available for this group.

Enrollments which are delayed or postponed will need to be re-reviewed prior to enrollment, once they are re-scheduled.

Issue Limits

Newly Eligible: Hired after 8/26/2021:

Guaranteed Issue Eligibility- Defined Benefit

- Employee Coverage: Issue Ages 19 – 70; Maximum amount allowed is \$100,000
- Child Term Rider Coverage: Issue ages 15 days to 25 years; 25 units
- ▲ Child Certificate Coverage:
Issue ages 15 days to 18 years: \$25,000
Issue ages 19 years to 25 years: Whatever \$3/wk will purchase

Conditional Guaranteed Issue Eligibility- Defined Benefit

- Employee Coverage: Issue Ages 19 – 70; Maximum amount allowed is \$150,000
- ▲ Spouse Coverage: Issue Ages 19 – 70; Maximum amount allowed is \$75,000

Previously Eligible Hired before 8/26/2021; and Anyone applying for more than the GI / CGI limits above:

Simplified Eligibility - Defined Benefit

- Employee Coverage: Issue Ages 19 – 70; Maximum amount allowed is \$250,000
- ▲ Spouse Coverage: Issue Ages 19 – 70; Maximum amount allowed is \$125,000
- Employee Coverage: Issue Ages 71 - 80; Maximum amount allowed is \$50,000

The maximum amount of coverage for any one life is limited to the SI maximum limits above even when multiple products are made available.

▲ Restrictions on Spouse & Dependent Child coverage: TX state law limits the amount of coverage an employee can purchase on a spouse or dependent child.

- Employee must participate in order to apply for Spouse & Dependent Child coverage.
- The amount of insurance on the life of the Spouse or Dependent Child may not exceed the amount of insurance for which the employee is eligible under the policy.
 - Example 1: if employee is eligible for up to \$150,000 but elects \$50,000, the Spouse can still purchase up to \$75,000.
 - Example 2: if employee is eligible for up to \$150,000 but elects \$10,000, the Dependent Child can still purchase up to \$25,000.

Dependent Child Coverage and Eligibility - Employees may apply for coverage on a Dependent Child in one of the following two ways, but not both:

Dependent Child Optional Benefit Rider:

- Available on a Guarantee Issue basis.
- Exception: when a child rider is added to an existing employee or spouse LBT contract and the child is not newly eligible, the child is added on a Simplified Issue basis – see below* .

Dependent Child Individual LBT Certificate:

- Available on a Guarantee Issue basis only at the Employee's initial eligibility period.
- Employees applying for coverage on a child AFTER their initial eligibility period, may apply for coverage on a Simplified Issue basis – see below*.
- Exception: when an Employee adds a newborn child (new step child or newly adopted child) after their initial eligibility period, they may apply for coverage on a Guarantee Issue basis.

**The Employee must answer all the required health questions on the child proposed for coverage on page one and two of the enrollment form which Chubb's Administrative Office will review to determine if the coverage applied for can be issued.*

Re-enrollment – Increases / Additional Coverage

1. All employees that did not elect coverage during their initial eligibility period are allowed to apply for coverage on a simplified issue basis.
2. For employees that have elected coverage during their initial eligibility period:

Minimum / Maximum increase amounts allowed:

- Employees may increase coverage on a Guaranteed Issue basis up to the maximum amount of GI coverage allowed for the group.
- Employees and spouses may increase coverage on a Conditional Guaranteed Issue basis up to the maximum amount of CGI coverage allowed for the group.
- The minimum amount of each increase must be at least \$5,000 or whatever \$3/wk will purchase.
- The maximum amount of each increase cannot exceed \$25,000.

Simplified Issue underwriting:

- Any increase amount over \$25,000 will be underwritten on a Simplified Issue basis.
- Any increase amount over the maximum amount of GI/CGI coverage allowed will be underwritten on a Simplified Issue basis.
- Increase amounts over \$25,000 may be reduced back to \$25,000 (or the max GI/CGI amount if applicable) if applicant does not qualify for SI underwriting.

Restrictions:

- Employees and spouses may increase their coverage at scheduled re-enrollments only.
- Spouse increases are subject to Combined / state law restrictions on maximum coverage amounts.

Previously denied coverages:

- Combined Insurance reserves the right to use and consider previously submitted application information and health history from Proposed Insureds that have previously been denied coverage.

Overview of Included Benefit Riders

Accelerated Death Benefit Rider for Terminal Illness: Automatically included at no cost. Allows an accelerated payment of 50% of the death benefit not to exceed \$100,000 if the insured's death is diagnosed to occur within a 12 month period.

Accelerated Death Benefit for Long Term Care (LTC) Rider:

This is a plan sponsor determined benefit rider and, if selected, will be added to all certificates. This rider may be added only to employee or spouse contracts. Issue ages are 19–79 for employees and 19-79 for spouses. The insured must be certified as being chronically ill (unable to perform 2 out of 6 activities of daily living or be cognitively impaired) and be confined to a nursing home or assisted living facility, or be receiving home health care or adult day care. The accelerated LTC benefit is 4% of the current death benefit amount payable each month for up to 25 months. If death occurs prior to the end of the 25 month period, the remaining amount is paid as a death benefit.

Inclusion of the Accelerated Death Benefit for Long Term Care Benefit is determined by the Employer and, if selected, will be inclusive on all Employee certificates.

Restoration of Your Death Benefit:

Ordinarily, accelerating your life coverage for Long Term Care benefits can reduce your death benefit to \$0. While inforce, this rider restores your life coverage to not less than 25% of the death benefit, up to a maximum of \$50,000, on which your LTC benefits were based. This rider assures there will be a death benefit available for your beneficiary up to your insured's age 121.

Overview of Optional Benefit Riders

(Not all riders are available in all states. See certificate for full explanation and description of terms and benefits.)

Dependent Children Term Rider: Issue ages from 15 days to age 25. One premium covers all eligible children – natural, step, adopted or any under legal guardianship. Coverage lasts to age 26 and may be converted up to 5 times the term amount. Maximum initial term amount is \$25,000.

Employees may apply for coverage on a Dependent Child in one of the following two ways, but not both: Dependent Child Optional Benefit Rider OR Dependent Child Individual LBT Certificate

Eligibility Requirements

Lives Eligible for Guaranteed Issue Eligibility

For all applicants, Guaranteed Issue Eligibility questions must be completed. A Spouse or Fiancé is not eligible for Guaranteed Issue. Refer to Common-Law Spouse and Fiancé guidelines.

Employees may apply for insurance on a Guaranteed Issue Eligibility basis if they meet the following conditions:

Employee:

- Employee must be a U.S. citizen or a Permanent Resident.
- The employee must be actively at work performing the regular duties of his/her job in the usual manner and the usual place of employment on the enrollment form date.
- The employee is actively at work for 18.75 hours or more per week and is eligible on the first of the month following date of hire.
- Employee issue ages are 19 through 70 (age last birthday as of the Coverage Date).

Lives Eligible for Conditional Guaranteed Issue Eligibility

For all applicants, Conditional Guaranteed Issue Eligibility questions must be completed. A Fiancé is not eligible for Conditional Guaranteed Issue Eligibility. Refer to Common-Law Spouse and Fiancé guidelines.

Employees and their spouses may apply for insurance on a Conditional Guaranteed Issue Eligibility basis if they meet the following conditions:

Employee:

- Employee must be a U.S. citizen or a Permanent Resident.
- The employee must be actively at work performing the regular duties of his/her job in the usual manner and the usual place of employment on the enrollment form date.
- The employee is actively at work for 18.75 hours or more per week and is eligible on the first of the month following date of hire.
- Employee issue ages are 19 through 70 (age last birthday as of the Coverage Date).
- As of the enrollment form date, the employee has not missed more than 5 consecutive days of active work due to an illness or injury in the past 3 months.
- As of the enrollment form date, the employee has not been treated in a medical facility, hospitalized or disabled in the past 6 months, excluding flu or cold. Hospitalized means in-patient or outpatient, whether or not confined. Treated in a medical facility does NOT include a regular physician's office visit.
- ** The Employee, within the last 10 years, has not been diagnosed as having or been treated by a physician for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for the Human Immunodeficiency Virus (HIV). ** Question may vary by state.

Spouse:

- ▲ Restrictions on Spouse coverage: TX - see issue limits page.
- Employee and Spouse must be U.S. citizens or Permanent Residents.
- The employee must be actively at work performing the regular duties of his/her job in the usual manner and the usual place of employment on the enrollment form date.
- The employee is actively at work for 18.75 hours or more per week and is eligible on the first of the month following date of hire.
- Spouse is defined as the person to whom an employee is legally married. A Domestic Partner, Civil Union Partner or a Common Law Spouse is eligible to apply for coverage if the Employer's situs State recognizes these relationships, or for all other states, if considered eligible by the Employer for core/benefit medical benefits. The Employer must provide documentation that Domestic Partner or Civil Union Partner is eligible for core/medical benefits.
- Spouse issue ages are 19 through 70 (age last birthday as of the Coverage Date).
- As of the enrollment form date, the spouse is not currently hospitalized, receiving home health care or receiving or applying to receive disability benefits.

Lives Eligible for Simplified Eligibility

For Employees and Spouses, all sections of the enrollment form must be completed for Simplified Eligibility.

Additional information may be requested, depending upon the applicant's medical history. Applicants that are ratable, no greater than Table 4, will be accepted on a standard basis. All others will be declined. Simplified Eligibility underwriting is available as long as the following eligibility conditions are met.

Employee:

- Employee must be a U.S. citizen or a Permanent Resident.
- The employee must be actively at work performing the regular duties of his/her job in the usual manner and the usual place of employment on the enrollment form date.
- The employee is actively at work for 18.75 hours or more per week and is eligible on the first of the month following date of hire.
- Employee is age 19 through 80 (age last birthday as of the Coverage Date).
- The employee proposed for coverage must answer the required health questions on the enrollment form which Combined Administrative Office will review to determine if the coverage applied for can be issued.
- **For LTC: Only if applying for Simplified Issue:** In addition to the required health questions, the Employee must also answer the following questions on the back of the enrollment form. Has the employee, in the past 5 years:
 - Been confined in a long term care facility, currently receive home health or adult day care, or has the proposed insured been advised by a physician to receive such confinement or care?
 - Required assistance for a period longer than 4 weeks to perform any of the following daily activities: bathing, continence, dressing, eating, toileting, getting up and down from bed or chair?

Lives Eligible for Simplified Eligibility

Spouse:

- ▲ Restrictions on Spouse coverage: TX - see issue limits page.
- Employee and Spouse must be U.S. citizens or Permanent Residents.
- The employee must be actively at work performing the regular duties of his/her job in the usual manner and the usual place of employment on the enrollment form date.
- The employee is actively at work for 18.75 hours or more per week and is eligible on the first of the month following date of hire.
- Spouse is age 19 through 70 (age last birthday as of the Coverage Date).
- Spouse is defined as the person to whom an employee is legally married. A Domestic Partner, Civil Union Partner or a Common Law Spouse is eligible to apply for coverage if the Employer's situs State recognizes these relationships, or for all other states, if considered eligible by the Employer for core/benefit medical benefits. The Employer must provide documentation that Domestic Partner or Civil Union Partner is eligible for core/medical benefits.
- The spouse proposed for coverage must answer the required health questions on the enrollment form which Combined Administrative Office will review to determine if the coverage applied for can be issued.
- **For LTC: Only if applying for Simplified Issue:** In addition to the required health questions, the Spouse must also answer the following questions on the back of the enrollment form. Has the spouse, in the past 5 years:
 - Been confined in a long term care facility, currently receive home health or adult day care, or has the proposed insured been advised by a physician to receive such confinement or care?
 - Required assistance for a period longer than 4 weeks to perform any of the following daily activities: bathing, continence, dressing, eating, toileting, getting up and down from bed or chair?

LifeTime Benefit Term

Enrollment Form to be used

DOMICILE / SITUS STATE:	Texas
ENROLLMENT FORM FOR EMPLOYEES & SPOUSES:	344314 R. (08/16)
ENROLLMENT FORM FOR DEPENDENTS:	344315 R. (08/16)

- *In a replacement situation, a Specific State Combined Insurance Company of America form must also be completed. Please contact Market Support: 855-241-9891.*

Additional Forms Required when Long Term Care Benefit is included

- ALL STATES: require that the Supplement to Group Enrollment Form be completed for anyone applying for the Long Term Care Optional Benefit, and returned with the Group Enrollment Form:

Form # for Texas	345005TX
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- In addition, regarding the question # 4 on Supplement: **“Do you intend to replace any of your medical or health insurance coverage with this Certificate?”**: If this question is answered **YES**, applicant must also complete a Combined LTC Replacement Form, # 345008.
 - Servicing Agent / Producer must also sign this LTC Replacement form.
- The State of TX requires that the Personal Worksheet for Accelerated Death Benefit for Long Term Care, form # 345012TX, be completed and signed by all applicants at point of sale and returned with the enrollment form.

Simplified Issue - Additional Forms Required

- The company’s Privacy Notice, form # 801027, regarding investigative consumer reports and the Medical Information Bureau must be provided to each applicant who completes an application on a Simplified Eligibility basis.
- Employees and Spouses applying on a Simplified Issue basis may want to complete the HIPAA Authorization, form # 801501-WSHIPAA, at time of enrollment and return it with the enrollment form. Depending on the health condition, our Certificate Underwriters may need an Attending Physician’s Statement (APS) to determine if coverage can be issued and the HIPAA Authorization will be required for the Physician's office to release information. Completing the HIPAA Authorization at time of enrollment may save delays if an APS is required.
 - For Fiancé and Common-Law Spouse coverage, see next page.

LifeTime Benefit Term

Domestic Partner / Civil Union:

Employees may apply for coverage on a domestic partner or civil union utilizing spouse underwriting guidelines in one of two situations listed below. In both situations, the Proposed Insured must meet all our underwriting and eligibility requirements established for a spouse.

1. The situs state of the group (state where Group Policy is delivered) has formalized guidelines with regards to domestic partner or civil union relationships. The following states have enacted statutes or regulations dealing with same-sex marriages, civil unions, and domestic partners:
 - California
 - Colorado
 - Connecticut
 - Delaware
 - District of Columbia
 - Hawaii
 - Illinois
 - Iowa
 - Maine
 - Maryland
 - Massachusetts
 - Minnesota
 - Nevada
 - New Hampshire
 - New Jersey
 - New Mexico
 - New York
 - North Carolina
 - Oregon
 - Rhode Island
 - Utah
 - Vermont
 - Washington
 - Wisconsin
2. For all other states: Employer Group must offer the same core benefits / medical benefits to domestic partners or civil unions as they do to spouses. Documentation must be provided by the group outlining their guidelines for Domestic Partners or Civil Unions as an eligible class of dependent.

Common Law-Spouse:

Employees may apply for coverage on a common-law spouse, age 23 or older, only in those states that recognize common-law marriages (see chart below). The Proposed Insured must meet all our underwriting and eligibility requirements established for a spouse.

States That Recognize Common-Law Spouse:

- Alabama
- Colorado
- Georgia (if entered before 1/1/97)
- Idaho (if entered before (1/1/96)
- Iowa
- Kansas
- Montana
- Oklahoma (only if created before 11/1/98)
- Pennsylvania (if entered before 1/1/05)
- Rhode Island
- South Carolina
- Texas
- Utah
- Washington D.C.

Enrollment forms received on common-law spouse in those states that do not recognize common-law will be treated as a fiancé (see below).

Fiancé coverage:

Employees may apply for coverage on a Fiancé on a Simplified Issue basis only.

SIGNATURE REQUIREMENTS

Signature requirements for Conditional Guaranteed Issue Eligibility:

Employee Coverage: Employee signature required.

Spouse Coverage: Employee signature required.

Signature requirements for Simplified Eligibility:

Employee Coverage: Employee signature required.

Fiancé Coverage: Employee signature required.

The Fiancé must complete Page 1 and 2 of the Enrollment form and sign on Page 2.

MIB

MIB's will be run on all employee, spouse, common law or fiancé Simplified Eligibility enrollment forms.

Signature Requirements for corrections or changes to application forms:

All changes or corrections made to the enrollment form must be dated and initialed by the individual required to sign the enrollment form - **Agent's initials and date will not be acceptable.**

LifeTime Benefit Term

Re-enrollment

Re-enrollment will be based on the current size of the case, initial employee participation rate and lapse experience for the case.

- RE-ENROLLMENT WILL REQUIRE PRIOR HOME OFFICE APPROVAL.
- ELIGIBILITY FOR RE-ENROLLMENT WILL BE BASED ON EMPLOYEE'S HIRE DATE.

Additional Information

If husband and wife are both employed, then the following guidelines apply: For each proposed Insured, if the total amount applied for, on all enrollment forms, exceeds the applicable Conditional Guaranteed Issue Eligibility Limit, the excess will be subject to Simplified Eligibility underwriting. For each proposed Insured, the total amount applied for on all enrollment forms cannot exceed the Simplified Eligibility limit.

This Underwriting Offer is based on the employer providing the support and employee access agreed to in the Policy Holder Application form and the employer's acceptance of the terms in this Underwriting Offer.

Thank you,

Combined Insurance Company of America

NAIC LIFE INSURANCE ILLUSTRATION MODEL REGULATION

In December 1995 the NAIC adopted the Life insurance Illustration Model Regulation. The purpose of the regulation was to ensure that illustrations do not mislead the consumer and to make illustrations more understandable. Some states have adopted the NAIC Life Insurance Model regulation, while others have not adopted as of this time.

Illustration Model Regulation

In those states that have adopted the regulation an illustration will not be provided at the point of sale. Instead, as provided by the regulation, an approved Combined Life rate sheet or Quotation may be provided to each employee at the point of sale. Only approved Combined Life sales material may be used at the point of sale. All policies will be mailed directly to the employee's home address. An illustration will be included with each policy. Two copies of the illustration's numeric summary page will be sent with the policy. One copy should be signed by the employee and returned to Combined Life in the postage-paid self addressed envelope provided with the policy.

Combined Life's Illustration

Combined Life's illustration has been designed to meet the requirements of the NAIC Illustration Model Regulation. The illustration will show both guaranteed and non-guaranteed death benefits and net cash values. The essential elements of the illustration are:

- **Narrative Summary:** Explains that the policy being illustrated is a life insurance policy. Contains a brief description of the policy features, riders, column headings and key terms used in the illustrations. All terms used in the illustration must be consistent with the terms used in the policy.
- **Numeric Summary:** Summary of the death benefits and net cash values for policy years 5, 10, 20 and age 70 using guaranteed assumptions, midpoint assumptions (half way between guaranteed and non-guaranteed assumptions) and non-guaranteed assumptions. This summary includes a statement to be signed by the employee. By signing this statement the employee acknowledges that he or she has received the illustration and they understand that any non-guaranteed death benefits and net cash values may change and actual results may be more or less favorable.
- **Tabular Detail:** Detailed projections of the death benefits and net cash values using guaranteed and non-guaranteed assumptions. Policy years one through ten are illustrated and then every fifth policy year ending at the earlier of the policy termination or maturity.

The Sales Process

The following procedures should be followed at the point of sale:

- You must explain that the employee is receiving a rate sheet, not an illustration, at point of Sale. Explain that the illustration will be delivered along with the policy
- You must explain the guaranteed and non-guaranteed assumptions of the Policy. You must explain that the non-guaranteed assumptions may change and that actual values may be more or less favorable.
- You must review, with the employee, the weekly premium selected, and illustrated (non-guaranteed) values.
- Also, you must review the footnote at the bottom of the page to call attention to the non-guaranteed nature of the illustrated values.

**NAIC LIFE INSURANCE ILLUSTRATION MODEL
REGULATION, continued:**

- You must explain how the timing of premium payments effect the illustrated values. The illustrative values assume that the payment is made at the beginning of each month.
- You must provide an overview of the information contained in the Coverage illustration. Explain that the numeric summary page should be signed and returned in the postage paid envelope that will be provided with the Certificate.
- Should the employee request an illustration at the point of sale, you should contact your Case Coordinator to discuss alternatives and special instructions or requirements.
- You must obtain the applicants and agent's signature on the Payroll Deduction Application, acknowledging that no illustration was provided at the point of sale.

Should you have any questions or need additional information, please contact Market Support at 1-855-241-9891.

