

IF YOU HAVE QUESTIONS OR WOULD LIKE TO APPLY FOR POLICIES,
PLEASE CONTACT REPRESENTATIVE

HELEN HAGARDT AT (520) 235-5742 or helen_hagardt@us.aflac.com



According to a recent Harvard study,

60%

of all U. S. bankruptcies are
from medical bills

77%

had major medical
insurance

**POLICIES PAY CASH TO HELP PROTECT YOUR
ASSETS AND INCOME WHEN YOU ARE HURT OR SICK**



**OUT-OF-POCKET
MEDICAL EXPENSES**

Deductibles / Copayments



**EVERYDAY LIVING
EXPENSES**

Mortgage / Rent / Groceries



**LOSS OF
INCOME**

Salary / Hourly Wages

The **Town of Marana** offers Supplemental Insurance as an optional benefit. The plans being offered are: **Accident, Sickness, Cancer, Critical Care and Recovery, Intensive Care, Dental, Vision and Life Insurance**. Attached is a brief description of the plans, along with the **monthly** rates. The policies are paid for by the employee, at **reduced** rates. Payment is set up to be automatically paid by your checking / savings account, or credit / debit card.

- Cash benefits **paid directly to insured**, unless assigned to medical provider
- Claims are paid fairly and promptly, usually within several days
- Your Representative Helen Hagardt, can assist in filing your claims
- Pays **regardless** of other insurance – there's no coordination of benefits
- No provider network (insured has freedom of choice)
- If you own more than one plan, benefits are paid on all policies that apply
- Rates are stable, and will not increase due to age, change in health, or claims filed
- No physicals are required, but most plans are subject to health questions
- Plans are **guaranteed-renewable for life**
- Payroll rates **may be retained** when employment terminates, after one month's payment on payroll deduction

THIS SUMMARY IS FOR ILLUSTRATION PURPOSES ONLY. REFER TO THE POLICY, FOR COMPLETE DETAILS, LIMITATIONS AND EXCLUSIONS.



ACCIDENT PLAN

AGES 18 THRU 70 CAN SIGN UP FOR THIS ACCIDENT PLAN AND CAN RENEW FOR LIFE

Accidents can happen to anyone, anytime, anywhere. **Benefits are payable for on-the-job or off-the-job injuries** such as: certain bites, broken teeth, burns, comas (if injury related), concussions, dislocations, eye injuries, fractures, hernias (if injury related), lacerations, paralysis, ruptured discs, sprains, torn knee cartilage, torn ligaments, torn tendons, torn rotator cuffs, etc. Plan includes death and dismemberment benefit.

BENEFITS ARE PAID FOR EACH COVERED PERSON, PER ACCIDENT (EXCEPT WHERE SPECIFIED):

Physician Visits: \$120 initial & \$35 follow-up (6 per injury) **Physical Therapy:** \$35 (10 per injury)

Injuries Benefit: \$35 up to \$12,500 for dislocations, burns, skin grafts, eye injuries, lacerations, fractures, brain concussions, emergency dental work (broken teeth), coma, paralysis, surgical procedures

Major Diagnostic Exam: \$200 for CT scan, MRI or EEG (paid once per calendar year, per person)

X-Ray benefit: \$25 (when treated in a hospital or emergency room **only, not Physician's office**)

Appliances: \$125 (for crutches, wheelchair, walker, leg brace or back brace)

Hospital Benefit: \$1,000 initial day OR \$2,000 initial day, if admitted directly to intensive care (paid once per calendar year, per person) plus \$250 / day (up to 365 days) with an additional \$400 / day (up to 15 days) if in Intensive Care

Rehabilitation Unit Benefit: \$150 / day up to 30 days per hospital stay, 60 days per calendar year

Ambulance: Ground: \$200, Air: \$1,500 **Epidural Pain Management:** \$100 (2 per accident)

Transportation Cash: \$600 / round trip up to 3 per calendar year (if over 50 miles)

Family Lodging: \$125 / night up to 30 days (if over 50 miles)

Blood / Plasma / Platelets: \$200 **Prosthesis:** \$750 **Dismemberment:** \$625 to \$40,000

Accidental Death: Common Carrier: \$150,000 (insured and spouse), \$25,000 (child)
Hazardous Activity: \$10,000 (insured and spouse), \$3,125 (child)
Other Accidents: \$40,000 (insured and spouse), \$12,500 (child)

Wellness Benefit: \$60 **after** each policy year for **one** routine exam or preventive test

MONTHLY "B" RATES

INDIVIDUAL \$26.52 EMPLOYEE/SPOUSE \$35.36 1 PARENT FAMILY \$39.91 2 PARENT FAMILY \$50.31

DEPENDENT CHILDREN ARE COVERED TO THE AGE OF 26

SICKNESS PLAN

AGES 18 THRU 70 CAN SIGN UP FOR THIS SICKNESS PLAN AND CAN RENEW FOR LIFE

This plan provides benefits for physician visits for any reason. All other benefits are for sickness related conditions only. Benefits can be used to pay deductibles, co-pays, lost wages or other expenses associated with a sickness. Covers delivery benefits after the policy has been in force for 10 months or more.

Physician Visits for sickness, injuries, physicals, immunizations, eye exams, etc.
Individual coverage: 3 visits at \$15 benefit per visit = \$45 per calendar year
Family coverage: 6 visits at \$15 benefit per visit = \$90 per calendar year

THESE BENEFITS ARE PAID DUE TO SICKNESS OR DELIVERY FOR EACH COVERED PERSON:

Initial Hospitalization: \$1,000, when in-patient hospital confined for at least 24 hours (pays once per calendar year)

Hospital Confinement: 14 Hours thru Day 15: \$ 50 per day
 Day 16 thru Day 180: \$100 per day

Major Diagnostic Exams: \$150 for the following exams: Angiogram, Arteriogram, CT scan, EEG (electroencephalogram), MRI (magnetic resonance imaging), Myelogram or Thallium stress test (paid for one exam per calendar year)

Surgical Benefit: \$20 up to \$2,000 for one surgical procedure performed per 24-hour period (in-patient or out-patient)

Benefit Examples:

Colonoscopy: \$100, **Appendectomy:** \$200, **Carpel tunnel release:** \$250 (one hand or two), **Vaginal delivery:** \$300, **Cesarean delivery:** \$400, **Total knee replacement:** \$500, **Breast biopsies and surgeries:** \$100 to \$925, **Cholecystectomy (gallbladder removal):** \$625, **Total hip replacement:** \$750, **Hysterectomy:** \$400 (partial), \$450 (vaginal), \$775 (abdominal with or without tubes and ovaries), **Angioplasty:** \$500 (one vessel), \$750 (two vessels), **Organ Transplant:** \$2,000

(See Schedule of Operations for additional examples.)

Rehabilitation Unit: \$50 per day for up to 15 days per confinement (30 days maximum per calendar year)

Ambulance: Ground: \$100, Air: \$1,000 (up to 2 trips per calendar year)

MONTHLY RATES

	INDIVIDUAL	EMPLOYEE/SPOUSE	1 PARENT FAMILY	2 PARENT FAMILY
AGES 18-39	\$ 31.70	\$ 61.10	\$ 49.40	\$ 67.90
AGES 40-49	\$ 34.50	\$ 63.90	\$ 51.10	\$ 72.10
AGES 50-59	\$ 44.60	\$ 80.30	\$ 56.10	\$ 86.10
AGES 60-70	\$ 63.60	\$116.10	\$ 71.90	\$119.50

AFTER ENROLLED, PRICING DOES NOT CHANGE AT NEXT AGE BRACKET, UNLESS CHANGES ARE MADE IN COVERAGE

DEPENDENT CHILDREN ARE COVERED TO THE AGE OF 26

CANCER CARE PLAN

AGES 18 THRU 75 CAN SIGN UP FOR THIS CANCER PLAN AND CAN RENEW FOR LIFE
Internal cancer survivors can obtain coverage after 5 years of remission

According to the American Cancer Society, women have a 1 in 3 lifetime risk, and men have 1 in 2 lifetime risk of developing cancer. Cancer is caused by both external factors (stress, chemicals, sunlight, radiation, some viruses and bacteria, tobacco, alcohol, poor diet, lack of physical activity, being overweight), and internal factors (aging, family history, hormones, immune conditions). The National Cancer Institute estimates about 66% of cancer expenses aren't covered by medical insurance. The high cost of cancer treatment is the #1 reason for medical bankruptcy. Although cancer treatment is expensive, the survival rate is increased with early diagnosis and treatment. This plan helps ease the financial hardship due to treatment of cancer, or an associated cancerous condition. Optional Dependent Child Rider provides one-time payment of \$10,000 per child upon initial diagnosis.

BENEFITS PER COVERED PERSON	SELECT	CLASSIC	PREMIER
Cancer Wellness (once per calendar year)	\$40 per person	\$75 per person	\$100 per person
Bone Marrow Donor Screening	\$40	\$40	\$40
Skin Cancer Surgery	\$20 to \$200	\$35 to \$400	\$50 to \$600
Topical Chemotherapy (per month)	\$100	\$150	\$200

THE FOLLOWING BENEFITS ARE PAID AFTER DIAGNOSED WITH INTERNAL CANCER, OR AN ASSOCIATED CANCEROUS CONDITION.

BENEFITS PER COVERED PERSON	SELECT	CLASSIC	PREMIER
Initial Diagnosis (increases by \$500 per year)	\$2,000 adult / \$4,000 child	\$4,000 adult / \$8,000 child	\$6,000 adult / \$12,000 child
Medical Imaging (2 maximum per year)	\$75	\$135	\$200
National Cancer Institute Evaluation / Consultation	\$500	\$500	\$1,000
Injected Chemotherapy (per week)	\$300	\$600	\$900
Nonhormonal Oral Chemotherapy (per prescription / month)	\$135 / \$405	\$250 / \$750	400 / \$1,200
Hormonal Oral Chemotherapy (per prescription / month)	\$135 for 24 months; then \$50 / \$405	\$250 for 24 months; then \$75 / \$750	\$400 for 24 months; then \$100 / \$1,200
Radiation (per week)	\$175	\$350	\$500
Experimental Treatment (per week) if charged / no charge	\$175 / \$75	\$350 / \$100	\$500 / \$125
Immunotherapy (once per month / lifetime maximum)	\$175 / \$875	\$350 / \$1,750	\$500 / \$2,500
Antinausea (per month)	\$50	\$100	\$150
Stem Cell Transplantation (lifetime maximum)	\$3,500	\$7,000	\$10,000
Bone Marrow Transplantation (lifetime maximum / to donor)	\$3,500 / \$500	\$7,000 / \$750	\$10,000 / \$1,000
Blood and Plasma (per day) inpatient / outpatient)	\$85 / \$140	\$100 / \$175	\$150 / \$250
Surgical / Anesthesia	\$50 to \$1,700 / + 25%	\$100 to \$3,400 / + 25%	\$140 to \$5,000 / + 25%
Additional Surgical Opinion (per day)	\$100	\$200	\$300
Reconstructive Surgery / Anesthesia	\$110 to \$1,000 / + 25%	\$220 to \$2,000 / + 25%	\$350 to \$3,000 / + 25%
Surgical Prosthesis (for device / lifetime maximum)	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,000 / \$6,000
Nonsurgical Prosthesis (per occurrence / lifetime maximum)	\$90 / \$180	\$175 / \$350	\$250 / \$500
Egg Harvesting / Storage (lifetime maximum)	\$500 / \$175	\$1,000 / \$350	\$1,500 / \$500
Hospitalization (30 days or less) Insured & Spouse / Child	\$100 / \$125	\$200 / \$250	\$300 / \$375
Hospitalization (31 days or more) Insured & Spouse / Child	\$200 / \$250	\$400 / \$500	\$600 / \$750
Outpatient Hospital Surgical Room Charge	\$100	\$200	\$300
Ambulance (2 trips per hospital confinement)	\$250 ground / \$2,000 air	\$250 ground / \$2,000 air	\$250 ground / \$2,000 air
Transportation (per mile / maximum per round trip)	\$.35 / \$1,000	\$.40 / \$1,200	\$.50 / \$1,500
Lodging - if 50+ miles (per day / 90 days maximum per year)	\$50	\$65	\$80
Nursing Services (per day)	\$50	\$100	\$150
Home Health Care (per day)	\$50	\$100	\$150
Extended Care Facility (per day, up to 30 days a year)	\$75	\$100	\$150
Hospice Care (\$12,000 lifetime maximum)	\$1,000 first day; then \$50 per day thereafter		

MONTHLY (PER PAYCHECK) RATES

Waiver of Premium: if insured is unable to work for 90 days	SELECT	CLASSIC	PREMIER
INDIVIDUAL & 1 PARENT FAMILY	\$23.79	\$37.57	\$51.74
EMPLOYEE / SPOUSE & 2 PARENT FAMILY	\$41.99	\$66.95	\$92.95
DEPENDENT CHILD RIDER	+ \$.91	+ \$.91	+ \$.91

DEPENDENT CHILDREN ARE COVERED TO THE AGE OF 26

CRITICAL CARE AND RECOVERY

AGES 18 THRU 70 CAN SIGN UP FOR THE SPECIFIED HEALTH EVENT PLAN AND CAN RENEW FOR LIFE

This plan provides financial assistance while recuperating from the following conditions: **Heart Attack, Sudden Cardiac Arrest, Coronary Artery Bypass Surgery, Stroke, Persistent Vegetative State, Paralysis, Coma, Major Third-Degree Burns, End-Stage Renal Failure and Major Human Organ Transplant.** Medical science and early, fast detection have increased survival rates for these serious medical conditions. Treatment is expensive, and recovery time can be extensive.

First Occurrence Benefit: \$5,000 for insured and spouse, and \$7,500 for each dependent child, when diagnosed as having had a specified health event (**benefit amounts increase in value each year by an additional \$500, until first event, or age 65**). If applicant is ages 65 thru 70, the \$500 benefit will increase in value for a period of at least five years, unless an event is diagnosed prior to the fifth year of coverage. This benefit pays only once for each covered person.

Reoccurrence Benefit: \$2,500 after First Occurrence Benefit has been paid, when diagnosed with an event that occurs more than 180 days since last event (no lifetime maximum)

Secondary Specified Health Benefit: \$250 for coronary angioplasty, with or without stents (pays for one benefit per 30 days, with no lifetime maximum)

Ambulance Benefit: \$250 ground; \$2,000 air

Hospital Confinement Benefit: \$300 per day when charged as an in-patient

Continuing Care Benefit: \$125 per day (up to 60 days within 180 days after occurrence) for the following treatments: physician visits, therapy (physical, respiratory, speech, occupational, rehabilitation, dietary), dialysis, home health care, extended care, nursing home care, and hospice care

Transportation Benefit: 50 cents per mile, up to \$1,500 per occurrence (50+ miles from home)

Lodging Benefit: up to \$75 per day, up to 15 days per occurrence (50+ miles from home)

Recovery Benefit: \$500 per month, while receiving treatment, or unable to work, due to a specified event (lifetime maximum of 6 months per covered person)

Waiver of Premium: if due to a specified health event, insured is unable to work for 90 days, premium for the policy, will be waived

MONTHLY (PER PAYCHECK) RATES

	INDIVIDUAL	EMPLOYEE/SPOUSE	1 PARENT FAMILY	2 PARENT FAMILY
AGES 18-35	\$12.61	\$20.02	\$13.91	\$22.36
AGES 36-45	\$21.32	\$35.10	\$22.10	\$37.96
AGES 46-55	\$29.38	\$50.70	\$30.16	\$54.34
AGES 56-70	\$38.74	\$71.24	\$39.78	\$75.40

AFTER ENROLLED, RATES DO NOT INCREASE AT NEXT AGE BRACKET, UNLESS CHANGES ARE MADE IN COVERAGE

DEPENDENT CHILDREN ARE COVERED TO THE AGE OF 26

INTENSIVE CARE PLAN

AGES 18 THRU 69 CAN SIGN UP FOR THIS INTENSIVE CARE PLAN AND CAN RENEW FOR LIFE WITH BENEFITS REDUCED BY ONE-HALF AT AGE 70

If you or a family member is critically ill or injured, you will probably be taken to a Hospital Intensive Care Unit (ICU), where complex equipment and specially trained personnel can provide the necessary treatments. These units are among the most expensive hospital facilities, and even the best medical program may not cover 100% of the cost. This **Intensive Care Plan** is designed to provide funds to help cover the extra expenses.

Covers **any** Intensive Care confinement
(Surgical, Trauma, Coronary, Pediatrics, Neonatal)

Daily Hospital Intensive Care Unit Benefit:

Sickness: Days 1-7: \$700 per day, Days 8-15: \$1,200 per day, Days 16-30: \$350 per day

Injury: Days 1-7: \$800 per day, Days 8-15: \$1,300 per day, Days 16-30: \$350 per day

Daily Step-Down Intensive Care Unit Benefit:

Days 1-15: \$350 per day (for sickness and injury)

Confinements not separated by at least 30 days
are considered a continuation of previous confinement

Progressive Benefit for Daily Confinement: policy will build by \$2 each month until the age of 65. The accumulated amount will be paid in addition to the Daily Benefit, for each day of confinement. Benefit is only for the insured and spouse. Dependent children are not eligible for this benefit.

Human Organ Transplant Benefit: a benefit of \$25,000 per procedure will be paid for the transplant of the following human organs: kidney, liver, heart, lung or pancreas. Transplant procedures involving more than one organ will be considered one organ transplant procedure. (Benefits are not paid for mechanical or nonhuman organs and is limited to one procedure per 180-day period).

Ambulance: Ground: up to \$250; Air: up to \$2,000 (actual charges incurred)

MONTHLY RATES

	INDIVIDUAL	EMPLOYEE/SPOUSE	1 PARENT FAMILY	2 PARENT FAMILY
AGES 18-35	\$10.40	\$20.80	\$20.41	\$24.57
AGES 36-45	\$11.31	\$20.80	\$20.41	\$24.57
AGES 46-55	\$13.65	\$25.35	\$22.36	\$27.43
AGES 56-70	\$15.47	\$30.94	\$28.86	\$34.06

AFTER ENROLLED, RATES DO NOT INCREASE AT NEXT AGE BRACKET, UNLESS CHANGES ARE MADE IN COVERAGE

DEPENDENT CHILDREN ARE COVERED TO THE AGE OF 26

DENTAL INSURANCE

AGES 18 THRU 70 CAN SIGN UP FOR THE DENTAL PLAN AND CAN RENEW FOR LIFE
IF YOU CURRENTLY HAVE DENTAL INSURANCE, ONLY **ESSENTIALS** PLAN CAN BE CHOSEN

PAYS **SPECIFIC DOLLAR AMOUNTS** FOR PROCEDURES REGARDLESS OF OTHER DENTAL INSURANCE

FREEDOM OF CHOICE -- Choose **any** Dentist (**except** a member of immediate family)

PER COVERED PERSON:

PLAN	WELLNESS BENEFIT	X-RAY BENEFIT	CROWN BENEFIT	POLICY YEAR MAXIMUM
ESSENTIALS	\$25	\$15	\$250	\$1,200
LEVEL 1	\$50	\$35	\$325	\$1,400
LEVEL 2	\$50	\$35	\$375	\$1,600
LEVEL 3	\$75	\$35	\$450	\$1,800

(SEE SCHEDULE OF PROCEDURES FOR DETAILS)

POLICY YEAR MAXIMUM INCREASES BY \$100 PER YEAR UP TO \$500 MAXIMUM PER COVERED PERSON

ONE TIME ONLY WAITING PERIODS TO PREVENT RATE INCREASE:

eligible for wellness and x-ray benefit upon effective date of policy

3 month waiting period for fillings, basic services, pain management and adjunctive services

6 month waiting period for sealants, oral surgery, gum treatments and prosthetic repair

12 month waiting period for crowns and root canals

24 month waiting period for dentures and prosthetic benefits

POLICYHOLDER RECEIVES TWO DENTAL ID CARDS

BENEFITS MAY BE SENT DIRECTLY TO THE DENTIST OR TO POLICYHOLDER

GUARANTEED ISSUE

NO DEDUCTIBLE

NO PRE-CERTIFICATION

NO BENEFITS WILL BE PAID FOR REPLACEMENT OF TEETH MISSING BEFORE COVERAGE BEGINS

NO BENEFITS ARE PAID FOR TREATMENT RECEIVED OUTSIDE OF THE UNITED STATES

POLICY IS PORTABLE

MONTHLY RATES

PLAN CHOICES	INDIVIDUAL	HUSBAND/WIFE	1 PARENT FAMILY	2 PARENT FAMILY
ESSENTIALS	\$24.05	\$ 42.38	\$ 42.12	\$ 60.71
LEVEL 1	\$31.33	\$ 60.97	\$ 60.19	\$ 91.00
LEVEL 2	\$38.35	\$ 75.14	\$ 74.62	\$112.19
LEVEL 3	\$55.51	\$110.50	\$109.33	\$164.32

DEPENDENT CHILDREN ARE COVERED TO THE AGE OF 26

VISION PLAN

AGES 18 THRU 70 CAN SIGN UP FOR THE DENTAL PLAN AND CAN RENEW FOR LIFE

This **Vision Plan** not only provides basic coverage for exams and materials, but it adds an extra benefit for surgery, specific eye disorders and permanent visual impairment.

Eye Examination Benefit: \$45 per person per policy year

Vision Correction Materials/Surgery Benefit:

OPTION	WAITING PERIOD	BENEFIT FREQUENCY	MATERIALS BENEFIT	CORRECTIVE SURGERY BENEFIT
1	None	each policy year	\$ 80	\$130
2	12 months	every 24 months	\$175	\$295
3	24 months	every 36 months	\$270	\$480

Specific Eye Disease/Disorder Benefit: (payable once per disease per person)

\$1,000 is paid when first diagnosed with one of the following:

- Glaucoma (excluding pre and borderline)
- Proliferative Diabetic Retinopathy
- Macular Degeneration
- Retinal Detachment
- Retinitis Pigmentosa

Eye Surgery Benefit: (for surgery of eye, eye socket, eyelid and tear duct)

\$50 up to \$1,500 for one surgical procedure performed per 24-hour period

Permanent Visual Impairment Benefit:

(progressive benefit for total payout of \$10,000 per eye or \$20,000 per person)

Benefits for a child born visually impaired are payable if born at least 10 months from policy effective date.

LEVEL	TOTAL PER LEVEL	MAXIMUM CUMULATIVE BENEFIT PER EYE
1 – severe	\$ 750	\$ 750
2 – profound	\$1,750	\$ 2,500
3 – near total	\$2,500	\$ 5,000
4 – total	\$5,000	\$10,000

MONTHLY RATES

	INDIVIDUAL	EMPLOYEE/SPOUSE	1 PARENT FAMILY	2 PARENT FAMILY
AGES 18-39	\$13.90	\$21.90	\$22.90	\$28.90
AGES 40-49	\$18.90	\$31.90	\$26.40	\$37.30
AGES 50-70	\$28.40	\$48.90	\$32.90	\$49.90

AFTER ENROLLED, PRICING DOES NOT CHANGE AT NEXT AGE BRACKET, UNLESS CHANGES ARE MADE IN COVERAGE

DEPENDENT CHILDREN ARE COVERED TO THE AGE OF 26

LIFE INSURANCE

EMPLOYEES AGES 18 THRU 70 CAN SIGN UP FOR THIS LIFE INSURANCE PLAN

This Life Insurance plan provides financial assistance upon terminal illness or loss of life. The employee may purchase Whole Life, Term Life, a combination of Whole Life and Term Life, and Accidental Death. **Employees who are ages 18 thru 50 can apply for up to \$250,000 coverage, if over age 50 up to \$100,000 coverage.** An optional Term Insurance Rider is available for spouse, and an optional rider is available for children. **No medical exam or blood test is required to apply for coverage.**

EMPLOYEE OPTIONS (ages 18 thru 50): \$10,000 to \$250,000; (ages 51 thru 70): \$10,000 to \$100,000

WHOLE LIFE: Whole life rates are higher than term rates, but rates do not increase with age. Policy continues to age 100, and if policyholder has not died, face amount of coverage will be paid to policyholder. Policy builds cash value, and loans can be made against benefit.

10-YEAR TERM (ages 18 thru 70): Premiums are guaranteed not to increase for 10 years. **The policy is not renewable, but can be converted to whole life, without evidence of insurability.**

20-YEAR TERM (ages 18 thru 60): Premiums are guaranteed not to increase for 20 years. After the term ends, policy may be renewed annually, without evidence of insurability, to age 95.

30-YEAR TERM (ages 18 thru 50): Premiums are guaranteed not to increase for 30 years. After the term ends, policy may be renewed annually, without evidence of insurability, to age 95.

ACCELERATED DEATH BENEFIT: Regardless of benefit chosen, employee can receive 50% of the benefit, upon diagnosis of a terminal condition. Remainder of benefit will be paid to beneficiary upon death. This benefit will be paid only once.

WAIVER OF PREMIUM: If primary insured is totally disabled, policy premiums will be waived.

OPTIONAL ACCIDENTAL DEATH BENEFIT RIDER: If employee's death is a result of a covered accident, double the benefit will be paid. An additional 25% will be paid, if death is a result of an automobile accident that is not employee's fault, while wearing an unaltered, properly fastened seatbelt installed by the automobile manufacturer.

OPTIONAL SPOUSE RIDERS: The length of term, and amount of coverage (up to \$50,000 maximum), must match the employee. If spouse does not qualify by age, for the matching length of term, spouse may apply for 10-year term.

10-YEAR TERM (ages 18 thru 70): if employee chooses whole life or 10-year term

20-YEAR TERM (ages 18 thru 60): if employee chooses 20-year term

30-YEAR TERM (ages 18 thru 50): if employee chooses 30-year term

OPTIONAL CHILD(REN) RIDER: (issued to 14 days of age thru age 17): benefit is 25% of the amount of coverage chosen for employee up to \$15,000 maximum. The rate is the same for one, or more children. Coverage for dependent child terminates at the age of 25.

AGENT WILL PROVIDE RATES

(THIS LIFE INSURANCE PLAN IS AVAILABLE AFTER-TAX ONLY)