



T H E C I T Y O F
EDINBURG

REQUEST FOR PROPOSALS

The City of Edinburg is soliciting sealed Request for Proposals; hereinafter referred to as RFP, to be received by the City Secretary's Office located at 415 W. University Drive, Edinburg, Texas 78541. City of Edinburg normal business days are Monday through Friday between the hours of 8:00 a.m. to 5:00 p.m. and shall be closed on recognized holidays.

RFP'S will be received until **3:00 p.m. Central Time**, on **Monday, May 23, 2016**, shortly thereafter all submitted RFP'S will be gathered and taken to the Edinburg City Hall Community Room, 1st Floor, to be publicly opened and read aloud. Any RFP received after the closing time will not be accepted and will be returned to the submitter unopened. It is the responsibility of the submitter to see that any RFP submitted shall have sufficient time to be received by the City Secretary's Office prior to the RFP opening date and time. The receiving time in the City Secretary's Office will be the governing time for acceptability of the RFP's. RFP's will not be accepted by telephone or facsimile machine. All RFP'S must bear original signatures and figures. The RFP shall be for:

RFP #2016-016

VOLUNTARY EMPLOYEE BENEFITS INSURANCE COVERAGE (CAFETERIA PLAN)

If you have any questions or require additional information regarding this RFP, please contact Ms. Lorena Fuentes, Purchasing Agent, at (956) 388-1895 Ext. 8972 or via email at lfuentes@cityofedinburg.com.

Hand Delivered RFP'S:

415 W. University Drive
C/o City Secretary Department (1st Floor)

If using Land Courier (i.e.FedEx, UPS):

City of Edinburg
C/o City Secretary
415 W. University Drive
Edinburg, Texas 78541

If Mailing Proposals:

City of Edinburg
C/o City Secretary
P.O. Box 1079
Edinburg, Texas 78540-1079

The City of Edinburg reserves the right to refuse and reject any or all RFP's and to waive any or all formalities or technicalities and to accept the RFP deemed most advantageous to the City, and hold the RFP's for a period of **90** days without taking action.

RFP's must be submitted in an envelope sealed with tape and prominently marked on the lower left hand corner of the envelope with corresponding RFP number and title.



Please read your requirements thoroughly and be sure that the RFP offered complies with all requirements/specifications noted. Any variation from the solicitation requirements/specifications must be clearly indicated by letter, on a point by point basis, attached to and made a part of your RFP. If no exceptions are noted, and you are the successful respondent, it will be required that the service(s) be provided as specified.

PURPOSE

(1) The purpose of these solicitation documents is to execute a Professional Services Contract for:

VOLUNTARY EMPLOYEE BENEFITS INSURANCE COVERAGE (CAFETERIA PLAN)

INTENT

(2) The services to be provided under this RFP shall be in accordance with and shall meet all specifications and/or requirements as shown in this solicitation for RFP. There is no intention to disqualify any respondent who can meet the requirements.

SUBMITTAL OF RFP

(3) RFPs shall be submitted in sealed envelopes as called referenced on the attached solicitation. Three (3) complete sets of the response, One (1) original marked "ORIGINAL," and two (2) copies marked "COPY". RFPs submitted by facsimile (fax) or electronically shall **NOT** be accepted. Submittal of an RFP in response to this solicitation constitutes an offer by the respondent. Once submitted, RFP's become the property of the City of Edinburg and as such the City reserves the right to use any ideas contained in any RFP regardless of whether that respondent/firm is selected. Submission of a RFP in response to this solicitation, by any respondent, shall indicate that the respondent(s) has/have accepted the conditions contained in the RFP, unless clearly and specifically noted in the RFP submitted and confirmed in the contract between the City and the successful respondent otherwise. RFPs which do not comply with these requirements may be rejected at the option of the City. RFPs must be filed with the City of Edinburg before the deadline day and hour. No late RFPs will be accepted. They will be returned to respondent unopened (if properly identified). Failure to meet RFP requirements may be grounds for disqualification.

Hand Delivered RFP'S: 415 W. University Drive
c/o City Secretary Department (1st Floor)

If using Land Courier (i.e.FedEx, UPS): City of Edinburg
c/o City Secretary
415 W. University Drive
Edinburg, Texas 78541

If Mailing RFP's: City of Edinburg
c/o City Secretary
P.O. Box 1079
Edinburg, Texas 78540-1079

TIME ALLOWED FOR ACTION TAKEN

(4) The City of Edinburg may hold RFP/s **90** days after deadline without taking action. Respondents are required to hold their RFP/s firm for same period of time.

RIGHT TO REJECT/AWARD

(5) The City of Edinburg reserves the right to reject any or all RFPs, to waive any or all formalities or technicalities, and to make such awards of contract as may be deemed to be the best and most advantageous to the City of Edinburg.

ASSIGNMENT

(6) Respondents are advised that the City of Edinburg shall not allow the successful respondent to sell, assign, transfer, or convey any part of any contract resulting from this RFP in whole or in part, to a third party without the written approval of the City of Edinburg.

AWARD

(7) Respondents are advised that the City of Edinburg is soliciting RFPs and award shall be made to the respondent that in the opinion of the City of Edinburg is the best qualified.

NUMBER OF CONTRACTS

(8) THE CITY reserves the right to award one, more than one, or no contract(s) in response to this RFP.

STATUTORY REQUIREMENTS

(9) It shall be the responsibility of the successful respondent to comply with all applicable State & Federal laws, Executive Orders and Municipal Ordinances, and the Rules and Regulations of all authorities having jurisdiction over the work to be performed hereunder and such shall apply to the contract throughout, and that they will be deemed to be included in the contract as though written out in full in the contract documents.

ALTERATIONS/AMENDMENTS TO RFP

(10) RFP **CANNOT** be altered or amended after opening time. Alterations made before opening time must be initialed by respondent guaranteeing authenticity. No RFP may be withdrawn after opening time without acceptable reason in writing and only after approval by the City of Edinburg.

NO RESPONSE TO RFP

(11) If unable to submit a RFP, respondent should return inquiry giving reasons.

LIST OF EXCEPTIONS

(12) The respondent shall attach to his/her RFP a list of any exceptions to the specifications/ requirements.

PAYMENT

(13) The City of Edinburg will execute payment by mail in accordance with the State of Texas Pay Law after SERVICES have been completed, introduced to the City, and found to meet City of Edinburg specifications/requirements. No other method of payment will be considered.

SYNONYM

(14) Where in this solicitation package SERVICES is used, its meaning shall refer to the request for VOLUNTARY EMPLOYEE BENEFITS INSURANCE COVERAGE (CAFETERIA PLAN) as specified.

RESPONDENT'S EMPLOYEES

(15) Neither the Respondent nor his/her employees engaged in fulfilling the terms and conditions of this Service Contract shall be considered employees of the City. The method and manner of performance of such undertakings shall be under the exclusive control of the vendor on contract. The City shall have the right of

inspection of said undertakings at any time.

INDEMNIFICATION CLAUSE

(16) The Respondent agrees to indemnify and save harmless the City, from all suits and actions of every nature and description brought against them or any of them, for or on account of the use of patented appliances, products or processes, and he shall pay all royalties and charges which are legal and equitable. Evidence of such payment or satisfaction shall be submitted upon request of the Purchasing Agent, as a necessary requirement in connection with the final estimate for payment in which such patented appliance, products or processes are used

INTERPRETATIONS

(17) Any questions concerning the project and/or specifications/requirements with regards to this solicitation for statement(s) of qualifications shall be directed to the designated individuals as outlined in the RFP. Such interpretations, which may affect the eventual outcome of this request for statements of qualifications, shall be furnished in writing to all prospective Respondents via Addendum. No interpretation shall be considered binding unless provided in writing by the City of Edinburg in accordance with paragraph entitled "**Addenda and Modifications**".

VERBAL THREATS

(18) Any threats made to any employee of the City, be it verbal or written, to discontinue the providing of item/material/services for whatever reason and/or reasons shall be considered a breach of contract and the City will immediately sever the contract with the Respondent/Consultant on contract.

CONFIDENTIAL INFORMATION

(19) Any information deemed to be confidential by the respondent should be clearly noted on the pages where confidential information is contained; however, the City cannot guarantee that it will not be compelled to disclose all or part of any public record under Texas Public Information Act, since information deemed to be confidential by the respondent may not be considered confidential under Texas Law, or pursuant to a Court order.

PAST PERFORMANCE

(20) Respondent's past performance shall be taken into consideration in the evaluation of RFP submittal.

JURISDICTION

(21) Contract(s) executed as part of this solicitation shall be subject to and governed under the laws of the State of Texas. Any and all obligations and payments are due and performable and payable in Hidalgo County, Texas.

RIGHT TO AUDIT

(22) The City of Edinburg reserves the right to audit the vendor's books and records relating to the performance of this contract. The City of Edinburg, at its own expense, shall have the right at all reasonable times during normal business hours and upon at least twenty-four (24) hours' advance notice, to audit, to examine, and to make copies of or extracts from the books of account and records maintained by the vendor(s) with respect to the Supply/Service and/or Purchase Contract. If such audit shall disclose overpayment by City to vendor, written notice of such overpayment shall be provided to the vendor and the amount of overpayment shall be promptly reimbursed by vendor to the City. In the event any such overpayment is not paid within ten (10) business days after receipt of such notice, the unpaid amount of such

overpayment shall bear interest at the rate of one percent (1%) per month from the date of such notice until paid.

VENUE

(23) The parties agree that venue for purposes of any and all lawsuits, cause of action, arbitration, and/or any other dispute(s) shall be in Hidalgo County, Texas.

IF YOU HAVE ANY QUESTIONS ABOUT COMPLIANCE, PLEASE CONSULT YOUR OWN LEGAL COUNSEL. COMPLIANCE IS THE INDIVIDUAL RESPONSIBILITY OF EACH PERSON OR AGENT OF A PERSON WHO IS SUBJECT TO THE FILING REQUIREMENT. AN OFFENSE UNDER CHAPTER 176 IS A CLASS "C" MISDEMEANOR.

CONFLICT OF INTEREST

(24) CHAPTER 176 OF THE TEXAS LOCAL GOVERNMENT CODE Effective January 1, 2006, Chapter 176 of the Texas Local Government Code requires that any vendor or person considering doing business with a local government entity disclose in the Questionnaire Form CIQ, the vendor or person's affiliation or business relationship that might cause a conflict of interest with a local government entity. By law, this questionnaire must be filed with the records administrator of the City of Edinburg not later than the 7th business day after the date the person becomes aware of facts that require the statement be filed. See Section 176.006, Local Government Code. A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor. For more information or to obtain Questionnaire CIQ visit the Texas Ethics Commission web page at www.ethics.state.tx.us/forms/CIQ.pdf.

CERTIFICATE OF INTERESTED PARTIES (Form 1295)

(25) In 2015, the Texas Legislature adopted House Bill 1295, which added section 2252.908 of the Government Code. The law states that a governmental entity or state agency may not enter into certain contracts with a business entity unless the business entity submits a disclosure of interested parties to the governmental entity or state agency at the time the business entity submits the signed contract to the governmental entity or state agency. The law applies only to a contract of a governmental entity or state agency that either (1) requires an action or vote by the governing body of the entity or agency before the contract may be signed or (2) has a value of at least \$1 million. The disclosure requirement applies to a contract entered into on or after January 1, 2016. For more information go to the Texas Ethics Commission web page at www.ethics.state.tx.us/forms/CIQ.pdf.

CONSIDERATION OF LOCATION OF BIDDER'S PRINCIPAL PLACE OF BUSINESS

(26) The City may give local vendors, whose principal place of business is located within the City of Edinburg, and whose bid is within five percent (5%) of the lowest bid price preference as allowed by Section 271.9051 of the Local Government Code.

CONFIDENTIALITY OF INFORMATION AND SECURITY

(27) Should the successful respondent become the holder of and have access to confidential information in the process of fulfilling its responsibilities in connection with an awarded contract the successful respondent agrees that it shall keep such information confidential and will comply fully with the laws and regulations of the State of Texas, ordinances and regulations of the City, and any applicable federal laws and regulations relating to confidentiality.

TERMINATION OF CONTRACT

(28) The City of Edinburg reserves the right to terminate the contract if, in the opinion of the City of Edinburg, the successful vendor's performance is not acceptable, no funds are available, or if the City wishes, without cause, to discontinue this contract. Termination will be in written form allowing a 30-day notice.

RESPONSE DEADLINE

(29) Responses to the RFP must be addressed to City Secretary, City of Edinburg, 415 W. University Drive by **Monday, May 23, 2016 until 3:00 p.m.** for consideration. An original and two (2) copies of the response must be submitted no later than this date and time in a **sealed envelope** indicating that its contents are in response to the RFP 2016-016 for **"VOLUNTARY EMPLOYEE BENEFITS INSURANCE COVERAGE (CAFETERIA PLAN)"**. Respondents are advised that all confidential records must be submitted in a **separate sealed envelope and marked accordingly**.

Hand Delivered RFP's:

415 W. University Drive
c/o City Secretary Department (1st Floor)

If using Land Courier (i.e.FedEx, UPS):

City of Edinburg
c/o City Secretary
415 W. University Drive
Edinburg, Texas 78541

If Mailing RFPs:

City of Edinburg
c/o City Secretary
P.O. Box 1079
Edinburg, Texas 78540-1079

ADDENDA AND MODIFICATIONS

(30) Any changes, additions, or clarifications to the RFP are made by amendments (addenda). Any respondent in doubt as to the true meaning of any part of the RFP or other documents may request an interpretation from the Purchasing Division. At the request of the respondent, or in the event the Purchasing Division deems the interpretation to be substantive, the interpretation will be made by written addendum. Said Addenda shall be mailed, e-mailed, hand delivered and/or faxed, to all prospective respondents. All Addenda issued in respect to this RFP shall be considered official changes to the original documents. Verbal statements in response to inquiries and/or requests for explanations shall not be authoritative or binding. It shall be the respondent's responsibility to ensure that they have received all Addenda in respect to this project. Furthermore, respondents are advised that they must recognize, comply with, and attach a signed copy of each Addendum which shall be made part of their RFP Submittal. Respondent(s) signature on Addenda shall be interpreted as the respondent's "recognition and compliance to" official changes as outlined by the City of Edinburg and as such are made part of the original solicitation documents. Failure of any respondent to receive any such addendum or interpretation shall not relieve such respondent from its terms and requirements. The City may issue a written addendum no later than five calendar days prior to the date bids must be received. Addendums are available online at www.cityofedinburg.com.

RFP PREPARATION COSTS

(31) The City of Edinburg shall not be held liable for any costs incurred by any respondent for work performed in the preparation of and production of a RFP or for any work performed prior to execution of contract.

EQUAL EMPLOYMENT OPPORTUNITY

(32) Respondent agrees that they will not discriminate in hiring, promotion, treatment, or other terms and conditions of employment based on race, sex, national origin, age, disability, or in any way violate Title VII of 1964 Civil Rights Act and amendments, except as permitted by said laws.

AUTHORIZATION TO BIND RESPONDENT TO RFP

(33) RFPs MUST give full firm name and address of respondent, and be manually signed. Failure to do so will disqualify your RFP. Person signing bid must show title or AUTHORITY TO BIND HIS/HER FIRM IN A CONTRACT. Firm name and authorized signature must appear on each page that calls for this information. The legal status of the Respondent whether corporation, partnership, or individual, shall also be stated in the RFP. A corporation shall execute the RFP by its duly authorized officers in accordance with its corporate by-laws and shall also list the state in which it is incorporated. A partnership Respondent shall give full names and addresses of all partners. All partners shall execute the RFP. Partnership and Individual Respondent shall state in the proposal the names and addresses of all persons with a vested interest therein. The place of residence of each Respondent, or the office address in the case of a firm or company, with county and state and telephone number, shall be given after the signature.

Confidential Information Respondents are advised that all confidential records must be submitted in a separate sealed envelope and marked accordingly.



Request for Proposals

Voluntary Employee Benefits
Insurance Coverage

RFP # 2016-016





Table of Contents

Request for Proposals

Voluntary Employee Benefits Insurance Coverage

	<u>Page</u>
General Information.....	1
Part I Qualifications of Proposer.....	5
Part II Description of the Risk.....	6
Part III Administration of Claims.....	7
Part IV Request for Proposal Form.....	8
 Exhibits	
A - City of Edinburg Group Census	
B - City of Edinburg Employees Covered Under Current Plan	
C - Allstate Financial Workplace Division Voluntary Benefits	

REQUEST FOR PROPOSALS

Specifications and Underwriting Information Voluntary Employee Benefit Insurance Coverage

Group Accident
Group Cancer
Group Hospital Indemnity
Group Intensive Care
Group Personal Recovery
Group Personal Sickness Indemnity
Group Short Term Disability
Universal Life
Group Voluntary Life Insurance

1. Proposal may be submitted Monday thru Friday, 8:00 a.m. – 5:00 p.m. to the City Secretary office at address below. Sealed proposal shall be received **by 3:00 p.m., Monday, May 23, 2016** at the office of the City Secretary, at which time all proposals will be publicly opened. Proposals received after the deadline will be returned to sender unopened. The City of Edinburg is not responsible for problems with postal or delivery service.
2. Submit three complete sets, one (1) marked “ORIGINAL”, and two (2) marked “COPY”. The sealed proposals shall be received and addressed to:

City of Edinburg
c/o City Secretary
415 West University
P.O. Box 1079
Edinburg, Texas 78540-1079

The envelope shall be clearly identified as follows:

Group Voluntary Employee Benefit Insurance Coverage RFP # 2016-016

Request for Proposal submitted via facsimile or e-mail **shall not** be accepted. All inquiries can be addressed to Lorena Fuentes, Purchasing Agent at lfuentes@cityofedinburg.com.

3. Due care and diligence have been used in the preparation of this information, and it is believed to be substantially correct. However, the responsibility for determining the full extent of the exposure and verification of all information presented herein shall rest solely upon the proposer.

The City of Edinburg and its representatives will not be responsible for any errors or omissions in these specifications nor for the failure on the part of the proposer to determine the full extent of the exposures.

4. The City of Edinburg reserves the right to renegotiate the term of this coverage. The City of Edinburg shall reserve the right to renew (annually) the contract with the selected proposer, provided that proof is shown that said insurance carrier is providing the lowest possible rate at time of renewal. **Tentative award date is Tuesday, July 05, 2016.**
5. The City of Edinburg reserves the right to accept or reject proposals submitted, waive formalities in proposing, accept the proposal deemed most advantageous to the City of Edinburg, and to hold the proposals for a period of ninety (90) days after publicly opening the proposal without taking action thereon. The City intends to review all aspects of the proposals to determine the best overall program for the City at this time. Since there are important considerations involved in selecting a carrier in addition to the proposed rates, the City will not be required to accept the lowest proposal. Failure to manually sign proposal will disqualify it. Person signing proposal should show title or authority to bind their firm to a contract.
6. All rates shall be guaranteed for twelve (12) months, or longer, to be billed beginning October 1, 2016. However, the City of Edinburg reserves the right to accept a guarantee of more than twelve (12) months if it is in the City's interest.
7. The company shall reference its proposal in the same order as provided in the specifications. Any company seeking to provide or underwrite insured programs for the City of Edinburg must respond to appropriate sections of these specifications and must meet all conditions or standards listed in these specifications.
8. If any commission fees or other reimbursements arrangements are paid to any individual or organization(s), they must be disclosed in the proposal as to who is paid and how much. Include commission formula and annual commission.
9. Each vendor may propose on behalf one (1) agent only. Multiple proposals from the same carrier/insurance company will not be accepted. Carriers/Insurance companies may submit an attached list of agents/agencies requesting consideration.
10. The City of Edinburg has named RJG Retirement Services, LLC and Holmes Murphy as agent of record and co-agent, respectively.
11. The City of Edinburg, herewith referred to as the "Planholder", is requesting proposals for Group Voluntary Benefits Insurance Plan for eligible individuals.

FIRM and RFP EVALUATION

RFP – EVALUATION

The evaluation system consists of a **100 point system**. The RFP will be ranked after evaluation. The RFP submittal evaluation will be based on the following criteria:

1. **35 points** Voluntary Employee Benefits Insurance Coverage (Cafeteria Plan)
2. **15 points** Provider Network and Utilization Management
3. **15 points** Responses to Financial Stability
4. **10 points** Demonstration of Experience of Similar Services Provided

PROPOSAL FORMAT

Tab A: Interest Letter

Tab B: Part I – Qualifications of Proposers

Tab C: Part II – Description of the Risk

Tab D: Part III – Administration of Claims

Tab E: Part IV – Census Data Overview

Tab F: Part V – Exhibit of Past Premiums and Losses

Tab G: Part VI – Request for Proposal Form

Tab H: Cost Proposal – Voluntary Employee Benefits Insurance Coverage (Cafeteria Plan)

Tab J: 1. Request for Proposal Response Form
2. Certification Statement
3. Non-Collusive Request for Proposal Certificate
4. References
5. Terminations
6. Declaration of Compliance

Part I
QUALIFICATIONS OF PROPOSER

Please read carefully. The Planholder is not required to consider any proposal that does not comply with the criteria set forth herein. All proposers shall utilize the Request for Proposal Form (Part IV, page 6 - 20).

1. All companies and agents submitting proposals must be licensed by the State of Texas and have a demonstrated level of good performance with public entities, including municipalities and be permitted to contract with the State and any of its subdivisions.
2. The agent must have an errors and omissions policy with a minimum limit of \$500,000. **A copy of policy shall be furnished with the proposal.**
3. The company must be recommended in the latest edition of A. M. Best's Insurance Reports with a general policyholder's rating of "B+" or better with no contingency rating. **The agent shall furnish the A. M. Best's policyholder rating for each company with which coverage is being proposed.**
4. Any agent or agency submitting a proposal must be licensed by the carrier stipulated therein at the time it is submitted.
5. Please state the pre-existing exclusion, if applicable, and how they apply to current new employees.
6. The company will conduct one initial enrollment and an annual enrollment thereafter, depending on renewal status. Open enrollment is planned for August 2016.
7. The enrollment process will include, but is not limited to, scheduling enrolment appointments by department, completing enrollment applications, mailing, ID card, and insurance certificate booklets **directly** to insured employees mailing address, and providing employee summary reports for payroll deductions.
8. The successful company will provide brochures, certificate of insurance booklets, and insurance ID cards at the company's expense.
9. All proposed policies must be non-assessable.

Part II
DESCRIPTION OF THE RISK

1. **NAME OF INSURED:**
City of Edinburg, Texas
2. **EFFECTIVE DATE:**
October 1, 2016
3. **TERMS:**
October 1, 2016 through September 30, 2017
For a period of two (2) year contract with option to extend for two (2) year additional one (1) year term.
4. It is the intent of these specifications to establish a Group Voluntary Benefits Insurance Plan with proposer for all full-time employees of the Planholder.
5. Elected Officials and COBRA participants are not covered under the current plan.

Part III
ADMINISTRATION OF CLAIMS

Proposer will act as a third party claims/contractual claims administrator for the express purpose of administering the Planholder Voluntary Benefits Insurance Plan.

The proposer will be responsible for, but not limited to the following:

- a. Consulting and Installation of the Plan. Reviewing carrier policies to assure they meet specifications.
- b. Drafting of the Plan Document or Master Contract and announcement material.
- c. Policies must be available no later than October 1, 2016.
- d. Coordination with other plans for benefits. The proposer will be responsible for coordination of benefits with all insurance plans or other collectible insurance.
- e. The proposer will analyze all statistical data for future cost projections. Periodic meetings will be held to advise Planholder's staff on these projections.
- f. Original contracts for all carriers will be filed with the Planholder.
- g. Necessary government filings.
- h. All other administrative details.
- i. Self-bill
- j. Cafeteria plan section 125 third party administration at no cost to the city.

Part IV
REQUEST FOR PROPOSAL FORM

ONLY THOSE REQUEST FOR PROPOSALS SUBMITTED ON THIS FORM AND IN DUPLICATE, WILL BE CONSIDERED. ALL OTHERS WILL BE REJECTED AND DISQUALIFIED.

This form must include all costs of the program, which should include but not be limited to fixed costs, cost containment options, all printing, and miscellaneous expenses.

All costs must be shown at the time the proposal is submitted. We reserve the right to get written clarification of any benefits proposed.

1. What is your company's most current "A. M. Best's policyholder Rating"?

2. What is your customer quality service statistics for the most recent twelve (12) month period?

3. On the provided form, for reference purposes, a list of at least three (3) governmental entities or clients served in Texas by your company shall be completed along with proposal. List shall include, but not be limited to, name of contact person, telephone number, number of employees, and how long the entity/client was/is contracted by the company.

4. Do you have a toll free telephone number for handling inquiries from staff and employees? If so, is there an additional charge?

5. What procedures have you implemented to become compliant with HIPAA, Title H Privacy/Confidentiality and Security requirements?

6. Define process to transition from social security numbers to unique identification numbers.

7. Describe "guarantee issue" underwriting guidelines:

9. Will all new full-time employees qualify for full coverage automatically or will they be subject to underwriting conditions?

10. Describe underwriting guidelines for applicants subject to medical review.

11. Describe initial enrollment procedures.

12. Describe educational program and materials that are provided to enrollees, including electronic enrollment education material. (Please provide sample materials.)

13. Will the initial enrollment period for new employees be effective immediately or after 30-60 days?

14. Will waiting period, if applicable, be waived for initial enrollment? YES NO

Comments:

15. Do you offer electronic enrollment services? YES NO
If so, please describe.

16. Please attach description of Plan being proposed that includes the following for each voluntary benefit (and any other alternate proposals available):

a. Schedule of Rates

(d.) For sick leave benefit coordination, are disability benefits reduced only if sick leave benefits received?

___ YES ___ NO

Comments:

(e.) Is disability that has been approved for Workers' Compensation benefits excluded?

___ YES ___ NO

Comments:

19. Who will process the claims and where are your claims paying service located?

20. Describe claim payment system.

21. Describe your procedures for handling appeals of denied or disputed claims?

22. How do you define turn around time? Provide claim turnaround time statistics for the most recent twelve (12) month period.

23. Are interest credits paid to beneficiary from date of death to date of benefits payment?

___ YES ___ NO

24. Does your plan coordinate benefits? Please elaborate.

25. How promptly are payments made after you receive requests for payment of bills?

26. Please provide sample of monthly billing statement.

27. Is self-billing an option? If so, will there be a billing contact person assigned to the city? Explain how the discrepancies are handled or corrected?

28. Does your agency have online enrollment? Will there be an option to add or terminate benefits?

29. Will your carrier provide a service representative for the group? What services are included?

30. Are there any additional administrative fees and if so how much? How long is the administrative fee guaranteed? (Include a sample of administrative document.)

31. What is your time frame for providing renewal rates to the Planholder?

32. Does the quote include "Portability" to allow payment of premium at group rates following employment termination?

___ YES ___ NO

If so, please describe.

33. If your contract is terminated at the end of the contract year, how long will you continue to pay claims incurred prior to the termination date?

34. Does the quote include a waiver of premium benefit? YES NO

If so, please describe.

35. Does the quote include accelerated death benefit for terminal illness? YES NO

If so, please describe.

36. Will you provide a conversion policy? If so, explain.

37. Will Master Contract be issued to the City? YES NO
If so, please provide specimen contract with the proposal.

38. For what period of time are the proposed rates guaranteed?

39. Is a longer rate guarantee available? YES NO
If so, please describe.

40. Do benefits include any type of return of premium provision, or other form of deferred compensation, that would prevent all of insurance premiums from being eligible under IRC Section 125 Cafeteria Plan?

YES NO

If so, please describe.

**REQUEST FOR PROPOSAL RESPONSE FORM
VOLUNTARY EMPLOYEE BENEFIT INSURANCE COVERAGE**

Name of Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Telephone#: _____ Facsimile#: _____

Current "A.M. Best" Rating: _____

*(Shall furnish copy of policyholder rating for each company
with which coverage is being quoted)*

Name of Agent: _____

Address: _____

City: _____ State: _____ Zip: _____

Agency Name: _____

Telephone #: _____ Facsimile#: _____

Number of Years in Business: _____

(Must enclose E & O Certificate of Insurance)

IMPORTANT:

In order for your proposal to receive consideration, you must complete the certification statement below acknowledging that you have full knowledge of the requirements for providing insurance programs to the City of Edinburg.

CERTIFICATION STATEMENT

The undersigned does hereby declare that they have read the specifications for the Group Voluntary Employee Benefit Insurance Coverage and with full knowledge for the requirements, does hereby agree to furnish the coverage in full accordance with the specifications and requirements.

I certify that _____ and its response
(Name of Company/Organization)
complies with these specifications.

Authorized Signature

Type/Print Name

Title

Date

NON-COLLUSIVE REQUEST FOR PROPOSAL CERTIFICATE

By submission of this proposal, the PROPOSER certifies that:

- (a) This proposal has been independently arrived at without collusion with any other proposer, or with any competitor;
- (b) This proposal has not been knowingly disclosed and will not be knowingly disclosed, prior to the opening of the proposals for this project, to any other proposer, competitor, or potential competitor;
- (c) No attempt has been or will be made to induce any other person, partnership or corporation to submit or not to submit a proposal; and
- (d) The person signing this proposal certifies that he/she has fully informed himself/herself regarding the accuracy of the statements contained in this certification, and under the penalties being applicable to the proposer as well as to the person signing in its behalf.

Authorized Signature

Type/Print Name

Title

Name of Company/Organization

Date

REFERENCES

Please provide the Planholder with three (3) municipal references that have been insured with your company for at least three (3) years.

Company Name: _____
Name of Proposer: _____
Contact Person: _____ Title: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____ # of Employees: _____

Company Name: _____
Name of Proposer: _____
Contact Person: _____ Title: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____ # of Employees: _____

Company Name: _____
Name of Proposer: _____
Contact Person: _____ Title: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____ # of Employees: _____

TERMINATIONS

Please provide the Planholder with three (3) references that have terminated with your company in the past year.

Company Name: _____
Name of Proposer: _____
Contact Person: _____ Title: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____ # of Employees: _____

Company Name: _____
Name of Proposer: _____
Contact Person: _____ Title: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____ # of Employees: _____

Company Name: _____
Name of Proposer: _____
Contact Person: _____ Title: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____ # of Employees: _____

DECLARATION OF COMPLIANCE

The undersigned does hereby declare that they have read the Request for Proposal on which they are submitting a proposal with full knowledge of the requirements, and does hereby agree to furnish all services in full accordance with the requirements outlined in the Request for Proposal.

The proposer affirms that, to the best of their knowledge, the proposal has been arrived at independently and is submitted without collusion to obtain information or gain any favoritism that would in any way limit competition or give unfair advantage over other proposers.

The undersigned hereby declares that they have the authority to represent the proposer in submitting this proposal at the unit prices and level of services herein after notice of proposal award.

Company Name: _____
Address: _____
City, State, Zip Code: _____
Contact Person/Agent: _____
Area Code & Phone Number: _____
Authorized Signature: _____
Typed Name of Signatory: _____
Title of Signatory: _____
Date: _____

EXHIBIT A

City of Edinburg Group Census

**City of Edinburg
Full Time Employees Census
(March 2016)**

BIRTH YEAR	GENDER	YEAR HIRED	Vested Y/N
1946	M	2002	YES
1949	M	2002	YES
1951	F	2004	YES
1951	M	2007	NO
1952	F	1978	YES
1952	M	2012	NO
1953	M	1996	YES
1953	M	1996	YES
1953	M	2003	YES
1953	M	2007	NO
1953	M	2012	NO
1954	F	2005	YES
1954	M	2006	YES
1954	M	2007	NO
1954	M	2008	NO
1954	M	2014	NO
1955	M	2004	YES
1955	M	2007	NO
1956	M	1991	YES
1956	M	1998	YES
1956	M	2004	YES
1957	F	1996	YES
1957	M	1997	YES
1957	M	1999	YES
1957	M	2005	YES
1957	M	2008	NO
1959	F	1984	YES
1959	F	1996	YES
1959	F	1999	YES
1959	M	2001	YES
1959	M	2006	YES
1959	M	2013	NO
1959	M	2013	NO
1960	M	1994	YES
1960	F	2004	YES
1960	M	2011	NO
1962	F	2000	YES
1962	M	2001	YES
1962	M	2004	YES
1962	F	2004	YES
1962	M	2006	YES
1963	M	2003	YES
1963	F	1992	YES

**City of Edinburg
Full Time Employees Census
(March 2016)**

BIRTH YEAR	GENDER	YEAR HIRED	Vested Y/N
1963	M	2000	YES
1963	F	2008	NO
1963	F	2005	YES
1964	M	1990	YES
1964	M	1991	YES
1964	F	1999	YES
1964	M	2003	YES
1964	M	2008	NO
1964	F	2008	NO
1964	M	2011	NO
1965	M	1991	YES
1965	M	1994	YES
1965	M	1995	YES
1965	M	1995	YES
1965	M	1998	YES
1965	F	2007	NO
1965	M	2012	NO
1966	M	2003	YES
1966	M	1988	YES
1966	M	1995	YES
1966	M	1997	YES
1966	M	2004	YES
1966	M	2009	NO
1966	M	2010	NO
1966	M	2012	NO
1966	F	1988	YES
1967	M	1993	YES
1967	M	1998	YES
1967	F	1998	YES
1967	M	2002	YES
1967	M	2009	NO
1968	M	2005	YES
1968	M	1992	YES
1968	M	1993	YES
1968	F	1998	YES
1968	F	2002	YES
1968	M	2005	YES
1968	M	2006	YES
1968	M	2010	NO
1968	M	2015	NO
1969	F	1994	YES
1969	M	1995	YES

**City of Edinburg
Full Time Employees Census
(March 2016)**

BIRTH YEAR	GENDER	YEAR HIRED	Vested Y/N
1969	M	1997	YES
1969	F	1999	YES
1969	M	2000	YES
1969	M	2001	YES
1969	M	2002	YES
1969	M	2002	YES
1969	M	2003	YES
1969	M	2003	YES
1969	F	2008	NO
1969	M	2010	NO
1970	M	2003	YES
1970	F	2004	YES
1970	M	2007	NO
1970	F	2007	NO
1970	M	2011	NO
1970	M	2014	NO
1971	F	1991	YES
1971	F	1997	YES
1971	F	2001	YES
1971	M	2003	YES
1971	M	2003	YES
1971	F	2008	NO
1972	M	2001	YES
1972	F	2013	NO
1973	M	1997	YES
1973	F	2001	YES
1973	F	2003	YES
1973	M	2004	YES
1973	M	2004	YES
1973	M	2008	NO
1973	M	2013	NO
1973	F	2013	NO
1974	M	1993	YES
1974	F	1995	YES
1974	F	2000	YES
1974	M	2003	YES
1974	M	2008	NO
1974	M	2008	NO
1974	M	2009	NO
1975	F	1996	YES
1975	F	1996	YES
1975	M	1997	YES

**City of Edinburg
Full Time Employees Census
(March 2016)**

BIRTH YEAR	GENDER	YEAR HIRED	Vested Y/N
1975	F	2001	YES
1975	M	2002	YES
1975	M	2004	YES
1975	M	2011	NO
1976	M	1996	YES
1976	M	2000	YES
1976	M	2002	YES
1976	M	2006	YES
1976	M	2007	NO
1977	F	2006	YES
1977	M	2010	NO
1977	M	2012	NO
1977	M	2014	NO
1978	M	2001	YES
1978	F	2004	YES
1978	M	2005	YES
1978	F	2010	NO
1978	M	2015	NO
1979	F	2002	YES
1979	F	2003	YES
1979	M	2006	YES
1979	M	2007	NO
1979	M	2009	NO
1980	M	2005	YES
1980	M	2007	NO
1980	M	2011	NO
1980	F	2013	NO
1980	M	2014	NO
1980	F	2014	NO
1980	F	2014	NO
1981	M	2003	YES
1981	F	2004	YES
1981	F	2005	YES
1981	M	2007	NO
1981	M	2007	NO
1981	F	2008	NO
1981	M	2008	NO
1981	M	2008	NO
1981	M	2009	NO
1981	F	2011	NO
1981	M	2013	NO
1981	M	2014	NO

**City of Edinburg
Full Time Employees Census
(March 2016)**

BIRTH YEAR	GENDER	YEAR HIRED	Vested Y/N
1981	M	2014	NO
1981	M	2015	NO
1982	M	2011	NO
1982	M	2004	YES
1982	M	2006	NO
1982	M	2007	NO
1982	M	2008	NO
1983	F	2006	YES
1983	F	2007	NO
1983	M	2008	NO
1983	M	2009	NO
1983	F	2009	NO
1983	M	2011	NO
1983	M	2014	NO
1983	M	2015	NO
1984	M	2007	NO
1984	M	2006	YES
1984	M	2007	NO
1984	M	2008	NO
1984	M	2011	NO
1984	M	2011	NO
1984	F	2013	NO
1985	M	2006	YES
1985	M	2006	YES
1985	M	2007	NO
1985	F	2012	NO
1985	M	2013	NO
1986	M	2005	YES
1986	F	2007	NO
1986	M	2008	NO
1986	M	2008	NO
1986	M	2011	NO
1986	M	2011	NO
1986	M	2012	NO
1986	M	2014	NO
1987	F	2009	NO
1987	F	2012	NO
1987	M	2012	NO
1987	M	2013	NO
1987	M	2014	NO
1988	M	2009	NO
1988	M	2008	NO

**City of Edinburg
Full Time Employees Census
(March 2016)**

BIRTH YEAR	GENDER	YEAR HIRED	Vested Y/N
1988	M	2010	NO
1988	M	2012	NO
1988	M	2012	NO
1988	M	2013	NO
1988	M	2013	NO
1988	M	2013	NO
1988	M	2015	NO
1988	M	2015	NO
1989	M	2012	NO
1989	M	2013	NO
1989	M	2014	NO
1989	M	2015	NO
1989	M	2015	NO
1991	F	2015	NO
1992	M	2013	NO
1992	M	2013	NO
1992	M	2013	NO
1992	M	2014	NO
1992	M	2015	NO
1993	M	2012	NO
1993	M	2015	NO
1995	M	2014	NO

EXHIBIT B

City of Edinburg Employees
Covered Under Current Plan

Employees Covered Under Current Plan (As of March 2016)

# POLICIES	BENEFIT PLAN	TYPE OF COVERAGE	BIRTH YEAR	GENDER	PREMIUM
1	Accident	Family	1953	M	\$48.34
2	Accident	Family	1964	F	\$48.34
3	Accident	Family	1965	M	\$44.90
4	Accident	Family	1965	M	\$44.90
5	Accident	Family	1965	M	\$29.80
6	Accident	Family	1966	M	\$44.90
7	Accident	Family	1968	M	\$63.46
8	Accident	Family	1969	M	\$74.27
9	Accident	Family	1969	M	\$44.90
10	Accident	Family	1969	M	\$44.90
11	Accident	Family	1969	M	\$48.34
12	Accident	Family	1970	M	\$44.90
13	Accident	Family	1971	F	\$29.80
14	Accident	Family	1971	F	\$133.09
15	Accident	Family	1973	M	\$29.80
16	Accident	Family	1974	M	\$44.90
17	Accident	Family	1975	M	\$44.90
18	Accident	Family	1976	M	\$63.46
19	Accident	Family	1978	M	\$44.90
20	Accident	Family	1980	F	\$44.90
21	Accident	Family	1981	F	\$63.46
22	Accident	Family	1983	M	\$44.90
23	Accident	Family	1984	M	\$44.90
24	Accident	Family	1987	M	\$44.90
25	Accident	Family	1988	M	\$63.46
26	Accident	Ind. & Child	1956	M	\$51.68
27	Accident	Ind. & Child	1959	F	\$36.84
28	Accident	Ind. & Child	1963	F	\$36.84
29	Accident	Ind. & Child	1965	M	\$36.84

Employees Covered Under Current Plan (As of March 2016)

# POLICIES	BENEFIT PLAN	TYPE OF COVERAGE	BIRTH YEAR	GENDER	PREMIUM
30	Accident	Ind. & Child	1966	M	\$36.84
31	Accident	Ind. & Child	1970	M	\$36.84
32	Accident	Ind. & Child	1973	F	\$36.84
33	Accident	Ind. & Child	1974	M	\$36.84
34	Accident	Ind. & Child	1979	M	\$51.68
35	Accident	Ind. & Child	1981	F	\$36.84
36	Accident	Ind. & Child	1984	F	\$36.84
37	Accident	Ind. & Child	1988	M	\$36.84
38	Accident	Ind. & Spouse	1953	M	\$33.86
39	Accident	Ind. & Spouse	1953	M	\$33.86
40	Accident	Ind. & Spouse	1956	M	\$33.86
41	Accident	Ind. & Spouse	1962	F	\$47.22
42	Accident	Ind. & Spouse	1966	M	\$33.86
43	Accident	Ind. & Spouse	1966	M	\$33.86
44	Accident	Ind. & Spouse	1970	M	\$33.86
45	Accident	Ind. & Spouse	1986		\$47.22
46	Accident	Ind. & Spouse	1992	M	\$47.22
47	Accident	Individual	1946	M	\$18.00
48	Accident	Individual	1951	F	\$24.68
49	Accident	Individual	1953	M	\$18.00
50	Accident	Individual	1953	M	\$18.00
51	Accident	Individual	1954	M	\$18.00
52	Accident	Individual	1954	F	\$18.00
53	Accident	Individual	1956	M	\$24.68
54	Accident	Individual	1959	M	\$24.68
55	Accident	Individual	1959	M	\$18.00
56	Accident	Individual	1959	M	\$18.00
57	Accident	Individual	1959	F	\$24.68
58	Accident	Individual	1960	M	\$18.00

Employees Covered Under Current Plan (As of March 2016)

# POLICIES	BENEFIT PLAN	TYPE OF COVERAGE	BIRTH YEAR	GENDER	PREMIUM
59	Accident	Individual	1960	M	\$26.12
60	Accident	Individual	1962	M	\$24.68
61	Accident	Individual	1962	M	\$24.68
62	Accident	Individual	1962	M	\$18.00
63	Accident	Individual	1963	M	\$18.00
64	Accident	Individual	1963	M	\$18.00
65	Accident	Individual	1964	M	\$24.68
66	Accident	Individual	1964	M	\$24.68
67	Accident	Individual	1964	M	\$18.00
68	Accident	Individual	1966	M	\$24.68
69	Accident	Individual	1966	M	\$24.68
70	Accident	Individual	1967	M	\$18.00
71	Accident	Individual	1967	M	\$17.40
72	Accident	Individual	1968	M	\$24.68
73	Accident	Individual	1968	M	\$24.68
74	Accident	Individual	1968	M	\$18.00
75	Accident	Individual	1969	M	\$53.59
76	Accident	Individual	1969	M	\$24.68
77	Accident	Individual	1969	F	\$18.00
78	Accident	Individual	1970	M	\$18.00
79	Accident	Individual	1970	F	\$18.00
80	Accident	Individual	1971	M	\$24.68
81	Accident	Individual	1971	M	\$18.00
82	Accident	Individual	1973	M	\$18.00
83	Accident	Individual	1973	M	\$24.68
84	Accident	Individual	1974	M	\$24.68
85	Accident	Individual	1974	M	\$18.00
86	Accident	Individual	1975	M	\$18.00
87	Accident	Individual	1975	F	\$24.68

Employees Covered Under Current Plan (As of March 2016)

# POLICIES	BENEFIT PLAN	TYPE OF COVERAGE	BIRTH YEAR	GENDER	PREMIUM
88	Accident	Individual	1976	M	\$18.00
89	Accident	Individual	1977	M	\$18.00
90	Accident	Individual	1977	M	\$18.00
91	Accident	Individual	1977	M	\$18.00
92	Accident	Individual	1978	M	\$18.00
93	Accident	Individual	1978	M	\$24.68
94	Accident	Individual	1979	M	\$18.00
95	Accident	Individual	1979	F	\$18.00
96	Accident	Individual	1980	M	\$24.68
97	Accident	Individual	1980	M	\$18.00
98	Accident	Individual	1980	M	\$24.68
99	Accident	Individual	1981	M	\$24.68
100	Accident	Individual	1981	M	\$26.12
101	Accident	Individual	1981	M	\$26.12
102	Accident	Individual	1981	M	\$18.00
103	Accident	Individual	1981	M	\$26.12
104	Accident	Individual	1982	M	\$24.68
105	Accident	Individual	1982	M	\$18.00
106	Accident	Individual	1982	M	\$24.68
107	Accident	Individual	1982	M	\$24.68
108	Accident	Individual	1983	M	\$18.00
109	Accident	Individual	1984	M	\$24.68
110	Accident	Individual	1984	M	\$18.00
111	Accident	Individual	1984	M	\$24.68
112	Accident	Individual	1984	M	\$18.00
113	Accident	Individual	1984	M	\$18.00
114	Accident	Individual	1985	M	\$24.68
115	Accident	Individual	1985	M	\$24.68
116	Accident	Individual	1985	M	\$26.12

Employees Covered Under Current Plan (As of March 2016)

# POLICIES	BENEFIT PLAN	TYPE OF COVERAGE	BIRTH YEAR	GENDER	PREMIUM
117	Accident	Individual	1985	M	\$18.00
118	Accident	Individual	1986	M	\$24.68
119	Accident	Individual	1986	M	\$18.00
120	Accident	Individual	1986	M	\$26.12
121	Accident	Individual	1986	M	\$24.68
122	Accident	Individual	1986	M	\$18.00
123	Accident	Individual	1986	M	\$24.68
124	Accident	Individual	1987	M	\$18.00
125	Accident	Individual	1988	M	\$18.00
126	Accident	Individual	1988	M	\$18.00
127	Accident	Individual	1988	M	\$18.00
128	Accident	Individual	1988	M	\$18.00
129	Accident	Individual	1988	M	\$24.68
130	Accident	Individual	1988	M	\$24.68
131	Accident	Individual	1989	M	\$18.00
132	Accident	Individual	1989	M	\$24.68
133	Accident	Individual	1989	M	\$17.99
134	Accident	Individual	1989	M	\$18.00
135	Accident	Individual	1989	M	\$18.00
136	Accident	Individual	1992	M	\$24.68
137	Accident	Individual	1992	M	\$24.68
138	Accident	Individual	1992	M	\$18.00
139	Accident	Individual	1992	M	\$24.68
140	Accident	Individual	1993	M	\$18.00
141	Accident	Individual	1993	M	\$24.68
142	Accident	Individual	1995	M	\$24.68
1	Cancer	Family	1953	M	\$26.56
2	Cancer	Family	1957	M	\$26.56
3	Cancer	Family	1959	F	\$26.56

Employees Covered Under Current Plan (As of March 2016)

# POLICIES	BENEFIT PLAN	TYPE OF COVERAGE	BIRTH YEAR	GENDER	PREMIUM
4	Cancer	Family	1960	F	\$45.94
5	Cancer	Family	1963	F	\$26.56
6	Cancer	Family	1963	F	\$26.56
7	Cancer	Family	1964	M	\$45.94
8	Cancer	Family	1964	F	\$26.56
9	Cancer	Family	1965	M	\$45.94
10	Cancer	Family	1965	M	\$62.84
11	Cancer	Family	1966	F	\$26.56
12	Cancer	Family	1968	F	\$26.56
13	Cancer	Family	1969	M	\$45.94
14	Cancer	Family	1969	M	\$45.94
15	Cancer	Family	1971	F	\$47.78
16	Cancer	Family	1971	F	\$45.94
17	Cancer	Family	1973	F	\$26.56
18	Cancer	Family	1973	M	\$26.56
19	Cancer	Family	1974	M	\$62.84
20	Cancer	Family	1978	M	\$45.94
21	Cancer	Family	1982	M	\$45.94
22	Cancer	Family	1985	M	\$45.94
23	Cancer	Family	1988	M	\$62.84
24	Cancer	Ind. & Child	1959	F	\$44.70
25	Cancer	Ind. & Child	1962	M	\$33.78
26	Cancer	Ind. & Child	1979	M	\$44.70
27	Cancer	Ind. & Child	1980	F	\$33.78
28	Cancer	Ind. & Child	1980	F	\$33.78
29	Cancer	Ind. & Child	1981	F	\$33.78
30	Cancer	Ind. & Spouse	1953	M	\$38.04
31	Cancer	Ind. & Spouse	1954	M	\$35.44
32	Cancer	Ind. & Spouse	1957	M	\$35.44

Employees Covered Under Current Plan (As of March 2016)

# POLICIES	BENEFIT PLAN	TYPE OF COVERAGE	BIRTH YEAR	GENDER	PREMIUM
33	Cancer	Ind. & Spouse	1962	M	\$49.66
34	Cancer	Ind. & Spouse	1968	M	\$49.66
35	Cancer	Ind. & Spouse	1969	M	\$38.04
36	Cancer	Ind. & Spouse	1980	F	\$38.04
37	Cancer	Ind. & Spouse	1981	M	\$35.44
38	Cancer	Ind. & Spouse	1981	M	\$35.44
39	Cancer	Individual	1946	M	\$24.36
40	Cancer	Individual	1951	F	\$31.52
41	Cancer	Individual	1951	M	\$15.58
42	Cancer	Individual	1952	M	\$23.28
43	Cancer	Individual	1953	M	\$23.28
44	Cancer	Individual	1953	M	\$23.28
45	Cancer	Individual	1954	M	\$15.58
46	Cancer	Individual	1954	M	\$31.52
47	Cancer	Individual	1954	M	\$23.28
48	Cancer	Individual	1954	F	\$23.28
49	Cancer	Individual	1956	M	\$23.28
50	Cancer	Individual	1957	M	\$31.52
51	Cancer	Individual	1957	F	\$26.58
52	Cancer	Individual	1957	M	\$15.58
53	Cancer	Individual	1959	M	\$23.28
54	Cancer	Individual	1959	F	\$31.52
55	Cancer	Individual	1959	M	\$23.28
56	Cancer	Individual	1963	M	\$23.28
57	Cancer	Individual	1964	M	\$31.52
58	Cancer	Individual	1964	F	\$15.58
59	Cancer	Individual	1965	M	\$31.52
60	Cancer	Individual	1965	M	\$15.58
61	Cancer	Individual	1966	M	\$31.52

Employees Covered Under Current Plan (As of March 2016)

# POLICIES	BENEFIT PLAN	TYPE OF COVERAGE	BIRTH YEAR	GENDER	PREMIUM
62	Cancer	Individual	1967	M	\$15.58
63	Cancer	Individual	1967	M	\$24.36
64	Cancer	Individual	1968	M	\$31.52
65	Cancer	Individual	1968	F	\$31.52
66	Cancer	Individual	1969	F	\$15.58
67	Cancer	Individual	1970	F	\$23.28
68	Cancer	Individual	1970	M	\$15.58
69	Cancer	Individual	1970	F	\$24.36
70	Cancer	Individual	1971	M	\$31.52
71	Cancer	Individual	1971	F	\$15.58
72	Cancer	Individual	1972	F	\$23.28
73	Cancer	Individual	1973	M	\$23.28
74	Cancer	Individual	1973	F	\$31.52
75	Cancer	Individual	1975	F	\$15.58
76	Cancer	Individual	1978	F	\$23.28
77	Cancer	Individual	1978		\$24.36
78	Cancer	Individual	1979	F	\$15.58
79	Cancer	Individual	1979	F	\$15.58
80	Cancer	Individual	1980	M	\$15.58
81	Cancer	Individual	1981	M	\$26.58
82	Cancer	Individual	1981	M	\$23.28
83	Cancer	Individual	1981	M	\$31.51
84	Cancer	Individual	1981	F	\$23.28
85	Cancer	Individual	1981	M	\$23.28
86	Cancer	Individual	1981	M	\$23.28
87	Cancer	Individual	1982	M	\$31.52
88	Cancer	Individual	1982	M	\$31.52
89	Cancer	Individual	1983	M	\$31.52
90	Cancer	Individual	1983	F	\$23.28

Employees Covered Under Current Plan (As of March 2016)

# POLICIES	BENEFIT PLAN	TYPE OF COVERAGE	BIRTH YEAR	GENDER	PREMIUM
91	Cancer	Individual	1985	F	\$31.52
92	Cancer	Individual	1985	M	\$23.28
93	Cancer	Individual	1986	F	\$23.28
94	Cancer	Individual	1987	F	\$15.58
95	Cancer	Individual	1992	M	\$24.36
96	Cancer	Individual	1992	M	\$24.36
1	Critical Illness	Family	1966	M	\$34.44
2	Critical Illness	Family	1970	M	\$34.44
3	Critical Illness	Family	1974	M	\$21.12
4	Critical Illness	Family	1975	M	\$34.44
5	Critical Illness	Family	1980	M	\$23.19
6	Critical Illness	Family	1981	F	\$23.12
7	Critical Illness	Family	1988	M	\$23.23
8	Critical Illness	Ind. & Child	1959	F	\$33.80
9	Critical Illness	Ind. & Child	1972	F	\$21.12
10	Critical Illness	Ind. & Child	1975	M	\$21.12
11	Critical Illness	Ind. & Child	1979	M	\$21.64
12	Critical Illness	Ind. & Child	1985	M	\$9.59
13	Critical Illness	Ind. & Child	1988	M	\$9.59
14	Critical Illness	Ind. & Spouse	1967	F	\$34.44
15	Critical Illness	Ind. & Spouse	1968	M	\$34.44
16	Critical Illness	Ind. & Spouse	1969	M	\$57.86
17	Critical Illness	Ind. & Spouse	1986		\$17.13
18	Critical Illness	Individual	1953	M	\$51.92
19	Critical Illness	Individual	1954	M	\$51.92
20	Critical Illness	Individual	1957	M	\$33.80
21	Critical Illness	Individual	1959	F	\$62.11
22	Critical Illness	Individual	1959	M	\$33.80
23	Critical Illness	Individual	1962	M	\$62.11

Employees Covered Under Current Plan (As of March 2016)

# POLICIES	BENEFIT PLAN	TYPE OF COVERAGE	BIRTH YEAR	GENDER	PREMIUM
24	Critical Illness	Individual	1963	F	\$15.18
25	Critical Illness	Individual	1964	M	\$18.20
26	Critical Illness	Individual	1965	F	\$38.95
27	Critical Illness	Individual	1965	M	\$21.12
28	Critical Illness	Individual	1966	M	\$36.74
29	Critical Illness	Individual	1966	M	\$21.12
30	Critical Illness	Individual	1967	M	\$21.12
31	Critical Illness	Individual	1971	F	\$21.12
32	Critical Illness	Individual	1973	F	\$21.12
33	Critical Illness	Individual	1973	M	\$36.74
34	Critical Illness	Individual	1973	F	\$21.12
35	Critical Illness	Individual	1977	M	\$13.57
36	Critical Illness	Individual	1979	F	\$13.57
37	Critical Illness	Individual	1981	M	\$13.57
38	Critical Illness	Individual	1982	M	\$21.64
39	Critical Illness	Individual	1983	M	\$13.57
40	Critical Illness	Individual	1983	F	\$13.57
41	Critical Illness	Individual	1984	M	\$9.59
42	Critical Illness	Individual	1984	M	\$13.57
43	Critical Illness	Individual	1985	M	\$13.57
44	Critical Illness	Individual	1987	F	\$9.59
45	Critical Illness	Individual	1988	M	\$9.59
46	Critical Illness	Individual	1988	M	\$13.64
47	Critical Illness	Individual	1991	F	\$9.59
1	Disability	Individual	1946	M	\$33.90
2	Disability	Individual	1954	M	\$41.68
3	Disability	Individual	1959	M	\$15.60
4	Disability	Individual	1962	F	\$23.40
5	Disability	Individual	1968	M	\$19.74

Employees Covered Under Current Plan (As of March 2016)

# POLICIES	BENEFIT PLAN	TYPE OF COVERAGE	BIRTH YEAR	GENDER	PREMIUM
6	Disability	Individual	1969	M	\$13.16
7	Disability	Individual	1970	M	\$39.48
8	Disability	Individual	1971	M	\$13.16
9	Disability	Individual	1973	F	\$65.80
10	Disability	Individual	1975	M	\$32.90
11	Disability	Individual	1978	M	\$13.16
12	Disability	Individual	1979	M	\$33.14
13	Disability	Individual	1981	M	\$19.74
14	Disability	Individual	1981	M	\$39.48
15	Disability	Individual	1981	F	\$32.90
16	Disability	Individual	1981	F	\$19.74
17	Disability	Individual	1981	M	\$22.10
18	Disability	Individual	1982	M	\$17.68
19	Disability	Individual	1982	M	\$35.36
20	Disability	Individual	1984	M	\$17.68
21	Disability	Individual	1985	F	\$26.52
22	Disability	Individual	1985	M	\$22.10
23	Disability	Individual	1986	M	\$26.32
24	Disability	Individual	1987	M	\$39.48
25	Disability	Individual	1987	M	\$13.16
26	Disability	Individual	1988	M	\$32.90
27	Disability	Individual	1989	M	\$32.90
28	Disability	Individual	1992	M	\$13.16
29	Disability	Individual	1993	M	\$39.48
30	Disability	Individual	1995	M	\$26.32
1	Heart/Stroke	Individual	1955	M	\$8.98
2	Heart/Stroke	Individual	1956	M	\$8.98
3	Heart/Stroke	Individual	1959	F	\$8.98
4	Heart/Stroke	Individual	1964	F	\$17.32

Employees Covered Under Current Plan (As of March 2016)

# POLICIES	BENEFIT PLAN	TYPE OF COVERAGE	BIRTH YEAR	GENDER	PREMIUM
5	Heart/Stroke	Individual	1965	M	\$17.96
6	Heart/Stroke	Individual	1967	M	\$8.98
7	Heart/Stroke	Individual	1967	M	\$8.98
8	Heart/Stroke	Individual	1971	F	\$8.98
9	Heart/Stroke	Individual	1972	M	\$8.98
1	Hospital Indemnity	Family	1981	F	\$108.60
2	Hospital Indemnity	Ind. & Spouse	1957	M	\$119.74
3	Hospital Indemnity	Individual	1968	M	\$49.70
4	Hospital Indemnity	Individual	1973	F	\$49.70
5	Hospital Indemnity	Individual	1981	M	\$42.68
6	Hospital Indemnity	Individual	1982	M	\$42.68
7	Hospital Indemnity	Individual	1983	M	\$42.66
8	Hospital Indemnity	Individual	1984	M	\$42.68
9	Hospital Indemnity	Individual	1985	F	\$42.68
10	Hospital Indemnity	Individual	1985	M	\$42.68
1	Traditional Life	Ind. & Child	1971	F	\$17.19
2	Traditional Life	Individual	1953	M	\$18.94
3	Traditional Life	Individual	1957	M	\$26.28
4	Traditional Life	Individual	1965	M	\$15.74
5	Traditional Life	Individual	1966	M	\$20.64
6	Traditional Life	Individual	1971	F	\$32.19
7	Traditional Life	Individual	1973	M	\$19.64
8	Traditional Life	Spouse	1956	M	\$16.85
9	Traditional Life	Spouse	1971	F	\$12.10
1	Universal Life	Child	1956	M	\$13.00
2	Universal Life	Child	1959	F	\$26.00
3	Universal Life	Child	1959	F	\$13.00
4	Universal Life	Child	1969	F	\$22.00
5	Universal Life	Child	1969	F	\$13.50

Employees Covered Under Current Plan (As of March 2016)

# POLICIES	BENEFIT PLAN	TYPE OF COVERAGE	BIRTH YEAR	GENDER	PREMIUM
6	Universal Life	Child	1974	M	\$13.91
7	Universal Life	Child	1978	F	\$13.00
8	Universal Life	Child	1978	F	\$13.00
9	Universal Life	Ind. & Child	1969	M	\$17.34
10	Universal Life	Ind. & Child	1974	F	\$17.34
11	Universal Life	Ind. & child	1979	F	\$26.01
12	Universal Life	Ind. & Spouse	1968	M	\$26.12
13	Universal Life	Individual	1952	F	\$39.00
14	Universal Life	Individual	1955	M	\$30.00
15	Universal Life	Individual	1963	M	\$21.66
16	Universal Life	Individual	1963	F	\$17.33
17	Universal Life	Individual	1964	F	\$34.66
18	Universal Life	Individual	1966	F	\$13.00
19	Universal Life	Individual	1969	M	\$21.66
20	Universal Life	Individual	1969	M	\$13.00
21	Universal Life	Individual	1969	M	\$13.00
22	Universal Life	Individual	1973	F	\$44.96
23	Universal Life	Individual	1974	F	\$39.00
24	Universal Life	Individual	1975	F	\$13.00
25	Universal Life	Individual	1975	M	\$17.33
26	Universal Life	Individual	1975	F	\$26.00
27	Universal Life	Individual	1976	M	\$26.00
28	Universal Life	Individual	1976	M	\$69.33
29	Universal Life	Individual	1976	M	\$30.00
30	Universal Life	Individual	1977	F	\$32.08
31	Universal Life	Individual	1978	F	\$34.66
32	Universal Life	Individual	1979	M	\$52.00
33	Universal Life	Individual	1981	M	\$17.33
34	Universal Life	Individual	1983	F	\$45.27

Employees Covered Under Current Plan (As of March 2016)

# POLICIES	BENEFIT PLAN	TYPE OF COVERAGE	BIRTH YEAR	GENDER	PREMIUM
35	Universal Life	Individual	1986	M	\$69.33
36	Universal Life	Individual	1988	M	\$43.33
37	Universal Life	Spouse	1949	M	\$13.00
38	Universal Life	Spouse	1968	M	\$39.17
39	Universal Life	Spouse	1968	M	\$70.77
40	Universal Life	Spouse	1969	F	\$21.68
41	Universal Life	Spouse	1975	M	\$52.00
42	Universal Life	Spouse	1975	M	\$17.33
43	Universal Life	Spouse	1978	F	\$34.66
44	Universal Life	Spouse	1979	F	\$21.67
45	Universal Life	Spouse	1988	M	\$43.33

EXHIBIT C

Allstate Financial Workplace Division Voluntary Benefits

- Group Accident Insurance
- Group Cancer Insurance
- Group Hospital Indemnity
- Group Disability Insurance
- Group Critical Illness Insurance
- Group Supplemental Health Insurance

Are you protected from life's accidents?

There are things that
you or your family do
daily that may lead to
an accidental injury and
out-of-pocket expenses.



SPORTS



TRAVEL



WORK

Group Accident Insurance

Helps cover costs associated with injury treatments

Group voluntary accident coverage from Allstate Benefits pays cash benefits for expenses associated with an accidental injury and can help protect hard-earned savings should an on- or off-the-job accidental injury occur.

THE POLICY IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATION THAT MUST BE FILED AND POSTED. (TX only.)

ABJ16564-2



Allstate.
BENEFITS

Page 1 of 6 (A)

group voluntary accident

No one plans to have an accident. But, it can happen at any moment throughout the day, whether at work or at play. Most major medical insurance plans only pay a portion of the bills. Our policy can help pick up where other insurance leaves off and provide cash to cover the expenses.

Our accident coverage helps offer peace of mind when an accidental injury occurs. Below is an example of how benefits are paid.*



The employee chooses benefit coverage under his
Employer Approved Plan



2 years later the employee is traveling to work, is in a car accident, and is airlifted to the hospital

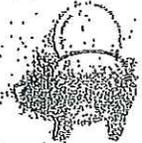
Employee incurred expenses for services in and out of the hospital. In addition to what major medical insurance paid, our accident benefits paid for:

Air Ambulance Service	\$ 600
Hospital Admission	\$ 500
Open Abdominal/Thoracic Surgery	\$ 1,000
Medicine	\$ 5
Medical Expenses (surgery)	\$ 500
Initial Hospital Confinement	\$ 1,000
3-Day Hospital Stay	\$ 600
Outpatient Doctor Visit	\$ 50

With Accident Coverage

Additional dollars to pay for copay, deductible and other costs

Benefits paid: \$4,255



Without Accident Coverage

No additional dollars to pay for copay, deductible or other out-of-pocket costs

Benefits paid: \$0

*The example shown may vary from the plan your employer is offering. Your individual experience may also vary.

meeting your needs

Our accident coverage helps offer peace of mind when an accidental injury occurs.

- Coverage that is guaranteed issue; there are no medical exams or tests to take
- Benefits that correspond with treatment for on- and off-the-job accidental injuries including hospitalization, emergency treatment, intensive care, fractures, plus more
- 24-hour accident coverage for yourself or your entire family
- Affordable premiums
- Benefits paid directly to you, unless you assign them to someone else
- Additional rider benefits have been added to the plan, and are designed to enhance your coverage
- Continuation of coverage

your benefit coverage†

Accidental Death - Pays a benefit for accidental death.

Common Carrier Accidental Death - Pays a benefit for death while riding as a fare-paying passenger on a scheduled common carrier.

Dismemberment - Pays a benefit for dismemberment. Multiple dismemberments during the same injury are limited to the principal amount listed on page 2a.

Dislocation or Fracture - Pays a benefit for dislocation or fracture. Multiple dislocations or fractures during the same injury are limited to the principal amount listed on page 2a.

Initial Hospital Confinement - Pays a benefit when you are confined in a hospital for the first time after your effective date.

Hospital Confinement - Pays a benefit when you are confined in a hospital.

Intensive Care - Pays a benefit when you are confined in a hospital intensive-care unit.

Ambulance - Pays a benefit for you to be transferred by ambulance service to or from a hospital.

Medical Expenses - Pays a benefit when you have medical expenses.

Outpatient Physician's Treatment - Pays a benefit when you are treated by a physician outside of a hospital for any reason, subject to the limitations on page 4.

†Pays stated amounts for accidents only. Benefit amounts are shown on pages 2a and/or 2b. See page 4 for limits and conditions and state variations.

Sports can lead to
accidents



Child is hurt
playing ball



is taken to
the hospital



and is seen
by a physician

BENEFIT ENHANCEMENT RIDER

Hospital Admission - Pays a benefit for your first hospital confinement, after you have been continuously covered by this rider for 12 months. Must be confined within 3 days after the accident.

Lacerations - Pays a benefit when you receive treatment for 1 or more cuts within 3 days after an accident.

Burns - Pays a benefit when you receive treatment for burns, other than sun burns, within 3 days after an accident.

Skin Graft** - Pays a benefit when you receive a skin graft for a covered burn.

Brain Injury Diagnosis - Pays a benefit when you are diagnosed with 1 of these within 30 days after an accident: concussion, cerebral laceration, cerebral contusion, or intracranial hemorrhage. Must be first treated by a physician within 3 days after the accident.

Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)* - Pays a benefit when you receive a CT scan or MRI. Must be first treated by a physician within 30 days after the accident.

Paralysis - Pays a one-time benefit when you are paralyzed from a spinalcord injury for at least 90 days. Must be confirmed by a physician within 3 days after the accident.

Coma With Respiratory Assistance - Pays a one-time benefit when you are in a coma for at least 7 days. Medically induced comas are not covered.

Open Abdominal or Thoracic Surgery - Pays a benefit when you have surgery for internal injuries within 3 days after the accident.

Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery* - Pays a benefit when you have surgery to repair a tendon, ligament, rotator cuff or knee cartilage; or for exploratory arthroscopic surgery.

Ruptured Disc Surgery* - Pays a benefit when you have a surgical procedure to repair a ruptured spinal disc.

Eye Surgery** - Pays a benefit when you have surgery or a foreign object removed from the eye.

General Anesthesia* - Pays a benefit for general anesthesia for a covered surgery.

Blood and Plasma - Pays a benefit for a blood or plasma transfusion within 3 days after an accident.

Appliance** - Pays a benefit for 1 of the following: wheelchair, crutches, or walker.

Medical Supplies** - Pays a benefit for over-the-counter medical supplies when a benefit is also paid under the Medical Expenses Benefit.

Medicine** - Pays a benefit for prescription or over-the-counter medicine when a benefit is also paid under the Medical Expenses benefit.

Prosthesis* - Pays a benefit for a physician-prescribed prosthetic arm, leg, hand, foot or eye when a benefit is also paid under the Dismemberment benefit.

Physical Therapy** - Pays a benefit for physician-prescribed physical therapy within 6 months after the accident. Not payable for chiropractic services or for the same visit that the Accident Follow-up Treatment benefit is paid.

Rehabilitation Unit - Pays a benefit when you are confined in a rehabilitation unit after a hospital stay. Not payable for days that the Daily Hospital Confinement benefit is paid.

Non-Local Transportation - Pays a benefit when you have physician-prescribed treatment at a hospital or treatment center more than 100 miles from your home.

Family Member Lodging - Pays a benefit when one adult family member accompanies you to receive treatment at a hospital or treatment center more than 100 miles from the family member's home.

Post-Accident Transportation - Pays a benefit when you are hospital-confined for at least 3 days in a row more than 250 miles from your home, and you are brought home by a common carrier.

Accident Follow-Up Treatment** - Pays a benefit when you receive follow-up treatment from a physician in their office or in a hospital as an outpatient. Must take place within 6 months after the accident. Not payable for the same visit for which the Physical Therapy benefit is paid.

*must begin or be received within 180 days of the accident.

**must begin, be received, or performed within 90 days of the accident.

coverage specifications

Conditions and Limits - When an injury results in a covered loss within 90 days (180 days for dismemberment or death), unless otherwise stated, from the date of an accident, and is diagnosed by a physician, Allstate Benefits will pay benefits as stated. Treatment must be received in the United States or its territories.

Your Eligibility - Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

Dependent Eligibility/Termination - (a) Coverage may include you, your spouse and children. (b) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. (c) Spouse coverage ends upon valid decree of divorce or your death.

When Coverage Ends - Coverage under the policy ends on the earliest of: (a) the date the policy is canceled; (b) the last day of the period for which you made any required contributions; (c) the last day you are in active employment, except as provided under the Temporarily Not Working provision; (d) the date you are no longer in an eligible class; or (e) the date your class is no longer eligible.

Continuation of Coverage - You may be eligible to continue coverage when coverage under the policy ends. You have 60 days after coverage under the policy ends to let us know if you wish to continue coverage.

Certificate and Benefit Enhancement Rider Exclusions and Limitations - Benefits are not paid for: (a) injury incurred before the effective date; (b) act of war or participation in a riot, insurrection or rebellion; (c) suicide or attempt at suicide; (d) any injury while under the influence of alcohol or any narcotic unless taken on the advice of a physician; (e) bacterial infection (except pyogenic infections from an accidental cut or wound); (f) participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; (g) committing or attempting an assault or felony; (h) driving in any race or speed test or testing any vehicle on any racetrack or speedway; (i) hernia, including complications; or (j) serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

STATE VARIATIONS

Arkansas (changes affect page 4) - Certificate and Benefit Enhancement Rider Exclusions and Limitations paragraph, items (e) and (i) are deleted.

Florida (changes affect pages 3 and 4) - The Benefit Enhancement Rider has been changed to: Additional Benefits. The benefits described are part of the policy and not added as a rider. In the Dependent Eligibility/

Termination paragraph, item (a) is replaced with: Coverage may include you, your spouse or domestic partner and children. Item (c) is replaced with: Spouse/domestic partner coverage ends upon valid decree of divorce/termination of the domestic partnership or your death.

Georgia (changes affect pages 3 and 4) - In the Benefit Enhancement Rider section, Coma with Respiratory Assistance Benefit is deleted in its entirety.

Louisiana (changes affect page 4) - Dependent Eligibility/Termination paragraph, item (a) has the following added: Coverage may also include your grandchildren in your legal custody. Certificate and Benefit Enhancement Rider Exclusions and Limitations paragraph, item (d) is replaced with: any injury sustained or contracted while being intoxicated or under the influence of alcohol or any narcotics, unless administered on the advice of a physician.

Puerto Rico (change affects page 2) - Emergency Medical Treatment Benefit has been added: Pays for hospital emergency room services received within 24 hours after the accident. Surgery must occur within 45 days after the accident.

Texas (changes affect page 4) - In the Conditions and Limits paragraph, the last sentence is replaced with: Treatment must be received in the United States or its territories, unless the treatment is the result of an emergency. Dependent Eligibility/Termination paragraph, item (a) had the following added: Coverage may also include your dependent grandchildren living in your home. Certificate and Benefit Enhancement Rider Exclusions and Limitations paragraph, item (d) is replaced with: a loss sustained or contracted while being intoxicated or under the influence of any narcotic unless administered on the advice of a physician. Item (e) is replaced with: any bacterial infection (except food poisoning and pyogenic infections occurring through an accidental cut or wound). Item (g) is replaced with: committing or attempting to commit a felony.

1.529
MILLION

In the United States, about 1,529,560 new cancer cases were expected to be diagnosed in 2010.¹

¹ *Cancer Facts & Figures*, American Cancer Society, 2010.

THIS POLICY IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THE POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED. (TX only)



GROUP CANCER INSURANCE

Best in Benefits SeriesSM

ABJ2009/



Allstate.

Benefits

Page 1 of 6



In the U.S., men have slightly less than a 1 in 2 lifetime risk of developing cancer, for women, the risk is a little more than 1 in 3.²

² Cancer Facts & Figures, American Cancer Society, 2010.

Extended Care Facility - Pays daily for physician-authorized inpatient confinement (within 14 days of a hospital stay).

At Home Nursing - Pays daily for physician-authorized private nursing care (up to the number of days of the previous hospital stay).

Hospice Care - Pays when a physician determines terminal illness and approves hospice care at home (1 visit per day) or in a freestanding hospice care center.

RADIATION, CHEMOTHERAPY AND RELATED BENEFITS

Radiation/Chemotherapy for Cancer - Pays for covered treatment to destroy or modify cancerous tissue.

Blood, Plasma, and Platelets - Pays for blood, plasma, and platelets. Includes charges for transfusions, administration, processing, procurement and cross-matching. Does not include donor replaced blood or immunoglobulins.

Medical Imaging - Pays for an initial diagnosis or follow-up evaluation.

Hematological Drugs - Pays for drugs to boost cell lines when Radiation and Chemotherapy benefit is paid.

SURGERY AND RELATED BENEFITS

Surgery* - Pays for an inpatient or outpatient operation listed in the Schedule of Surgical Procedures.

Anesthesia - Pays 25% of surgery benefit.

Ambulatory Surgical Center - Pays for surgery at an ambulatory surgical center.

Second Opinion - Pays for a second surgical opinion.

Bone Marrow or Stem Cell Transplant - Pays for transplants.

MISCELLANEOUS BENEFITS

Inpatient Drugs and Medicine - Pays daily for inpatient drugs and medicine.

Physician's Attendance - Pays daily for one inpatient visit.

Ambulance - Pays for transfer by ambulance service to or from a hospital.

Non-Local Transportation - Pays transportation for treatment not available locally (up to 700 miles).

Outpatient Lodging - Pays daily for lodging when receiving radiation or chemotherapy on an outpatient basis non-locally (more than 100 miles from home).

Family Member Lodging and Transportation - Pays daily for one adult family member when confined at a non-local hospital for specialized treatment (more than 100 miles from family member's home).

Physical or Speech Therapy - Pays daily for physical or speech therapy to restore normal body function.

New or Experimental Treatment - Pays for physician-approved new or experimental treatments not paid under other benefits.

Prosthesis - Pays for a prosthetic device that requires surgical implanting.

Hair Prosthesis - Pays for a wig or hairpiece when hair loss is experienced.

Nonsurgical External Breast Prosthesis - Pays for the initial nonsurgical breast prosthesis after a covered mastectomy.

Anti-Nausea Benefit - Pays for prescribed anti-nausea medication administered on an outpatient basis.

Waiver of Premium (primary insured only) - Pays premiums after disabled 90 days in a row due to cancer, for as long as disability lasts.

*Two or more surgeries done at the same time are considered one operation. The operation with the largest benefit will be paid. Outpatient is paid at 150% of the amount listed in the Schedule of Surgical Procedures.

ADDITIONAL BENEFITS

Cancer Initial Diagnosis - Pays a one-time benefit if diagnosed for the first time with cancer (except skin cancer).

Wellness - Pays each calendar year for one of the following: Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer) and PSA (prostate cancer); Bone Marrow Testing, Chest X-ray; Colonoscopy; Doppler screenings for carotids and peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemocult stool analysis; HPV Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; and Ultrasound screening for abdominal aortic aneurysms.

Intensive Care - Pays daily for Intensive Care Unit Confinements (up to 45 days for each stay), Step-down Intensive Care Unit Confinements (up to 45 days for each stay) and air or surface ambulance to a hospital intensive care unit.

CERTIFICATE SPECIFICATIONS

Eligibility - Coverage may include you, your spouse or domestic partner and children under age 26.

Termination of Coverage - (a) Coverage under the policy ends on the date the policy is canceled; the last day premium payments were made; the last day of active employment, unless coverage is continued due to Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence; the date you or your class is no longer eligible. (b) Spouse/domestic partner coverage ends upon divorce/termination of partnership. (c) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

Portability Privilege - Coverage may be continued under the Portability Provision when coverage under the policy ends.

LIMITS, EXCLUSIONS AND EXCEPTIONS

Pre-Existing Condition - (a) AB does not pay benefits for a pre-existing condition, during the 12-month period beginning on the date that person's coverage starts. (b) A pre-existing condition is a disease or condition for which symptoms existed within the 12-month period prior to the effective date; or (c) medical advice or treatment was recommended or received from a medical professional within the 12-month period prior to the effective date. (d) A pre-existing condition can exist even though a diagnosis has not yet been made.

Cancer and Specified Disease Benefits Exclusions and Limitations - (a) AB does not pay for any loss, except for losses due to cancer or a specified disease. (b) Benefits are not paid for conditions caused or aggravated by cancer or a specified disease.

Treatment and services must be needed due to cancer or a specified disease and be received in the United States or its territories.

For the Surgery, New or Experimental Treatment and Prosthesis benefits, AB pays 50% of the applicable maximum when specific charges are not obtainable as proof of loss.

For the Radiation/Chemotherapy for Cancer benefit AB does not pay for: (a) any other chemical substance which may be administered with or in conjunction with radiation/chemotherapy; or (b) treatment planning consultation; management; or the design and construction of treatment devices; or basic radiation dosimetry calculation; or any type of laboratory tests; X-ray or other imaging used for diagnosis or monitoring; or the diagnostic tests related to these treatments; or (c) any devices or supplies including intravenous solutions and needles related to these treatments.

Intensive Care Benefits Exclusions and Limitations - (a) Benefits are not paid for: (1) attempted suicide or intentional self-inflicted injury; (2) intoxication or being under the influence of drugs not prescribed by a physician; or (3) alcoholism or drug addiction. (b) Benefits are not paid for confinements to a care unit that does not qualify as a hospital intensive care unit including progressive care, subacute intensive care, intermediate care, private rooms with monitoring, step-down and other lesser care units. (c) Benefits are not paid for step-down confinements in the following units: telemetry or surgical recovery rooms; post-anesthesia care; progressive care; intermediate care; private monitored rooms; observation units in emergency rooms or outpatient surgery units; beds, wards, or private or semi-private rooms; emergency, labor or delivery rooms; or other facilities that do not meet the standards for a step-down hospital intensive care unit. (d) Benefits are not paid for continuous intensive care confinements occurring during a hospitalization prior to the effective date. (e) Children born within 10 months of the effective date are not covered for confinement occurring or beginning during the first 30 days of the child's life. (f) We do not pay for ambulance if paid under the cancer and specified disease ambulance benefit.

STATE VARIATIONS

Georgia (change affects page 4) - In the Intensive Care Exclusions and Limitations, item (e) is deleted.

Louisiana (change affects page 4) - Eligibility, item (a) has the following added: Coverage may also include your grandchildren in your legal custody.

Puerto Rico (changes affect page 4) - The Portability Privilege is replaced with: Conversion Privilege - Coverage may be converted to an individual policy when coverage under the group policy ends. Item (a) of the Pre-Existing Condition Limitation is replaced with: AB does not pay benefits for a pre-existing condition, during the 8-month period beginning on the date that person's coverage starts.

Texas (change affects page 4) - Eligibility, item (a) had the following added: Coverage may also include your dependent grandchildren living in your home and a legal ward.

This material is valid as long as information remains current, but in no event later than January 1, 2015. Group Cancer and Specified Disease benefits provided by policy GVCP3, or state variations thereof.

The policy is Limited Benefit Cancer and Specified Disease Insurance. This is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This brochure highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. The policy itself sets forth, in detail, the rights and obligations of both the policyholder (employer) and the insurance company. For complete details, contact your Insurance Agent, or call 1-800-521-3535. Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). This is a brief overview of the benefits available under the Group Voluntary Policy issued by Allstate Benefits. Details of the insurance, including exclusions, restrictions and other provisions are included in the certificates issued.

This brochure is for use in enrollments which are situated in: AL, AR, GA, LA, MS, PR, TX, VI



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation.
©2012 Allstate Insurance Company. www.allstate.com or allstateatwork.com.

group voluntary cancer

	LOW	HIGH
HOSPITAL AND RELATED BENEFITS		
Continuous Hospital Confinement (daily)	\$200	\$300
Government or Charity Hospital (daily)	\$200	\$300
Private Duty Nursing Services (daily)	\$200	\$300
Extended Care Facility (daily)	\$200	\$300
At Home Nursing (daily)	\$200	\$300
Hospice Care Center (daily)	1. \$200	1. \$300
Hospice Care Team (per visit)	2. \$200	2. \$300
RADIATION, CHEMOTHERAPY & RELATED BENEFITS		
Radiation/Chemotherapy for Cancer (every 12 mos.)	\$10,000 ⁷	\$10,000 ⁷
Blood, Plasma, and Platelets (every 12 mos.)	\$10,000 ⁸	\$10,000 ⁸
Medical Imaging (yearly)	\$500 ^{4,4}	\$500 ^{4,4}
Hematological Drugs (yearly)	\$200 ⁸	\$200 ⁸
SURGERY AND RELATED BENEFITS		
Surgery	\$3,000 ^{2,2}	\$4,500 ^{2,2}
Anesthesia (% of surgery)	25%	25%
Ambulatory Surgical Center (daily)	\$500	\$750
Second Opinion	\$400	\$600
Bone Marrow or Stem Cell Transplant	1. Autologous 2. Non-autologous 3. Non-autologous for leukemia	1. \$1,000 ⁸ 2. \$2,500 ⁸ 3. \$5,000 ⁸
MISCELLANEOUS BENEFITS		
Inpatient Drugs and Medicine (daily)	\$25	\$25
Physician's Attendance (daily)	\$50	\$50
Ambulance (per confinement)	\$100	\$100
Non-Local Transportation (per trip or mile)	Coach Fare or \$0.40	Coach Fare or \$0.40
Outpatient Lodging (daily)	\$50 ^{1,1}	\$50 ^{1,1}
Family Member Lodging (daily) and Transportation (per trip or mile)	\$50 ⁸ Coach Fare or \$0.40	\$50 ⁸ Coach Fare or \$0.40
Physical or Speech Therapy (daily)	\$50	\$50
New or Experimental Treatment (every 12 mos.)	\$5,000 ⁸	\$5,000 ⁸
Prosthesis	\$2,000 ^{8,3}	\$2,000 ^{8,3}
Hair Prosthesis (every 2 years)	\$25	\$25
Nonsurgical External Breast Prosthesis	\$50 ⁸	\$50 ⁸
Anti-Nausea Benefit (yearly)	\$200 ⁸	\$200 ⁸
Waiver of Premium (primary insured only)	Yes	Yes
ADDITIONAL BENEFITS		
Cancer Initial Diagnosis	\$2,000 ⁵	\$5,000 ⁵
Wellness (yearly)	\$100 ⁴	\$100 ⁴
Intensive Care	1. Intensive Care Confinement (daily) 2. Step-down Confinement (daily) 3. Air/Surface Ambulance	1. \$400 2. \$200 3. Charges

Listed to the left are benefit amounts associated with the benefits described in the brochure.

* Benefit pays for charges/costs up to amount listed
¹ Limit \$2,000/12 mo. period
² Based on procedure up to maximum shown
³ Per amputation
⁴ Payable once/per covered person/per calendar year
⁵ One time benefit

GROUP CANCER INSURANCE

Best in Benefits SeriesSM

ABJ20097-Insert-SCSE-BC



Benefits



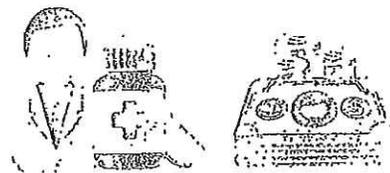
EMERGENCY

Don't wait for a sign...

Emergency situations come up at any time. A sickness or injury that leads to hospitalization, surgery or emergency treatment can be costly, especially if you are not financially prepared. Your current medical coverage will help pay for the associated expense, but won't cover all of the out-of-pocket expenses you may face. Don't wait until you are rushed by ambulance to the emergency room to realize you need more protection.

Budget friendly

Sometimes, receiving in- or out-of-the-hospital treatment can be difficult if money is tight. We can help by providing you with supplemental coverage that can fit your needs and work within your budget.



Let our supplemental insurance help you and your family cover expenses for sickness or injury treatments, if and when one occurs. It's the financially smart thing to do!

It's never too early to prepare for the future.

Rev. 4/14. This material is valid as long as information remains current, but in no event later than April 1, 2017. Group Supplemental Health benefits provided by policy GVSP1, or state variations thereof.

Coverage is provided by Limited Benefit Health Insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review the Medicare Supplement Buyer's Guide available from Allstate Benefits.

This brochure highlights some features of the policy but is not the insurance contract. For complete details, contact your Allstate Benefits agent. This is a brief overview of the benefits available under the Group Voluntary Policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions and other provisions are included in the certificates issued.

This coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

This brochure is for use in enrollments which are situated in: AL, AR, FL, GA, LA, MS, NM, PR, TX, VI



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL.), a subsidiary of The Allstate Corporation.
©2014 Allstate Insurance Company, www.allstate.com or allstatebenefits.com.

group supplemental health insurance

HOSPITALIZATION BENEFITS

Initial Hospital Confinement (daily, once per year)

Daily Hospital Confinement (daily)

Hospital Intensive Care (daily)

LOW PLAN	HIGH PLAN
\$250	\$500
\$100	\$200
\$100	\$200

SURGERY AND RELATED BENEFITS

Surgery (according to schedule)

Anesthesia (% of surgery)

Inpatient Physician's Treatment (daily)

LOW PLAN	HIGH PLAN
\$20-\$500	\$40-\$1,000
25%	25%
\$25	\$50

OUTPATIENT, NURSING, AND TRANSPORTATION BENEFITS

Outpatient Emergency Accident (daily)

Outpatient Physician's Treatment (daily)

At Home Nursing (daily)

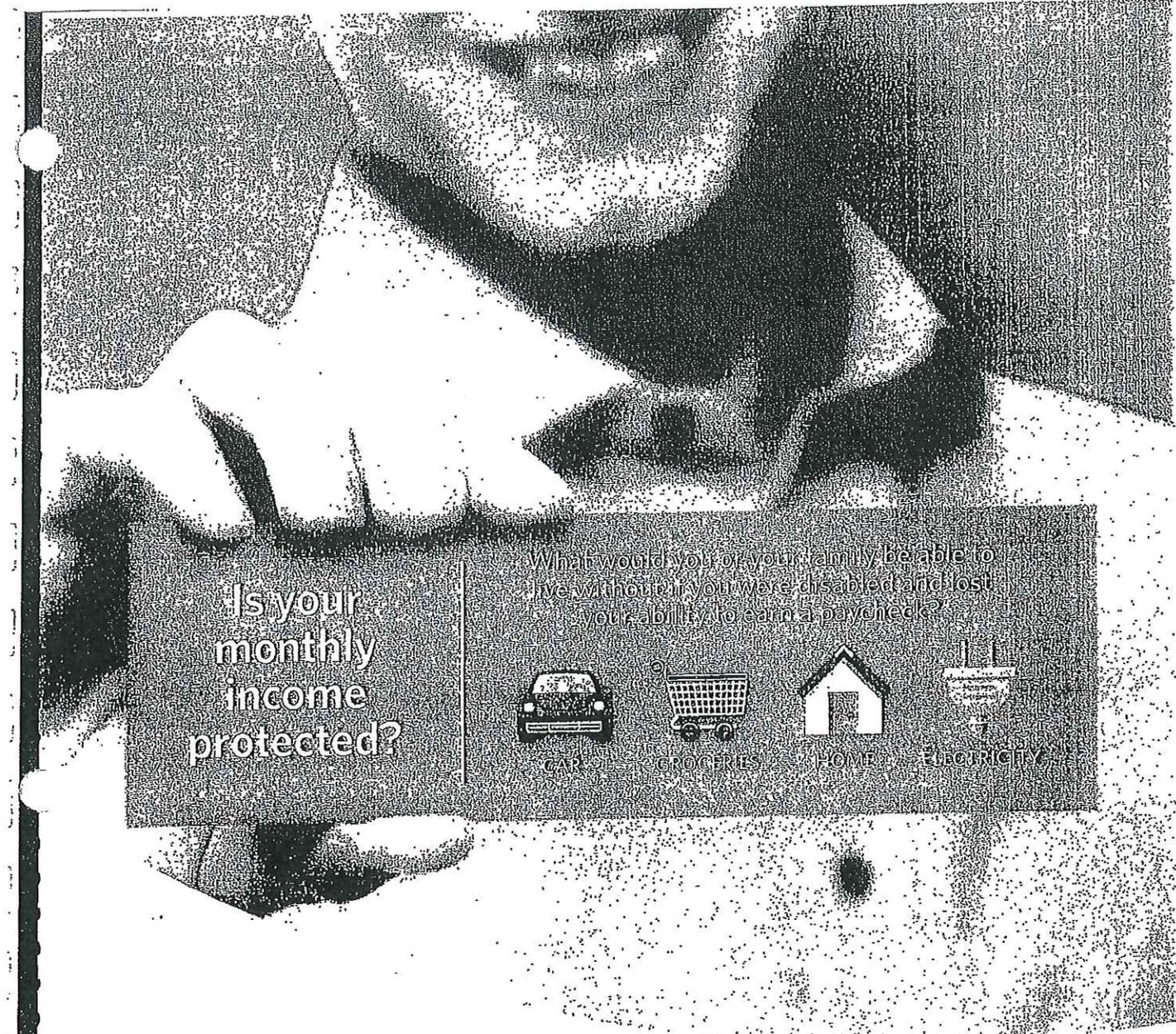
Ambulance 1. Surface Ambulance (daily)

2. Air Ambulance (daily)

Non-Local Transportation (daily)

LOW PLAN	HIGH PLAN
\$250	\$500
\$25	\$50
\$50	\$100
1. \$150	1. \$300
2. \$300	2. \$600
\$150	\$300





Is your
monthly
income
protected?

What would you or your family be able to
live without if you were disabled and lost
your ability to earn a paycheck?



GAS



GROCERIES



HOME



ELECTRICITY

New Generation

Group Disability Insurance

Provides monthly cash benefits to help you replace lost income
associated with a total disability

Group Disability coverage from Allstate Benefits provides a monthly cash benefit when you suffer
a sickness or off-the-job injury that leaves you disabled.

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER
DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM
BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE
EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER
THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE
WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE
REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED. - (TX only)



group disability insurance

You can't predict if or when you will become disabled in your lifetime. But you can plan for a disability by having coverage in place to help provide an income should you become totally disabled due to a sickness or injury and are unable to work. Our coverage can help provide a monthly income when it is needed most.

Disability benefits can offer peace of mind when a disability occurs. Below is an example of how benefits might be paid.*



Jane and John are offered disability coverage through their Employer Approved Plan

Jane chooses \$3,000 in disability coverage. Eight months later she suffers a disabling injury, is air lifted to the local hospital emergency room, hospitalized (3 days), and is disabled for 6 months.¹

John declines coverage. Six months later he suffers a disabling back injury, is rushed to the hospital by ambulance, treated, hospitalized (2 days), and is disabled for 4 months.¹

In addition to Jane's medical coverage our disability insurance provided the following:

Total Disability
Monthly Benefits: \$3,000



John does not have disability coverage. His medical coverage will pay for a portion of his hospital expenses, but his monthly expenses while out of work will be paid out of his own pocket.

Total Disability Monthly Benefits: \$0

*The example shown may vary from the plan your employer is offering. Your individual experience may also vary.

¹This example assumes that Jane and John have medical insurance and did not receive disability income from other sources during the same time period.

meeting your needs

Our coverage offers support during a period of sickness or an off-the-job injury.

- Choose a monthly benefit ranging from \$400 to the guaranteed issue benefit**, up to 60%*** of income
- Pregnancy is covered like any other sickness if you first meet the total disability definition after your coverage is in force for at least 9 months
- Benefits start the first day after the Elimination Period, when you are totally disabled and cannot work

your benefit coverage

Terms and conditions for each benefit will vary. Please review your coverage carefully.

Total Disability - Pays when totally disabled. Monthly benefit starts after the waiting period has been satisfied. Disability must begin while actively at work. Benefits continue while totally disabled up to the maximum benefit period.

Partial Disability - Pays 50% of the monthly benefit when partially disabled immediately after at least one month of total disability. Payments continue while partially disabled for up to 3 months, but not beyond the maximum benefit period.

Concurrent Disability - Pays one monthly benefit even if you are disabled due to more than one cause. Being disabled due to more than one cause will not extend the time benefits are paid.

Recurrent Disability - Pays when disabled from the same or related cause within 6 months without a new waiting period or maximum benefit period.

Pregnancy - Pays for a pregnancy if total disability first begins after the certificate has been in force for at least 9 months.

Organ Donor - Pays if totally or partially disabled due to you serving as an organ donor to someone else in an organ transplant procedure.

Waiver of Premium - Pays the premium after monthly disability benefits are payable for 30 days in a row, for as long as monthly benefits are payable.

** You must apply for coverage during your initial enrollment period to be eligible. If enrolling after your enrollment period evidence of insurability will be required.

*** May be less depending on state.

A car accident happens



You are seen by a Doctor.



Diagnosed as totally disabled.



Coverage pays benefit monthly.

RIDER BENEFITS

Return of Premium Due to Layoff - Provides a refund of premiums if you lose your job due to a layoff during the first 6 months of coverage as long as you did not have any claims during that time. Coverage is then void from the beginning.

Family Medical Leave and Doula Services - Pays a benefit if you take leave to give full-time care for a family member or for your own health condition. Leave must be for at least 7 days in a row and up to 12 weeks a year.

SURVIVOR AND ACCIDENT

Survivor Death Benefit - Pays a benefit equal to 3 times your monthly disability benefit if you die while receiving disability benefits for a sickness or you die within 180 days from an accident.

Allstate Auto Benefit - Pays a benefit equal to one monthly disability benefit if you receive a disability benefit for an accident in a vehicle insured by an Allstate auto policy. The disability must start within 180 days of the accident.

COVERAGE SPECIFICATION

Please read your certificate carefully. This section explains some specifics of your coverage.

When Coverage Ends - Coverage ends when the policy is canceled, premium payments stop, or you or your class is no longer eligible; unless coverage is continued through Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence.

How We Calculate Your Monthly Benefit - (1) Multiply your monthly earnings by 60%. (2) Subtract deductible sources of income from item 1. (3) Determine the lesser of item 2 and the maximum monthly benefit amount issued to you. (4) We pay the greater of item 3 or \$100.

Deductible Sources of Income - The amount you receive, or are eligible to receive, as disability income payments under any: (1) individual disability income policies; (2) other group insurance coverage; (3) paid time off; (4) salary continuation; (5) sick leave; or (6) state or federal disability benefits.

Pre-Existing Condition Limitation - We do not pay benefits for disability that starts within 12 months of your effective date from a pre-existing condition. You have a pre-existing condition if: (a) your disability began during the 12 months after the effective date of coverage; and (b) you received medical treatment, consultation, care or services, including diagnostic measures, took prescribed or over the counter medications or followed treatment recommendations in the 12 months prior to the effective date of coverage, or the date an increase in benefits would be effective; or (c) symptoms existed in the 12 months prior to the effective date, or the date an increase in benefits would be effective.

Exclusions - (a) We do not pay benefits for: (1) war, participation in a riot, insurrection or rebellion; (2) illegal activities or participation in an illegal occupation; (3) intentionally self-inflicted injury or action; (4) participation in aeronautics except as a fare paying passenger in a licensed common carrier aircraft; (5) voluntarily inhaling gas or fumes; (6) cosmetic surgery (complications are covered); (7) pre-existing conditions during the first 12 months of coverage; or (8) occupational sickness or injury. (b) We do not pay for disability during incarceration.

Family Medical Leave and Doula Services Exclusion - Not payable if you are eligible for or receiving disability benefits under the certificate.

DEFINITIONS

Total Disability - When, because of sickness or injury, you are: (1) unable to perform the material and substantial duties of your own occupation; and (2) under the regular care of a doctor; and (3) not working in any job for wage or profit.

Partial Disability - When, because of sickness or an injury, you are: (1) unable to perform the material and substantial duties of your own occupation on a full-time basis, but are able to work part-time; and (2) under the regular care of a doctor.

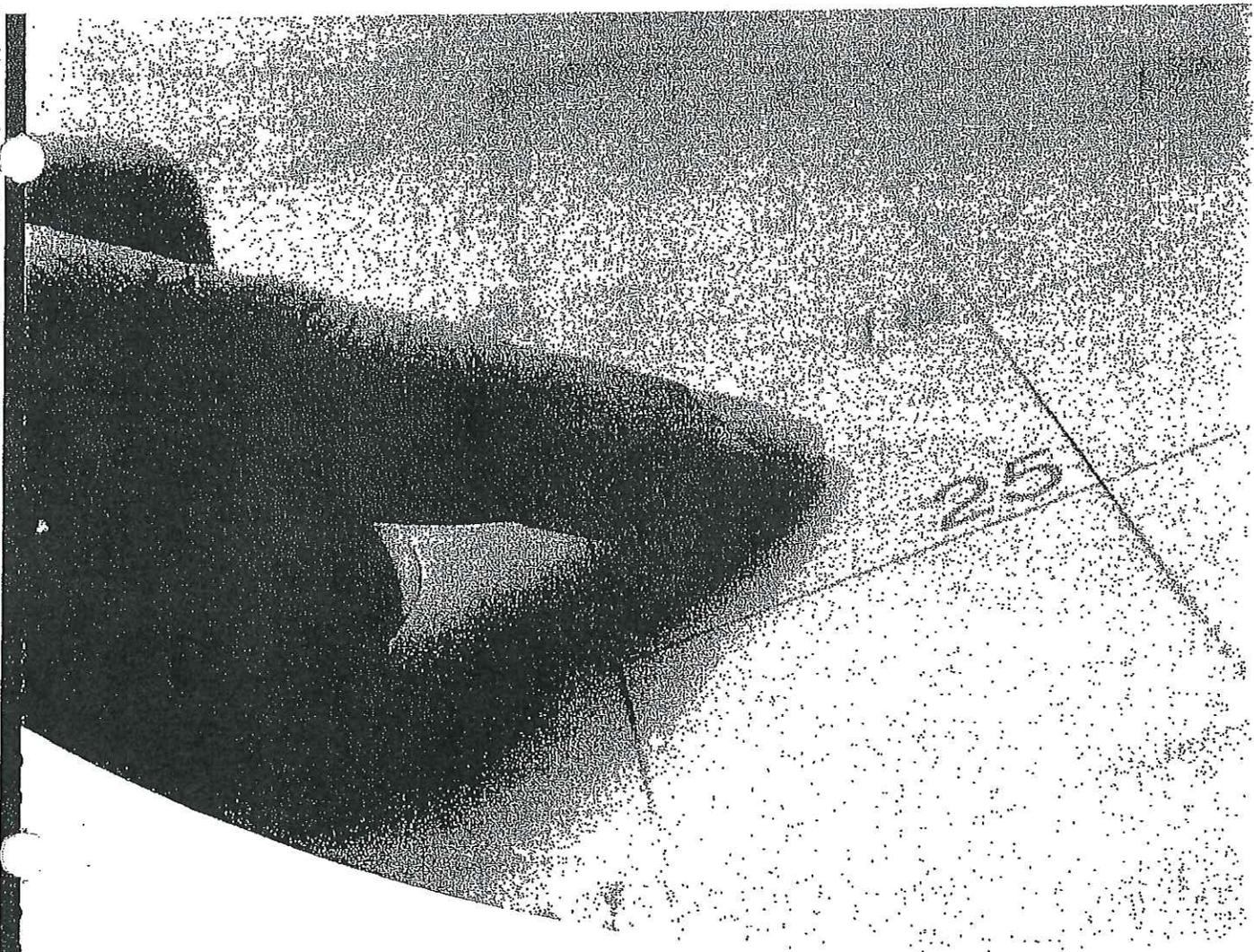
Elimination Period - A period of continuous total disability which must be satisfied before you are eligible to receive benefits.

Own Occupation - The occupation you are performing when a period of disability begins.

STATE VARIATIONS

Louisiana (change affects page 2) - The Pregnancy Benefit is replaced with: Pregnancy - Pays for total disability for pregnancy the same as any other disability.

New Mexico (change affects page 3) - The Deductible Sources of Income paragraph is replaced with: The amount that you receive as disability income payments under any: (1) individual disability income policies; (2) other group insurance coverage; (3) paid time off; (4) salary continuation; (5) sick leave; or (6) state or federal disability benefits.



Some things can't be marked on the calendar

Like the day an accidental injury or sickness leaves you disabled. You cannot predict the day an injury or sickness will occur, but you can be financially prepared.

Thinking ahead

Undergoing a period of physical disability can present a great financial challenge to your family. Often, it means the loss of an income for a period of time; that's where we can help. Our disability coverage will add that extra peace of mind by providing a monthly cash benefit that can help you pay your bills, your mortgage, or any other day-to-day living expense you may have, until you get back on your feet. Stay ahead of life's calendar!



Disability insurance can help you or your family cover expenses if the unexpected happens. It's never too early to prepare for the future.

Rev. 1/14. This material is valid as long as information remains current, but in no event later than January 15, 2017. Group Voluntary Disability Income benefits provided by policy GVDIP, or state variations thereof. Rider benefits provided by rider forms GROPR, FMDR1, and SADR1, or state variations thereof.

This brochure highlights some features of the policy but is not the insurance contract. For complete details, contact your Insurance Agent. This is a brief overview of the benefits available under the Group Voluntary Policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions and other provisions are included in the certificates issued.

This brochure is for use in: AL, AR, LA, MS, NM, TX



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation.
©2014 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.



What can living with a critical illness mean to you?

Daily out-of-pocket expenses for fighting the disease while still paying your bills!



GROCERIES



CAR



HOME



PRESCRIPTIONS

Group Critical Illness Insurance

Provides lump-sum cash benefits that can help with daily expenses

Group voluntary critical illness coverage from Allstate Benefits pays a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with a critical illness.

THE POLICY IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATION THAT MUST BE FILED AND POSTED - TX only.

ABJ25086-1



Allstate.
BENEFITS

Page 1 of 6 (E2)

group critical illness

No one knows what lies ahead on the road through life. Will you be diagnosed with cancer? Will you suffer a stroke, heart attack or the complete loss of hearing? The signs pointing to a critical illness are not always clear and may not be preventable, but our coverage can help offer financial protection in the event you are diagnosed.

Critical illness coverage can help offer peace of mind when a critical illness diagnosis occurs. Below is an example of how benefits might be paid.¹



The employee chooses benefit coverage under his **Employer Approved Plan.**



Three months after his annual wellness exam, the employee suffers a heart attack and is hospitalized for three days.

The employee continues to receive annual wellness exams. Three years later the employee is diagnosed with cancer and is hospitalized for three days. The employee is expected to make a full recovery.

Four months later the employee has another heart attack, is admitted to the hospital for three days and undergoes coronary artery bypass surgery.

Our Critical Illness Insurance policy provided the following:

Wellness	\$ 400
Cancer	\$ 10,000
Heart Attack	\$ 10,000
Second Event	\$ 10,000
Bypass Surgery	\$ 2,500
Total Benefits	\$ 32,900

¹The example shown may vary from the plan your employer is offering. Your individual experience may also vary.

meeting your needs

Our critical illness coverage helps offer financial support should a covered illness be diagnosed.

- Guaranteed issue amounts available — which means no evidence of insurability required at initial enrollment*
- 4 Benefit Categories plus an Additional Wellness Benefit
- Benefits paid directly to you
- Coverage supplements your existing medical benefits
- Covered dependents receive 50% of your basic-benefit amount
- Premiums are affordable
- Continuation of coverage

*Enrolling after your initial enrollment period requires evidence of insurability.

your benefit coverage

A percentage of the basic-benefit amount is payable for each covered person in the Initial Critical Illness benefits, Cancer Critical Illness benefits, Second Event benefits, Supplemental Critical Illness benefits, and an Additional benefit. Benefit amounts are shown on pages 2a and/or 2b. See pages 3 and 4 for terms and conditions and page 4 for state variations.

INITIAL CRITICAL ILLNESS BENEFITS

Heart Attack (100%) - Pays a benefit when you have a heart attack. (A cardiac arrest is not a heart attack, and is not covered by this benefit.)

Stroke (100%) - Pays a benefit when you have a stroke.

Coronary Artery Bypass Surgery (25%) - Pays a benefit when you have coronary artery bypass surgery.

Major Organ Transplant (100%) - Pays a benefit when you have a heart, lung, liver, pancreas or kidney transplant (must be a human donor).

End Stage Renal Failure (100%) - Pays a benefit when you have peritoneal dialysis or hemodialysis.

Waiver of Premium (Employee only) - Pays your premium if you are disabled for 90 days in a row, due to a critical illness, as long as the disability lasts, up to 2 years.

Wellness tests
annually



A doctor visit
is scheduled



Tests are run and
results received



You get \$100
cash benefit

CANCER CRITICAL ILLNESS BENEFITS

Invasive Cancer (100%) - Pays a benefit when you are diagnosed with invasive cancer (includes Leukemia and Lymphoma).

Carcinoma in Situ (25%) - Pays a benefit when you are diagnosed with cancer in situ.

SECOND EVENT BENEFITS

Second Event Initial Critical Illness Benefit - Pays a benefit when you are diagnosed for the second time with a previously paid Initial Critical Illness Benefit.

Second Event Cancer Critical Illness Benefit - Pays a benefit when you are diagnosed for the second time with a previously paid Cancer Critical Illness Benefit.

SUPPLEMENTAL CRITICAL ILLNESS BENEFITS II

Advanced Alzheimer's Disease (25%) - Pays a benefit when you are diagnosed with Alzheimer's by a psychiatrist or neurologist.

Advanced Parkinson's Disease (25%) - Pays a benefit when you are diagnosed with Parkinson's by a psychiatrist or neurologist.

Benign Brain Tumor (100%) - Pays a benefit when you are diagnosed with a brain tumor by biopsy, surgery or examination.

Coma (100%) - Pays a benefit when you are unconscious more than 14 consecutive days, due to sickness or brain injury (a medically induced coma is not covered).

Complete Blindness (100%) - Pays a benefit when you are diagnosed with irreversible loss of sight in both eyes by an ophthalmologist.

Complete Loss of Hearing (100%) - Pays a benefit when you are diagnosed with total and irreversible loss of hearing in both ears.

Paralysis (100%) - Pays a benefit when you suffer a complete and permanent loss of use of two or more limbs.

ADDITIONAL BENEFIT

Wellness Benefit - Pays a benefit annually when you receive one of the following:

- Biopsy for skin cancer
- Blood test for triglycerides
- Bone Marrow Testing
- CA15-3, CA125, CEA and PSA (blood tests for breast, ovarian, colon and prostate cancer)
- Chest X-ray
- Colonoscopy
- Doppler screenings for carotids and peripheral vascular disease
- Echocardiogram
- EKG (Electrocardiogram)
- Flexible sigmoidoscopy
- Hemocult stool analysis
- HPV Vaccination (Human Papillomavirus)
- Lipid panel (total cholesterol count)
- Mammography, including Breast Ultrasound
- Pap Smear, including ThinPrep Pap Test
- Serum Protein Electrophoresis (test for myeloma)
- Stress test on bike or treadmill
- Thermography
- Ultrasound screening for abdominal aortic aneurysms

CERTIFICATE SPECIFICATIONS

Your Eligibility - Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

Dependent Eligibility/Termination - (a) Family members eligible for coverage are your spouse or domestic partner and children. (b) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. (c) Spouse coverage ends upon valid decree of divorce or your death. (d) Domestic partner coverage ends when the domestic partnership ends or your death.

Termination of Coverage - Your coverage under the policy ends at the earliest of: the policy is canceled, you stop paying your premium, last day of active employment, you are no longer eligible, a false claim is filed, or when all critical illness benefits have been paid.

Continuation of Coverage - You may be eligible to continue your coverage when coverage under the policy ends. Details of your options are explained in the Continuation provision in your certificate of coverage.

BENEFIT CONDITIONS

Benefits are not payable for any critical illness diagnosed prior to the effective date. Benefits are also subject to the Pre-Existing Condition Limitation, as well as all other limitations and exclusions. All critical illnesses must meet the definitions and dates of diagnoses stated in the policy and be diagnosed by a physician while coverage is in effect. The date of diagnosis for each illness must be separated by 90 days. Emergency situations while you are outside the U.S. will be considered when you return to the U.S.

Pre-Existing Condition Limitation - (a) We do not pay benefits for a critical illness that is, caused by, contributed to by or results from, a pre-existing condition when the date of diagnosis is within 12 months after the effective date of coverage. (b) A pre-existing condition is a condition, whether diagnosed or not, for which symptoms existed within the 12-month period prior to the effective date; or (c) medical advice or treatment was recommended or received from a medical professional within 12 months prior to the effective date.

Exclusions and Limitations - We do not pay benefits for: (a) war, participation in a riot, insurrection or rebellion; (b) intentionally self-inflicted injury or action; (c) illegal activities or occupations; (d) suicide while sane, or self-destruction while insane, or any attempt at either; or (e) substance abuse, including alcohol, alcoholism, drug addiction, or dependence upon any controlled substance.

Stroke Exclusions - Does not include: Transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits.

Coronary Artery Bypass Surgery Exclusions - Does not include: abdominal aortic bypass, balloon angioplasty, laser embolectomy, atherectomy, stent placement, or other non-surgical procedures.

Invasive Cancer Exclusions - Does not include: carcinoma in situ, tumors related to HIV, non-invasive or metastasized skin cancer, or early prostate cancer.

Carcinoma in Situ Exclusions - Does not include: other skin malignancies, pre-malignant lesions (such as intraepithelial neoplasia), or benign tumors or polyps.

Second Event Initial Critical Illness Benefit Conditions - There must be at least 12 months between each diagnosis. A covered person can receive a Second Event Benefit only once for each initial critical illness.

Second Event Cancer Critical Illness Benefit Conditions - There must be at least 12 months between each diagnosis. Not payable if the covered person receives treatment during that 12-month period. "Treatment" does not include maintenance drug therapy or routine follow-up office visits. A covered person can receive the benefit only once for each cancer critical illness.

Advanced Alzheimer's Disease Conditions - Must have impaired memory and judgement, and be unable to perform 3 or more daily activities.*

Advanced Parkinson's Disease Conditions - Must have 2 or more physical signs and be unable to perform 3 or more daily activities.*

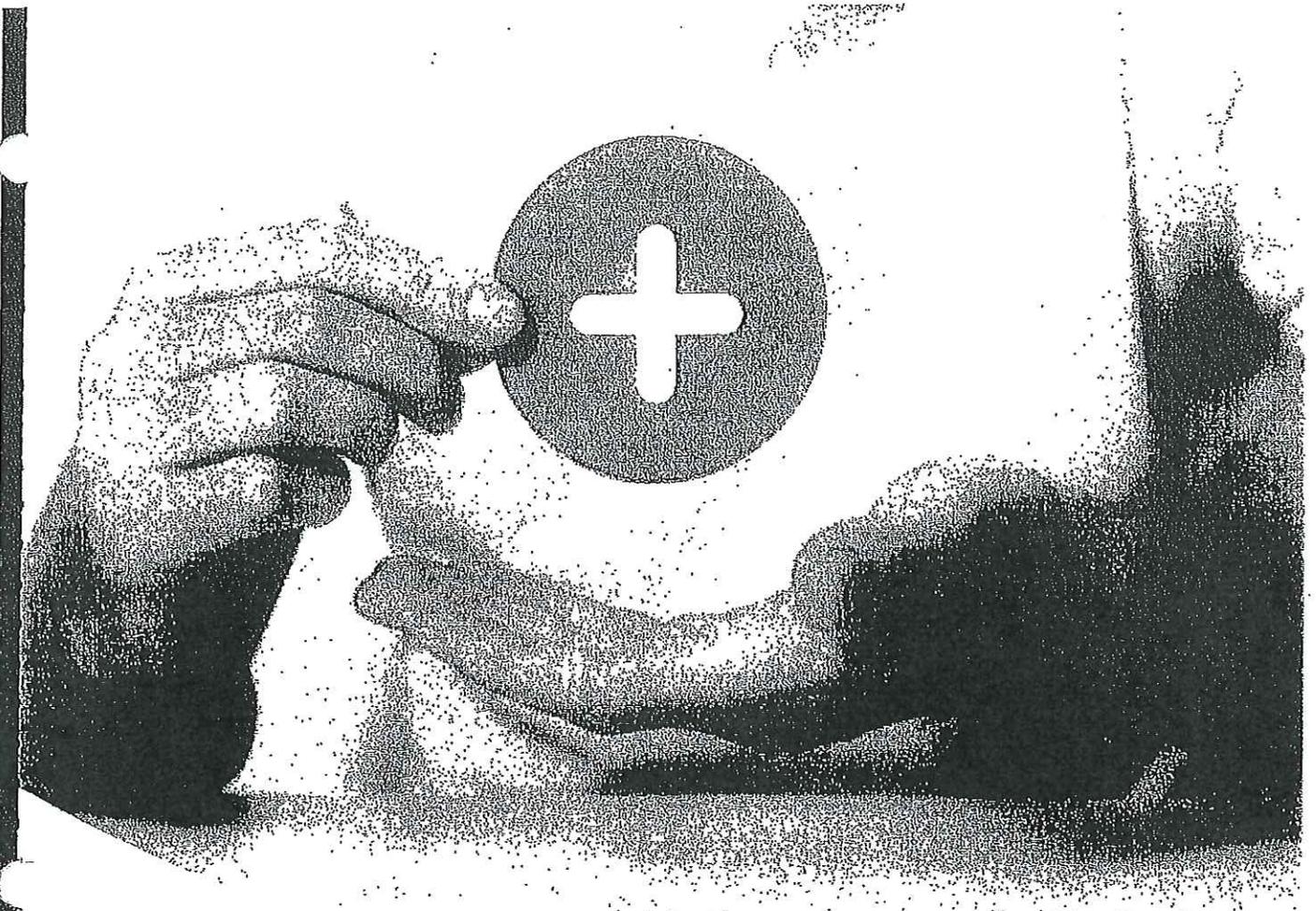
*Daily activities are: bathing, dressing, toileting, continence, transferring and eating.

Benign Brain Tumor Exclusions - Does not include: tumors of the skull, pituitary adenomas, or meningiomas.

STATE VARIATIONS

Georgia (changes affect pages 3 and 4) - The Paralysis benefit is only payable if it is the result of an accident and/or sickness. The Pre-Existing Condition Limitation is deleted and replaced with the Benefit Waiting Period Limitation - (a) We do not pay benefits for a critical illness that occurs during the first 30 days following the date the covered person became insured. (b) If a diagnosis occurs during the Benefit Waiting Period the following options are available: 1. Return the coverage for a full refund, or 2. Continue coverage and receive benefits for one of the other specified critical illnesses listed in the policy. The Basic Benefit Amount Limitation has been added and states: The basic-benefit amounts paid for all critical illnesses combined will never exceed \$250,000 for each covered person. In the Termination of Coverage paragraph, the following has been added: or the date you request to discontinue coverage.

Texas (changes affect page 4) - In the Exclusions and Limitations paragraph, item (a) is replaced with: war during military service, or participation in a riot, insurrection or rebellion; item (c) is replaced with: illegal activities or committing or attempting to commit a felony.

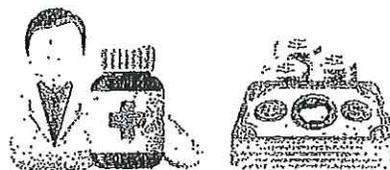


Don't wait for a sign...

There are different signs that doctors look for when diagnosing critical illnesses. Being diagnosed with a critical illness can be one of the most frightening experiences anyone has to face, especially if you are unprepared. Don't wait before you start thinking about the future of your finances. You can rely on our Critical Illness Insurance to help give you peace of mind so you can cope with the challenges of treatment.

Budget friendly

Sometimes, undergoing expensive treatments for a critical illness is difficult if your money is tight. That's where we can help. Our supplemental benefit coverage pays in addition to your major medical insurance to help provide additional dollars that may be used to cover your out-of-pocket expenses.



Let our supplemental insurance help you and your family cover expenses for a critical illness, if and when one occurs. It's the financially smart thing to do.

It's never too early to prepare for the future.

Rev. 3/14. This material is valid as long as information remains current, but in no event later than March 15, 2017. Group Critical Illness benefits provided by policy form GVCIP2, or state variations thereof.

Coverage is provided by Limited Benefit Critical Illness Insurance. The policy does not provide benefits for any other sickness or condition. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This brochure highlights some features of the policy but is not the insurance contract. For complete details, contact your Allstate Benefits Agent. This is a brief overview of the benefits available under the Group Voluntary Policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions and other provisions are included in the certificates issued.

This coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

This brochure is for use in enrollments situated in the following states: AL, AR, GA, LA, MS, NM, TX, VI



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation.

©2014 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.

group voluntary critical illness benefit amounts

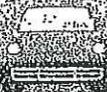
INITIAL CRITICAL ILLNESS BENEFITS	LOW	HIGH
Heart Attack (100%)	\$10,000	\$20,000
Stroke (100%)	\$10,000	\$20,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000
Major Organ Transplant (100%)	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$20,000
Waiver of Premium (employee only)	Yes	Yes
CANCER CRITICAL ILLNESS BENEFITS		
Invasive Cancer (100%)	\$10,000	\$20,000
Carcinoma in Situ (25%)	\$2,500	\$5,000
SECOND EVENT BENEFITS		
Second Event Initial Critical Illness Benefit ¹	Yes	Yes
Second Event Cancer Critical Illness Benefit ²	Yes	Yes
SUPPLEMENTAL CRITICAL ILLNESS BENEFITS II		
Advanced Alzheimer's Disease (25%)	\$2,500	\$5,000
Advanced Parkinson's Disease (25%)	\$2,500	\$5,000
Benign Brain Tumor (100%)	\$10,000	\$20,000
Coma (100%)	\$10,000	\$20,000
Complete Blindness (100%)	\$10,000	\$20,000
Complete Loss of Hearing (100%)	\$10,000	\$20,000
Paralysis (100%)	\$10,000	\$20,000
ADDITIONAL BENEFIT		
Wellness Benefit (per year)	\$100	\$100

¹Pays same amount as Initial Critical Illness Benefit ²Pays same amount as Cancer Critical Illness Benefit



What if you
or a family
member were
hospitalized
tomorrow...

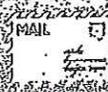
could you pay for your out-of-pocket treatment
expenses, plus cover daily living expenses?



CAR



GROCERIES



BILLS



PRESCRIPTIONS

Group Supplemental Health Insurance

Supplements existing medical coverage with cash benefits to help you pay for out-of-pocket hospital expenses

Group voluntary supplemental health plan from Allstate Benefits provides cash benefits for hospitalization, surgery, outpatient, nursing and transportation related expenses, and can help cover them as they happen.

THE POLICY IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATION THAT MUST BE FILED AND POSTED - TX only.



group supplemental health insurance

Having to undergo in- or out-of-hospital treatments can be financially difficult if money is tight and you are not prepared. But having the right coverage in place to help when a sickness or injury occurs can help eliminate your financial concerns and provide support at a time when it is needed most.

Our coverage helps offer peace of mind when a hospitalization occurs. Below is an example of how benefits are paid in the event you or a covered family member are hospitalized.*



Jane chooses benefit coverage under her Employer Approved Plan



Three years later, Jane's on a summer cycling vacation when she falls and breaks her foot in four places. She suffers bruising and swelling of her head and left leg.

Jane is taken by ambulance to the nearest hospital emergency room where she is admitted to the hospital.

Jane undergoes surgery on her foot, is given anesthesia and is visited by a doctor during a two-day hospital stay. Jane is released and the doctor prescribes medications to aid in her recovery and help with her pain. She has two follow-up visits with her regular doctor to assure her recovery is going as expected.

Jane's coverage provided the following benefits:

Ambulance Service	\$ 165.00
Initial Hospital Confinement	\$ 275.00
Hospital Confinement	\$ 220.00
Surgery	\$ 126.50
Anesthesia	\$ 31.50
Inpatient Doctor Visits	\$ 55.00
Outpatient Doctor Visits	\$ 55.00
Total Benefits:	\$928.00

*The example shown may vary from the plan your employer is offering. Your individual experience may also vary.

meeting your needs

Our supplemental health options plan can help offer you and your family financial support if you have in- or out-of-hospital treatment.

- Includes benefits for hospitalization, surgery, outpatient, nursing, and transportation
- Benefits paid regardless of any other coverage
- Benefits paid directly to you unless assigned elsewhere
- Coverage for Employee, Employee + Spouse, Employee + Child(ren) or Family

benefit coverage highlights

Benefits are paid when recommended by a physician for sickness or injury. These benefits increase by 5%** after the first coverage year and each coverage year thereafter, for the next 5 years. Treatment must be received in the United States or its territories. Benefit amounts are shown on pages 2a and/or 2b.

HOSPITALIZATION BENEFITS

Initial Hospitalization Confinement - Pays a benefit for the first hospital confinement during the year, when a benefit is paid under Daily Hospital Confinement. Payable once each year per person.

Daily Hospital Confinement - Pays a daily benefit for an inpatient hospital stay. Maximum of 180 days each continuous confinement.

Hospital Intensive Care - Pays a daily benefit for an intensive care unit stay and in addition to the Daily Hospital Confinement. Maximum of 60 days each continuous intensive care confinement.

SURGERY AND RELATED BENEFITS

Surgery - Pays a benefit for covered surgery. Amount paid depends on the type of surgery.

Anesthesia - Pays a benefit for anesthesia received during a covered surgery.

Inpatient Physician's Treatment - Pays a daily benefit for physician services if hospital confined and is payable for the same number of days as the Daily Hospital Confinement.

**The benefit amounts in coverage years 6 and later are 125% of the initial benefit amounts stated on page 2a and 2b

Admitted to the
hospital



A doctor visits
you daily



Surgery is
performed



You get paid
cash benefits

OUTPATIENT, NURSING, AND TRANSPORTATION BENEFITS

Outpatient Emergency Accident - Pays a benefit for emergency center treatment if injured. Pays 2 times each year per person.

Outpatient Physician's Treatment - Pays a benefit for physician treatment outside a hospital for any cause. Maximum of 5 days each year for Individual, 10 days for Individual and Spouse or Individual and Children, and 15 days for Family coverage.

At Home Nursing - Pays a benefit for daily care, within 60 days after hospital confinement. Pays up to 30 days.

Ambulance Services - Pays a benefit for transport to an emergency treatment center or hospital by licensed ambulance. Maximum of 3 days each year per person.

Non-Local Transportation - Pays a benefit for transportation when treatment is not available locally. Maximum of 3 days each year per person.

CERTIFICATE SPECIFICATIONS

Eligibility/Termination - (a) Coverage may include you, your spouse and children. (b) Coverage under the policy ends on the date the policy is canceled; the last day premium payments were made; the last day of active employment, except as provided under the Employer's Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence provision; the date you or your class are no longer eligible. (c) Spouse coverage ends upon valid decree of divorce or your death. (d) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

LIMITATIONS AND EXCLUSIONS

Initial Hospitalization Confinement Exclusion - Benefit is not paid for normal pregnancy or complications of pregnancy, or for a newborn child's initial hospitalization after birth. A newborn child's initial hospitalization includes any transfers to another hospital before the child is discharged home.

Hospital Intensive Care Exclusion - We do not pay any benefits under the hospital intensive-care unit benefit for confinement in any care unit that does not qualify as a hospital intensive-care unit. Progressive care, sub-acute intensive care, intermediate care or step down units, private rooms with monitoring or any other lesser care treatment units do not qualify.

Pre-Existing Condition - We do not pay benefits due to a pre-existing condition, if the loss occurs during the first 12 months of coverage. A pre-existing condition is a condition for which: symptoms existed within the 12-month period prior to the effective date, or medical advice or treatment was recommended or received from a medical professional within the 12-month period prior to the effective date. A pre-existing condition can exist even though a diagnosis has not yet been made.

Supplemental Health Limitations and Exclusions - We do not pay benefits for: (a) injury or sickness incurred before the effective date; or (b) any act of war or participation in a riot, insurrection or rebellion; or (c) suicide or any attempt at suicide; or (d) being under the influence of alcohol or narcotics, unless taken on the advice of a physician; or (e) participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; or (f) committing or attempting an assault or felony; or (g) cosmetic dental or plastic surgery, except when required to correct a disorder; or (h) alcoholism or drug addiction or dependence upon any controlled substance; or (i) mental or nervous disorders; or (j) self-inflicted injuries; or (k) a newborn child's routine nursing or well baby care during initial hospital confinement; or (l) childbirth within the first 10 months of the effective date (complications of pregnancy are covered the same as sickness); or (m) hospitalization beginning before the effective date; or (n) reversal of tubal ligation or vasectomy; or (o) artificial insemination; in vitro fertilization and test tube fertilization (including testing, medications and doctor services) unless required by law; or (p) routine eye exams or fittings; or (q) hearing aids or fittings; or (r) dental exams and care unless from an accident; or (s) driving in any organized or scheduled race or speed test or testing any vehicle on any race track or speedway.

STATE VARIATIONS

Alabama (change affects page 3) - In the Supplemental Health Limitations and Exclusions, item (d) is replaced with: being intoxicated as defined where the injury took place.

Arkansas (changes affect page 3) - The Initial Hospitalization Confinement Exclusion is deleted. In the Supplemental Health Limitations and Exclusions, item (k) is replaced with: a newborn child's routine nursing or routine well baby care while hospital confined, except for up to 5 full days in a hospital nursery or until the mother is discharged from the hospital following childbirth, whichever is sooner.

Louisiana (changes affect page 3) - In Eligibility/Termination, references to children include grandchildren in your custody. In the Supplemental Health Limitations and Exclusions, item (d) is replaced with: as a result of being intoxicated or under the influence of narcotics unless taken on the advice of a physician.

Puerto Rico (change affects page 3) - The Outpatient Emergency Accident description is replaced with: Pays a benefit for services provided in a hospital emergency room within 24 hours of an accident (45 days for surgery). Maximum 2 days each year per person. Limited to amount not paid under a health or medical plan.

Texas (changes affect pages 2 and 3) - The last sentence of the Daily Hospital Confinement benefit is replaced with: Maximum of 180 days each continuous confinement in the United States except in the case of an emergency. In Eligibility/Termination, references to children include dependent grandchildren. In the Supplemental Health Limitations and Exclusions paragraph, item (b) is replaced with: any act of war during military service, or participation in a riot, insurrection or rebellion; item (d) is replaced with: as a result of being intoxicated or under the influence of narcotics, unless taken on the advice of a physician; item (f) is replaced with: committing or attempting a felony; item (s) is deleted.



CITY OF EDINBURG 2015 — PROPOSED RATES ***

#1 in Voluntary Benefits 2012, 2014 - LIMRA

Accident (GVAP1)			Semi-monthly Rates ^B	
Plan Design	EE	EE + SP	EE + CH	F
Basic	\$9.01	\$16.94	\$18.43	\$22.44
Enhanced	\$11.08	\$21.04	\$22.66	\$27.35

*** On & Off the Job, 2 Wellness (no wait), 2 follow up office visits/injury, One Job Class, Ages 18+

Cancer (GVCP3)			Semi-monthly Rates ^B	
Plan Design	EE	EE + SP	EE + CH	F
Basic	\$12.19	\$19.04	\$17.05	\$23.89
Enhanced	\$15.77	\$24.83	\$22.36	\$31.41
For Use w/ CI	\$9.73	\$14.13	\$14.83	\$19.22

*** Intensive Care Rider (any reason), \$100 Wellness, Initial Diagnosis, New or Experimental.

Hospitalization (GVSHOP)		Enhanced		
Ages	EE	EE + SP	EE + CH	F
18-35	\$21.34	\$40.86	\$35.88	\$54.29
36-49	\$24.85	\$47.71	\$41.16	\$62.85
50-59	\$30.42	\$59.86	\$47.23	\$75.37
60-64	\$39.78	\$79.56	\$57.07	\$95.33
65+	\$52.39	\$104.75	\$71.28	\$121.89

***Rates lock at issue age

Disability - STD (GVDI)	3 month Benefit, 0/7/Elm					
	\$500	\$600	\$700	\$800	\$900	\$1000
18-49	\$5.33	\$6.39	\$7.45	\$8.51	\$9.58	\$10.64
50-59	\$7.52	\$9.03	\$10.53	\$12.03	\$13.54	\$15.04
60-64	\$10.02	\$12.02	\$14.04	\$16.04	\$18.04	\$20.05
65-69	\$12.19	\$14.63	\$17.08	\$19.52	\$21.95	\$24.39
70+	\$14.32	\$17.19	\$20.05	\$22.92	\$25.78	\$28.65

***Rates lock at issue age

Critical Illness (GVCI12)	\$10,000 non-tobacco			
	EE	EE + SP	EE + CH	F
18-29	\$4.81	\$8.58	\$4.81	\$8.58
30-39	\$6.80	\$11.57	\$6.80	\$11.57
40-49	\$10.57	\$17.23	\$10.57	\$17.23
50-59	\$16.90	\$26.74	\$16.90	\$26.74
60-63	\$25.38	\$40.34	\$25.38	\$40.34
64+	\$33.00	\$50.87	\$33.00	\$50.87

***Rates lock at issue age

***Note that these proposed rates should be finalized with appropriate brochures and group acceptance form ABJ4040.