

PART 3: SCHEDULE OF BENEFITS

CLASS DEFINITIONS (if more than one class, definitions must be specific)

Class 1 _____
 Class 2 _____
 Class 3 _____
 Class 4 _____

Employees working less than 30 hours per week are not eligible for coverage unless otherwise noted above.

SELECTION OF COVERAGE(S) (check all that apply and fill in all applicable blanks)

Class	<input type="checkbox"/> Life Insurance	<input type="checkbox"/> AD&D	Supplemental		<input type="checkbox"/> Short Term Disability
	Amount of Insurance	Principal Sum	<input type="checkbox"/> Life	<input type="checkbox"/> AD&D	Maximum Weekly Benefit
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

Dependent Life Insurance (Benefit amounts may be limited in some states)

Spouse: \$ _____

Child(ren):

(select one) from birth to 6 months \$ _____

from 15 days to 6 months \$ _____

(select one) 6 months to 19 years * \$ _____

6 months to age _____ * \$ _____

* To age _____ if full-time students and dependent upon the insured for support.

STDBenefits Payable:

_____ day of Accident

_____ day of Sickness

for a maximum of:

_____ weeks

1st day Hospital?

Yes No

Refer to General Provisions 6, 7 and 8 Below

GENERAL PROVISIONS (fill in all applicable blanks)

- Life and AD&D benefits include 24-hour coverage.
- If the benefit is a multiple of salary, amount should be rounded to:
 - the next higher the next lower the nearest
 - multiple of \$ _____, if not already a multiple, not to exceed \$ _____.
- Salary does not include bonuses, overtime, or any form of extra pay. If salary is based in whole or in part on commissions, the benefit amount will include the amount paid in commissions during the preceding 12-month period.
- Basic Life and AD&D benefits reduce by _____% of the original amount at age _____, and further reduce to _____% of the original amount at age _____.
- Supplemental Life and AD&D benefits reduce by _____% of the original amount at age _____, and further reduce to _____% of the original amount at age _____.
- Weekly STD benefit is subject to a maximum of _____% of employee's basic weekly wage.
- Basic weekly wage does not include bonuses, overtime, or any form of extra pay. If weekly wage is based in whole or in part on commissions, the weekly benefit amount will include the average of the amount paid in commissions during the preceding 12-month period. Benefit payment is based on a 7-day work week.
- STD Benefits payable for non-occupational disabilities only.
- All Benefits terminate at retirement.

GUARANTEE ISSUE (amounts in excess of the amount stated are subject to satisfactory evidence of insurability)

Life: Basic \$ _____ Supplemental \$ _____ Combined Basic and Supplemental \$ _____

STD: \$ _____ **Other:** _____ \$ _____

FOR GROUPS OF 100 + ONLY

Form 5500, Schedule A Yes No If Yes, benefit plan year is: _____

Information should be sent to: _____

Insured Benefit Account Yes No