



2019 Plan Year Benefit Booklet

Contents

JPPSS Open Enrollment Letter	4
JPPSS Welcome to Open Enrollment	5
JPPSS Voluntary Retirement Plans	8
Colonial Life Contacts	9
JPPS Enrollment Schedule	10
OGB Rates	12
Guardian Dental	15
Davis Vision Eyecare	17
Hartford Basic and Voluntary Life	19
Flexible Benefit Plan	24
Louisiana Public Employees Deferred Compensation Plan	31
VOYA Financial	39
Schedule of Benefits – Cigna Short Term Disability	45
Schedule of Benefits – Cigna Long Term Disability	47
Cigna Life Assistance Program	50
Cigna – How to Report a Disability Claim	51
LegalShield & IDShield	53
Colonial Life Accident Insurance	54
Colonial Life Cancer Insurance	58
Colonial Life Critical Illness Insurance	67
Colonial Life Hospital Confinement Indemnity Insurance	69
Colonial Life Universal Life Insurance with Long Term Care Rider	72
Colonial Life Whole Life Insurance	76
Colonial Life Service Information & Forms	78



DONNA W. JOSEPH
CHIEF HUMAN RESOURCES OFFICER

HUMAN RESOURCES
JEFFERSON PARISH PUBLIC SCHOOL SYSTEM
501 MANHATTAN BOULEVARD
HARVEY, LOUISIANA 70058
(504) 349-7866
jpschools.org

TO: ALL EMPLOYEES

FROM: DONNA W. JOSEPH
CHIEF HUMAN RESOURCES OFFICER

The Jefferson Parish Public School System strives to provide our employees with high-quality and affordable healthcare options. JPPSS' 2019 Plan Year Open and Annual Enrollment periods provide employees the opportunity to elect, cancel, and make changes to their health and supplemental insurance coverage. **This year JPPSS is requesting all employees that work 20 or more hours per week to meet with an Open Enrollment agent.**

Open Enrollment will occur Monday, September 24th-Wednesday, November 7th. During this time employees will elect or make changes to their supplemental (dental, vision, life, accident, cancer, flexible spending account, etc.) insurance coverage. Additionally, if an employee would like to move any of their coverage to pre-tax or post-tax status, this can be completed during Open Enrollment. **All employees that work 20 or more hours a week should complete Open Enrollment.**

Open Enrollment will take place at all JPPSS schools and central office sites. Employees can attend Open Enrollment at any site, but employees may have a longer wait time at a non-home location. The complete enrollment schedule is included in this Benefit Booklet and is posted on the Payroll Services and Human Resources Employee Services websites.

The Office of Group Benefits had not finalized the dates for Annual Enrollment prior to the printing deadline for the 2019 Plan Year Benefit Booklet. **Annual Enrollment is typically October 1st-October 31st.** Once dates are confirmed, updates will be released to all JPPSS employees. During Annual Enrollment employees can elect or make changes to their Office of Group Benefits (OGB) health and life insurance coverage only. Employees only need to take action during Annual Enrollment if they desire to enroll in coverage or make changes to their Office of Group Benefits health insurance coverage. Additionally, employees enrolled in the Pelican HSA (health savings account) 775 plan must set a 2019 contribution amount.

Employees who need to enroll in coverage, elect a 2019 health savings account contribution amount, or make changes to their OGB health insurance coverage should make an appointment to visit the Insurance Department during Annual Enrollment. Please call 349-8564 to schedule an appointment. All appointments will be held at the Administration Building (501 Manhattan Blvd, Harvey, LA).

Photo identification (school ID, drivers' license, etc.) is required for Open and Annual Enrollment. Please present your identification to the representative at the time of your enrollment.

All elections and changes made during Open Enrollment and Annual Enrollment will be effective Tuesday, January 1, 2019.
Employees' current insurance coverage elections will continue until Monday, December 31, 2018.

For more information about the Open and Annual Enrollment periods, please visit the following link: <http://jpschools.org/departments/human-capital/employee-services/>. On the Office of Human Resources website you will find insurance premium rates, the Benefit Booklet, the Open Enrollment schedule, and more helpful details. If you have any questions, please email OpenEnrollment@jppss.k12.la.us or call 504-349-8564.

Thank you for your commitment towards providing the students of Jefferson Parish with the highest quality education and preparing them for a brighter future.

Sincerely,

Donna W. Joseph
Chief Human Resources Officer
Jefferson Parish Public School System



Jefferson Parish Public School System Benefit Plan 2019

Welcome to your Open Enrollment

Jefferson Parish Public Schools benefit plan allows you to customize your benefits to meet your individual and family needs. The benefits plan let you choose the benefits that are right for you so that you can build your personal benefit program your way—it's your choice!

Not all of us have the same benefit needs. As your family situation and responsibilities change, you will be able to change your benefit elections each year as long as the plan continues.

Each JPPSS location will be scheduled for one or more days to conduct one-on-one sessions for changes to your benefits elections.

Core Insurance Benefits for Jefferson Parish Public School System

■ Medical Insurance

- Blue Cross Blue Shield Pelican HRA 1000
- Blue Cross Blue Shield HSA 775
- Blue Cross Blue Shield Magnolia Local
- Blue Cross Blue Shield Magnolia Local Plus
- Blue Cross Blue Shield Magnolia Open Access
- Vantage Medical Home HMO

■ Flexible Spending Plan

- National Plan Administrators Medical Reimbursement Flexible Spending Account
- National Plan Administrators Dependent Care Reimbursement Flexible Spending Account

■ Dental and Vision Insurance

- Guardian Dental
- Davis Vision

■ Disability Insurance

- Cigna Long Term Disability
- Cigna Short Term Disability

■ Life Insurance

- State of Louisiana Basic Life (For Employees and Dependents)
- The Hartford Basic Life
- The Hartford Supplemental Life

Jefferson Parish Public School System Benefit Plan (continued)



Voluntary Benefits from Colonial Life Accident Insurance Company

- Accident Insurance
- Cancer Insurance
- Critical Illness Insurance
- Hospital Confinement Indemnity Insurance
- Universal Life Insurance
- Whole Life Insurance

Choosing Your Benefits

There are two ways that the money can be taken out: Pre Tax or Post Tax.

Eligible benefits for the **PreTax** are the following:

- Medical
- Dental
- Flexible Spending Plan
- Vision
- Cancer Insurance
- Hospital Confinement Indemnity Insurance
- State of Louisiana Basic Life

This is a choice that you can make during your one-to-one session with an Open Enrollment agent. You may also choose to have these deductions made Post Tax.

Eligible benefits for the **Post Tax** Only:

■ **Non- Colonial Life**

- | | |
|-------------------------------|---|
| - Cigna Short Term Disability | - Hartford Voluntary Employee Supplement Life |
| - Cigna Long Term Disability | - Hartford Voluntary Spouse Life |
| | - Hartford Voluntary Dependent Life |

■ **Colonial Life**

- Universal Life Insurance
- Whole Life Insurance
- Accident Insurance
- Critical Illness Insurance

Jefferson Parish Public School System Benefit Plan (continued)



Making Changes

For Pre-Tax deductions, once you elect an insurance option, you can only change that option **during the Annual Enrollment or Open Enrollment period** unless you meet a qualifying event/family status change. You must contact the JPPSS Insurance Team and complete the benefit change paperwork within thirty (30) calendar days of the qualifying event or family status change. Qualifying events/family status changes include:

- Getting married, divorced, or legally separated
- Birth, adoption, or placement of adoption of an eligible child
- Death of your covered spouse or child
- Change in your or your spouse's work status that affects benefits eligibility
(for example: starting a new job or leaving a job)
- A change in your child's eligibility for benefits
- Becoming eligible for Medicare or Medicaid
- A significant change in your spouse's health coverage attributable to your spouse's employment

Depending on the type of change, you may need to provide proof of the change (for example: a copy of a marriage license or birth certificate). If you do not notify your Insurance Department and Payroll Department within **30** calendar days, you will have to wait until the next Open and Annual Enrollment period to make benefits changes unless you have another family status change.

IMPORTANT: Adding Newborns and Adopted Children to Insurance Coverage

- To add a newborn as a dependent on your medical insurance coverage, you must provide the JPPSS insurance department with a birth certificate or a copy of the birth letter within **30** days of the child's birth date. The birth letter will suffice as proof of parentage only if it contains the relationship of the child to the JPPSS employee with the medical insurance. If the birth certificate or birth letter is not received within **30** days, the child cannot be added until the next annual enrollment period. To schedule an appointment with the JPPSS insurance team, please call 504-349-8564.
- To add an adopted child, you must provide the insurance department with legal adoption papers within **30** days of the child's adoption date. To add a child placed for adoption with you, you must provide the insurance department with the adoption placement agreement or an act of surrender and Clerk of Court certification in compliance with La.R.S. 22:1004 within **30** days of the child's placement for adoption with you. If these legal adoption papers are not received within the **30** day time frame, enrollment cannot take place until the next annual enrollment period, unless you experience another qualified life event that supports the addition of the child to the plan. To schedule an ap-ointment with the JPPSS insurance team, please call 504-349-8564.
- While OGB will need the social security card for every person on the plan, the social security card is not a requirement for initial enrollment for a newborn or adopted/placed child. Please remember to send the JPPSS insurance department the social security card upon receipt, preferably within 90 days of the birth/adoption. **Any changes you make to your benefit choices must be directly related to the family status change. All changes made during Openand Annual Enrollment will become effective January 1, 2019.**

Jefferson Parish Public School System Benefit Plan (continued)



Voluntary JPPSS Retirement Plans

457 B Retirement Plan (VOYA)

VOYA Financial Advisors
2424 Edenborn Ave, Ste 680
Metairie, LA 70001

Customer Service Representatives are available to assist Monday - Friday, 7 a.m. - 8 p.m. (Central Time) at 1-800-262-3862.

Please log onto <http://jpschools.org/departments/payroll> to locate authorized 457 B Representatives.

403 B Retirement Plan

National Plan Administrators
1-800-880-2776 Office
TSA@NatPlan.com

Louisiana Public Employees Deferred Compensation Plan

9100 Bluebonnet Centre Boulevard, Suite 203
Baton Rouge, LA 70809
(225) 926-8082 or (800) 937-7604
Fax (225) 296-6832
<https://louisianadcpire.gwrs.com>

Louisiana Deferred Compensation Plan (Great-West Financial)

C. David Arriaza (Southeastern Region/New Orleans)

Key Retirement Plan Counselor
(225) 663-5502
c.arriaza@empower-retirement.com

Service hours: **Monday – Friday: 8 a.m. to 5 p.m. Central time**

Jefferson Parish Public School System Benefit Plan (continued)



Your Colonial Life Contacts:

Rita White

Account Coordinator

(504) 457-2010 Ext 22 Office

(504) 457-2017 Fax

Rita.White@Coloniallifesales.com

Servicing Agents for Jefferson Parish School System

For Eastbank Employees please call:

Cathy O'Neal

(504) 457-2010 Ext 38 Office

(504) 457-2017 Fax

Catherine.Oneal@coloniallifesales.com

For Westbank Employees please call:

Linda Gibbs

(504) 457-2010 Ext 20 Office

(504) 457-2017 Fax

Linda.Gibbs@Coloniallifesales.com



JEFFERSON PARISH SCHOOL BOARD 2018 OPEN ENROLLMENT SCHOOL SCHEDULE

September 24 Bonnabel Magnet Academy J Ehret High J D Miesler Middle L W Higgins High West Jefferson High	September 25 Bonnabel Magnet Academy J Ehret High J D Miesler Middle L W Higgins High West Jefferson High	September 26 Bonnabel Magnet Academy J Ehret High J D Miesler Middle L W Higgins High West Jefferson High	September 27 C T Janet Elem Miller Wall Elem Helen Cox High M Thibodaux Elem Riverdale High	September 28 C T Janet Elem Miller Wall Elem Helen Cox High M Thibodaux Elem Riverdale High
October 1 T H Harris Middle Woodland West Elem Grace King High J Butler Elem R Matas Elem Harahan Elem	October 2 T H Harris Middle Woodland West Elem Grace King High J Butler Elem R Matas Elem Harahan Elem	October 3 Allen Ellender Middle J Q Adams Middle Fisher Middle/High T Roosevelt Middle Gretna Middle Livaudias Middle	October 4 Allen Ellender Middle J Q Adams Middle Fisher Middle/High T Roosevelt Middle Gretna Middle Livaudias Middle	October 5 Ray St Pierre Academy Metairie Academy R Bunche Elem L W Ruppel Academy W Hart Elem Airline Park Elem
October 8 <i>JPPSS Holiday</i>	October 9 JC Ellis Elem Bissonet Plaza Elem Ella Pitman Elem Green Park Elem L H Marrero Middle C Strehle Elem	October 10 JC Ellis Elem Bissonet Plaza Elem Ella Pittman Elem Green Park Elem L H Marrero Middle C Strehle Elem	October 11 Alice Birney Elem H Ford Middle H Keller Elem W Schneckenburger Elem P Solis Elem J J Audubon Elem	October 12 Alice Birney Elem H Ford Middle H Keller Elem W Schneckenburger Elem P Solis Elem J J Audubon Elem
October 15 Chateau Elem E Dolhonde Elem V Pitre Elem M Riviere Elem Terrytown Elem	October 16 Chateau Elem E Dolhonde Elem V Pitre Elem M Riviere Elem Terrytown Elem	October 17 J Clancy/ J Maggiore Elem G Cox Elem Hazel Park/H Knoff P Hearst Lincoln Elem	October 18 J Clancy/ J Maggiore Elem G Cox Elem Hazel Park/H Knoff P Hearst Lincoln Elem	October 19 L Cherbonnier/N Rillieux Elem Jefferson Elem Live Oak Manor McDonogh #26 Elem G T Woods Elem

JEFFERSON PARISH SCHOOL BOARD 2018 OPEN ENROLLMENT SCHOOL SCHEDULE

October 22 G Boudreaux Elem S Worley Middle H Truman Middle T Jefferson High East Jefferson High	October 23 G Boudreaux Elem S Worley Middle H Truman Middle P Taylor Science & Tech East Jefferson High	October 24 Woodmere Elem Bridgedale Elem Haynes Academy Estelle Elem East Jefferson High	October 25 Woodmere Elem Bridgedale Elem Haynes Academy Estelle Elem M Harris Elem	October 26 Washington Montessori Gretna #2 for Advance Studies A C Alexander Elem JFT/Rivarde St Ville Elem
October 29 Judge L Collins Elem Johnson/Gretna Park Elem Riverdale Middle Greenlawn Elem L Kerner Elem	October 30 Judge L Collins Elem Johnson/Gretna Park Elem Riverdale Middle Greenlawn Elem F Douglas	October 31 Administration Offices 501 Manhattan Harvey <i>Schools Early Release</i>	November 1 Administration Offices 501 Manhattan Harvey Emenes Center 822 Clearview Parkway Westbank Community	November 2 Administration Offices 501 Manhattan Harvey Emenes Center 822 Clearview Parkway Martyn Community
November 5 Administration Office 501 Manhattan Harvey Grand Isle Annex (Riverroad)	November 6 <i>Election Day</i>	November 7 Administration Offices 501 Manhattan Harvey J Cullier Career Center Annex (Riverroad)		

JEFFERSON PARISH PUBLIC SCHOOL SYSTEM
HEALTH PREMIUM ANALYSIS
EFFECTIVE 1/1/2019



MAGNOLIA OPEN ACCESS

	ACTIVE EMPLOYEE		ACTIVE RETIREE	
	24 PAYS	20 PAYS	24 PAYS	20 PAYS
SINGLE	64.36	77.23	87.78	105.34
WITH SPOUSE	261.75	314.09	285.17	342.20
WITH CHILDREN	102.94	123.53	126.36	151.64
FAMILY	282.13	338.55	287.05	344.46

MAGNOLIA LOCAL

	ACTIVE EMPLOYEE		ACTIVE RETIREE	
	24 PAYS	20 PAYS	24 PAYS	20 PAYS
SINGLE	48.15	57.77	71.57	85.88
WITH SPOUSE	209.09	250.90	232.50	279.00
WITH CHILDREN	79.58	95.50	103.01	123.61
FAMILY	225.72	270.87	234.03	280.84

MAGNOLIA LOCAL PLUS

	ACTIVE EMPLOYEE		ACTIVE RETIREE	
	24 PAYS	20 PAYS	24 PAYS	20 PAYS
SINGLE	61.02	73.23	84.44	101.34
WITH SPOUSE	250.85	301.02	274.27	329.13
WITH CHILDREN	98.11	117.74	121.53	145.85
FAMILY	270.45	324.53	276.99	332.40

**JEFFERSON PARISH PUBLIC SCHOOL SYSTEM
HEALTH PREMIUM ANALYSIS (Cont'd)
EFFECTIVE 1/1/2019**



PELICAN H.S.A 775

	ACTIVE EMPLOYEE		ACTIVE RETIREE	
	24 PAYS	20 PAYS	24 PAYS	20 PAYS
SINGLE	7.08	8.50	N/A	N/A
WITH SPOUSE	75.72	90.87	N/A	N/A
WITH CHILDREN	20.54	24.65	N/A	N/A
FAMILY	82.79	99.34	N/A	N/A

PELICAN HRA 1000

	ACTIVE EMPLOYEE		ACTIVE RETIREE	
	24 PAYS	20 PAYS	24 PAYS	20 PAYS
SINGLE	29.34	35.21	52.76	63.32
WITH SPOUSE	147.97	177.57	171.39	205.68
WITH CHILDREN	52.56	63.08	75.98	91.19
FAMILY	160.20	192.23	172.50	207.01

VANTAGE MEDICAL HOME HMO

	ACTIVE EMPLOYEE		ACTIVE RETIREE	
	24 PAYS	20 PAYS	24 PAYS	20 PAYS
SINGLE	60.44	72.53	83.86	100.64
WITH SPOUSE	248.96	298.76	272.38	326.87
WITH CHILDREN	97.27	116.73	120.69	144.84
FAMILY	268.42	322.10	275.08	330.11

**PLEASE NOTE: INSURANCE DEDUCTIONS WILL BE DEDUCTED
FROM EACH PAYCHECK**

Dental & Vision Premium Analysis Effective January 1, 2019



GUARDIAN DENTAL						
	ACTIVE EMPLOYEE		ACTIVE RETIREE		24	20
	24	20	24	20	24	20
	PAYS	PAYS	PAYS	PAYS	PAYS	PAYS
SINGLE	0.00	0.00	0.00	0.00	10.44	12.52
WITH SPOUSE	18.46	22.16	18.46	22.16		
WITH CHILDREN	28.12	33.74	28.12	33.74		
FAMILY	45.00	53.98	45.00	53.98		

DAVIS VISION					JPPSS PAY/CONTRIB	
	ACTIVE EMPLOYEE		ACTIVE RETIREE		ACTIVE EMPLOYEE	
	24	20	24	20	24	20
	PAYS	PAYS	PAYS	PAYS	PAYS	PAYS
SINGLE	0.00	0.00	0.00	0.00	2.00	2.40
WITH SPOUSE	3.24	3.88	3.24	3.88		
WITH CHILDREN	5.45	6.54	5.45	6.54		
FAMILY	8.19	9.83	8.19	9.83		



Dental Benefit Summary

Group Number: 00517225

About Your Benefits:

A visit to your dentist can help you keep a great smile and prevent many health issues. But dental care can be costly and you can be faced with unforeseen expenses. Did you know, a crown can cost as much as \$1,400¹? Guardian dental insurance will help you pay for it. With access to one of the largest network of dental providers in the country, who agreed to charge negotiated fees for their services of up to 30% less than average charges in the same community, you will benefit from lower out-of-pocket costs, quality care from screened and reviewed dentists, no claim forms to file and excellent customer service. Enroll today and smile next time you see your dentist!

With your **PPO** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist.

Your 2019 Dental Plan	PPO	
Your Monthly Premium	\$0.00	
You and spouse	\$36.91	
You and child(ren)	\$56.24	
You, spouse and child(ren)	\$89.97	
Your Network Is	DentalGuard Preferred	
Calendar Year Deductible	<i>In-Network</i>	<i>Out-of-Network</i>
Per Individual Member	\$50	\$50
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%
Basic Care	80%	80%
Major Care	50%	50%
Orthodontia	50%	50%
Annual Maximum Benefit	\$1,500	\$1,500
Maximum Rollover	Yes	
Rollover Threshold	\$500	
Rollover Amount	\$250	
Rollover Account Limit	\$1,000	
Lifetime Orthodontia Maximum	\$1,000	
Dependent Age Limits	26	

Penalty for Late Entrants:

During the first 12 months that a late entrant is covered by this *plan*, we won't pay for the following services:

- All Group II, Group III and Group IV Services.

Charges for the services we don't cover under this provision are not considered to be covered charges under this *plan*, and therefore can't be used to meet this *plan's* deductibles.

We don't apply a late entrant penalty to covered charges incurred for services needed solely due to an *injury* suffered by a *covered person* while insured by this *plan*.

A late entrant is a person who: (a) becomes covered by this dental *plan* more than 31 days after he or she is eligible; or (b) becomes covered again, after his or her coverage lapsed because he or she did not make required payments.

A Sample of Services Covered by Your Plan:

		PPO <i>Plan pays (on average)</i>	
		<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	Twice per 12 Months	
	Fluoride Treatments	100%	100%
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	Limits:	Under age 16	
	X-rays	100%	100%
Basic Care	Anesthesia ²	80%	80%
	Fillings ³	80%	80%
	Periodontal Maintenance	80%	80%
	Frequency:	Twice per 12 Months	
	Root Canal	80%	80%
	Scaling & Root Planing (per quadrant)	80%	80%
	Simple Extractions	80%	80%
Major Care	Bridges and Dentures	50%	50%
	Inlay, Onlays, Veneers ⁴	50%	50%
	Perio Surgery	50%	50%
	Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%
	Single Crowns	50%	50%
	Surgical Extractions	50%	50%
Orthodontia	Orthodontia	50%	50%
	Limits:	Adults & Child(ren)	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded.

¹<http://health.costhelper.com/dental-crown.html> ²General Anesthesia – restrictions apply. ³Fillings – restrictions will apply to composite fillings.

⁴Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date.

Find a Dentist:

Visit www.GuardianAnytime.com Click on "Find A Provider"; you will need to know your plan and dental network, which can be found on the first page of your dental summary

Questions about your Benefits? Please call 1-888-600-1600!

EXCLUSIONS AND LIMITATIONS

- Important information about Guardian's DentalGuard indemnity and DentalGuard Preferred PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DG2000 et al.

- PPO and or Indemnity Special Limitation: Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000.

Premier Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. Your vision plan helps you care for your eyes while saving you money by offering:

Paid-in-full eye examinations, eyeglasses and contacts after applicable copayments!

Frame Collection: Your plan includes a selection of designer, name brand frames that are completely covered in full.¹

Contact Lens Collection: Select from the most popular contact lenses on the market today with Davis Vision's Contact Lens Collection.¹

One-year eyeglass breakage warranty included on plan eyewear at no additional cost!

How to locate a Network Provider...

Just log on to the Open Enrollment section of our Member site at davisvision.com and click "Find a Provider" to locate a provider near you including:



For more details about the plan, just log on to the Open Enrollment section of our Member site at davisvision.com or call **1.877.923.2847** and enter Client Code **7395**.

IN-NETWORK BENEFITS

Eye Examination	Every January 1, Covered in full after \$25 copayment
Eyeglasses	
Spectacle Lenses	Every January 1, Covered in full For standard single-vision, lined bifocal, or trifocal lenses after \$25 copayment
Frames	Every January 1, Covered in full Any Fashion, Designer, or Premier frame from Davis Vision's Collection ¹ (value up to \$195) OR \$50 retail allowance toward any frame from provider, plus 20% off balance ² OR \$100 allowance, plus 20% off balance to go toward any frame from a Visionworks family of store locations. ⁶
Contact Lenses	
Contact Lens Evaluation, Fitting & Follow Up Care	Every January 1, Collection Contacts: Covered in full after \$25 copay OR Non Collection Contacts: Standard Contacts: 15% discount Specialty Contacts ³ : 15% discount
Contact Lenses (in lieu of eyeglasses)	Every January 1, Covered in full Any contact lenses from Davis Vision's Contact Lens Collection ¹ OR \$115 retail allowance toward provider supplied contact lenses, plus 15% off balance ²

ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS

MOST POPULAR OPTIONS <small>Savings based on in-network usage and average retail values.</small>	Without Davis Vision	With Davis Vision
Scratch-Resistant Coating	\$25	\$0
Polycarbonate Lenses	\$66	\$0 ⁴ -\$30
Standard Anti-Reflective (AR) Coating	\$83	\$35
Premium Progressives (no-line bifocal)	\$247	\$0
Photochromic Lenses (i.e. Transitions®, etc.) ⁵	\$110	\$65

Lower costs and more benefits! See the savings!

Service	Without Davis Vision	With Davis Vision
Eye Examination	\$103	\$25
Lenses		
Bifocals	\$116	\$25
Scratch-Resistant Coating	\$25	\$0
Transitions® ⁵	\$110	\$65
Frame	\$160	\$0
Total	\$514	\$115

Savings up to:
\$399

Active Payroll Deductions	Monthly
Employee only	\$0
Spouse only	\$6.47
Child(ren) only	\$10.90
Spouse and Child(ren)	\$16.38

¹ The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change. Collection is inclusive of select toric and multifocal contacts.

² Additional discounts not applicable at Costco locations.

³ Including, but not limited to toric, multifocal and gas permeable contact lenses.

⁴ For dependent children, monocular patients and patients with prescriptions of 6.00 diopters or greater.

⁵ Transitions® is a registered trademark of Transitions Optical Inc.

⁶ Allowance is available at these Visionworks family of store locations: Davis Vision, Empire Vision Centers, Total Vision Care, EyeMasters, Cambridge Eye Doctors, Vision World, Dr. Bizer's Vision World, Eye Dr, Dr. Bizer's Valu Vision, Doctor's Valu Vision, Hour Eyes, Visionworks.

Davis Vision has made every effort to correctly summarize your vision plan features. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract or insurance policy will prevail.

Davis Vision plans offer...

Value for our Members

A comprehensive benefit ensuring low out-of-pocket cost to members and their families. Our goal is 100% member satisfaction.

Convenient Network Locations

A national network of credentialed preferred providers throughout the 50 states.

Freedom of Choice

Access to care through either our network of independent, private practice doctors (optometrists and ophthalmologists) or select retail partners.

Value-Added Features:

- Mail Order Contact Lenses
Replacement contacts (after initial benefit) through DavisVisionContacts.com mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Website for details.
- Laser Vision Correction discounts of up to 25% off the provider's Usual & Customary fees, or 5% off advertised specials, whichever is lower.

Contact Info

For more details about the plan, just log on to the Open Enrollment section of our Member site at davisvision.com or call 1.877.923.2847 and enter Client Code 7395.

ADDITIONAL OPTIONS	WITHOUT DAVIS VISION	WITH DAVIS VISION
FRAMES		
Fashion Frame (from the Davis Vision Collection)	\$100	\$0
Designer Frame (from the Davis Vision Collection)	\$160	\$0
Premier Frame (from the Davis Vision Collection)	\$195	\$0
LENSES		
All Ranges of Prescriptions and Sizes	\$90	\$0
Plastic Lenses	\$78	\$0
Oversized Lenses	\$20	\$0
Tinting of Plastic Lenses	\$25	\$0
Scratch-Resistant Coating	\$25	\$0
Polycarbonate Lenses	\$66	\$0 ¹ or \$30
Ultraviolet Coating	\$25	\$12
Standard Anti-Reflective (AR) Coating	\$83	\$35
Premium AR Coating	\$104	\$48
Ultra AR Coating	\$121	\$60
Standard Progressive Addition Lenses	\$198	\$0
Premium Progressive Addition Lenses	\$247	\$0
Ultra Progressive Addition Lenses	\$369	\$50
High-Index Lenses	\$120	\$55
Polarized Lenses	\$103	\$75
Photochromic Lenses (i.e. Transitions®, etc.) ²	\$110	\$65
Scratch Protection Plan (Single vision Multifocal lenses)		\$20 \$40

¹ Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions 6.00 diopters or greater.

² Transitions® is a registered trademark of Transitions Optical, Inc.

Out-of-Network Benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement to:

Vision Care Processing Unit
P.O. Box 1525
Latham, NY 12110

OUT-OF-NETWORK REIMBURSEMENT SCHEDULE

Eye Examination up to \$32 | Frame up to \$50
 Spectacle Lenses (per pair) up to:
 Single Vision \$32, Bifocal \$48, Trifocal \$64, Lenticular \$80
 Elective Contacts up to \$92, Visually Required Contacts up to \$225

BASIC GROUP TERM LIFE INSURANCE BENEFIT HIGHLIGHTS



Approximately 50 million households recognize they need more life insurance (40 percent of households).¹

Jefferson Parish School Board

The group term life insurance available through your employer gives extra protection that you and your family may need. Life insurance offers financial protection by providing you coverage in case of an untimely death. Life insurance is disbursed to your beneficiaries in a lump sum in the event of your death.



To learn more about Life insurance, visit thehartford.com/employeebenefits

COVERAGE INFORMATION

APPLICANT	LIFE COVERAGE
Employee	Benefit: \$10,000

PREMIUMS

Your employer pays 100% of the premium for your coverage.³

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full time employee who works at least 20 hours per week on a regularly scheduled basis.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage - it is available without having to provide information about your health.

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Your employer pays 100% of the premium for your (employee) coverage.²

WHEN CAN I ENROLL?

Your employer will automatically enroll you for this coverage. If you have not already done so, you must designate a beneficiary.

WHEN DOES THIS INSURANCE BEGIN?

This insurance will become effective for you on the date you become eligible.

You must be actively at work with your employer on the day your coverage takes effect.

WHEN DOES THIS INSURANCE END?

This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer are actively working, you leave your employer, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this life coverage with you. Coverage may be continued for you under a group portability certificate or an individual conversion life certificate. The specific terms and qualifying events for conversion and portability are described in the certificate.

LIMITATIONS & EXCLUSIONS



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

GROUP LIFE INSURANCE

GENERAL LIMITATIONS AND EXCLUSIONS

- You must be a citizen or legal resident of the United States, its territories and protectorates.

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Prepare. Protect. Prevail. With The Hartford.®

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This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.

VOLUNTARY GROUP TERM LIFE INSURANCE BENEFIT HIGHLIGHTS



Approximately 50 million households recognize they need more life insurance (40 percent of households).¹

Jefferson Parish School Board

The group term life insurance available through your employer is a smart, affordable way to purchase the extra protection that you and your family may need. Life insurance offers financial protection by providing you coverage in case of an untimely death. Life insurance is disbursed to your beneficiaries in a lump sum in the event of your death.



To learn more about Life insurance, visit thehartford.com/employeebenefits

COVERAGE INFORMATION

APPLICANT	LIFE COVERAGE
Employee	Benefit ¹ : 1x earnings; 2x earnings; or 3x earnings Maximum: the lesser of 3x earnings or \$250,000
Spouse	Benefit ¹ : Increments of \$5,000. Maximum: the lesser of 50% of your supplemental coverage or \$250,000
Child(ren)	Benefit: \$10,000

PREMIUMS

See the Life Premium Worksheet.³

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full time employee who works at least 20 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

AM I GUARANTEED COVERAGE?

If you are currently participating in this coverage you may increase your current coverage by 1 times your annual earnings, not to exceed the lesser of 3 times your annual earnings or \$75,000, without providing evidence of insurability. If you are electing coverage for the first time, you may elect coverage in the amount of 1 times your annual earnings, not to exceed the lesser of 3 times your annual earnings or \$75,000, without providing evidence of insurability. Additional coverage amounts will require evidence of insurability that is satisfactory to The Hartford before the excess can become effective.

If you are currently participating in this coverage you may increase your spouse's current coverage by \$5,000, not to exceed \$30,000 without providing evidence of insurability. If you are electing coverage for the first time, you may elect coverage in the amount of \$5,000. Additional coverage amounts will require your spouse to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective.

This insurance is guaranteed issue coverage – it is available without having to provide information about your child(ren)'s health.

HOW DO I PAY FOR THIS INSURANCE?

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process.

This ensures you don't have to worry about writing a check or missing a payment.

²Your benefit will be reduced by 35% at age 65, 70 and 75, and 25% at age 80, 85, 90 and 95. Reductions will be applied to the current amount (after all previous reductions).

WHEN CAN I ENROLL?

You may enroll from 9/24/2018 to 11/7/2018.

WHEN DOES THIS INSURANCE BEGIN?

The effective date of this coverage is 1/1/2019.

You must be actively at work with your employer on the day your coverage takes effect.

Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility), unless already insured with the prior carrier.

WHEN DOES THIS INSURANCE END?

This insurance will end when you (or your dependent(s)) no longer satisfy the applicable eligibility conditions, premium is unpaid, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this life coverage with you. Coverage may be continued for you and your dependent(s) under a group portability certificate or an individual conversion life certificate. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for conversion and portability are described in the certificate.

¹LIMRA, Facts About Life 2016. Web. 30 June 2017. <https://www.limra.com/uploadedFiles/limra.com/LIMRA_Root/Posts/PR/_Media/PDFs/Facts-of-Life-2016.pdf>

³Rates and/or benefits may be changed. Rates are based on the age of the insured person and increase on the policy anniversary date on or following your birthday as you enter each new age category.

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This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

LIMITATIONS & EXCLUSIONS



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

GROUP LIFE INSURANCE

GENERAL LIMITATIONS AND EXCLUSIONS

- Your benefit will be reduced by 35% at age 65, 70 and 75, and 25% at age 80, 85, 90 and 95. Reductions will be applied to the current amount (after all previous reductions).
- A benefit will not be paid if death occurs by suicide within two years (or as allowed by state law) of purchasing this coverage.
- You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

DEPENDENT LIMITATIONS AND EXCLUSIONS

- Coverage may only be elected for dependents when you elect and are approved for coverage for yourself.
- Coverage may not be elected for a dependent who has employee coverage under this certificate.
- Coverage may not be elected for a dependent who is in active full-time military service.
- Child(ren) may only be covered as a dependent of one employee.
- Infants may receive a reduced benefit prior to the age of six months.

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FLEXIBLE BENEFIT PLAN

A Flexible Spending Account (FSA) allows you to use pre-tax dollars to pay for eligible medical expenses and dependent care expenses. This means that any money deposited into an FSA will not be subject of federal and state income taxes. Jefferson Parish Public Schools offers enrollment for two types of Flexible Spending Accounts: Medical Flexible Spending Account and Dependent Care Flexible Spending Account.

The FSA Plan Year is January 1, 2019 to December 31, 2019.

Under an IRC Sec. 125 Flexible Benefit plan, expenses may be paid with "before-tax" dollars under a Medical or Dependent Care Flexible Spending Account (FSA). When you have a program that offers these tax advantages, there are some rules that the plan must follow:

- You cannot make any changes in the benefits selected during the plan year. The only exception to this is if there is a family status change. (For example marriage, divorce, birth, death etc.)
- All dollars set aside in a FSA plan must be used during the plan year. Any dollars not spent by the end of the plan year must be forfeited.
- Only charges for services provided or expenses incurred during the designated plan year are eligible for reimbursement.
- Amounts paid under the plan are not eligible as tax deductions on your Federal Income Tax Return.
- Eligible Expenses:
 - Expenses for you, your spouse and any taxable dependents are eligible for reimbursement under the Medical FSA.
 - The Dependent Care FSA allows expenses for: (a) your dependent under age 13 for whom you may claim an exemption deduction, or (b) your dependent who is physically or mentally not able to care for himself or herself and who relies on you for the majority of his or her support, or (c) your spouse who is physically or mentally not able to care for himself or herself.
- Maximum Contribution:
 - The maximum allocation to your Medical Reimbursement account is \$2,500 per plan year.
 - The maximum dependent care expense allowed is \$5,000 per calendar year per household (\$2,500 in the case of a separate return filed by a married person).

- Examples of Eligible Expenses:
 - Medical expenses not paid by your health insurance including, but not limited to:
 - Chiropractor/Acupuncture
 - Coinsurance (co-pays and deductibles for health, dental and vision)
 - Corrective eye surgery
 - Medicines (prescriptions)
 - Orthodontic fees
 - Prescription eyeglasses, sunglasses, contact lenses and solutions associated with their care
 - Prescribed weight-loss program/drugs
- Dependent Care expenses must be incurred to allow you and your spouse (if you are married) to work or look for work.

Under the IRC Sec. 125 Flexible Benefit plan, you designate the amount of dollars that you plan to use at the beginning of the plan year. These dollars are applied to the appropriate account (Medical or Dependent Care) each month. You may submit claims for payment (subject to a minimum reimbursement of \$50). You may submit with each claim as many bills or receipts as you have accumulated. You are encouraged to retain a copy of all your receipts should you need them for future verification to the Internal Revenue Service. Qualifying medical expenses will be reimbursed up to your annual election upon receipt of proper documentation regardless of your account balance. Dependent Care expenses will be reimbursed after the dates on which services have been performed. Therefore, claims may be submitted and reimbursed. Your reimbursement may not exceed your account balance.

Below is an example of how the Flexible Spending Account can save you money.

	With an FSA	Without an FSA
Gross Pay	\$40,000	\$40,000
Out-of-pocket Medical Expenses/FSA	\$2,200	-
Taxable Income	\$37,800	\$40,000
15% Estimated Payroll Taxes	\$5,670	\$6,000
Income after Estimated Payroll Taxes	\$32,130	\$34,000
Out-of-pocket Expenses Paid after Payroll Taxes	-	\$2,200
Income after Payroll Taxes and Out-of-Pocket Expenses Paid	\$32,130	\$31,800
Total Estimated Savings	\$330	\$0

EMPLOYEE BENEFIT WORKSHEET

Planning to save is easy! The key is to be conservative with your estimate while maximizing your savings. After reviewing the rules and covered items, use this worksheet to help estimate your expenses.

Estimated Dependent Care Expenses:

Dependent care required for you and your spouse to continue working.

Total Estimated Dependent Care Expenses for this plan year: \$ _____

Estimated Out of Pocket Medical Expenses (for you, your spouse, and any tax dependents):

Medical Insurance Premiums of any kind are not covered

Medical Co-pays: \$ _____

Coinsurance \$ _____

Prescription Drugs \$ _____

Dental

Coinsurance \$ _____

Orthodontia \$ _____

Non-covered (major services) \$ _____

Hearing

Coinsurance/Exams \$ _____

Hearing Aid \$ _____

Vision

Coinsurance /Exams \$ _____

Glasses \$ _____

Contact Lenses \$ _____

Corrective Eye Surgery \$ _____

Total Estimated Medical Expenses for this plan year: \$ _____



National Plan Administrators, Inc.

P.O. Box 161630 Austin, Texas 78716

(800) 880-2776

DEBIT CARD / MEDICAL REIMBURSEMENT REQUEST FORM

Employee Name: _____ SS#: _____ Employer Name: _____

Employee Address: _____ City: _____ State: _____ Zip: _____

Employee Home Phone #: _____ Employee Work Phone #: _____

INSTRUCTIONS: Use this form to request reimbursement for all eligible medical expenses whether paid by debit card, cash or check. Sign and date the form and submit to Nation Plan Administrators (NPA).

Fill in all the information requested below for medical expenses incurred by you, your spouse, or your eligible dependent.

See following page for complete instructions.

	EXAMPLE	EXPENSE #1	EXPENSE #2	EXPENSE#3	EXPENSE #4
Date(s) Service Actually Provided	10/1/10				
Name of Person Receiving Medical Service & Relationship to You	Fred Jones <input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
Type of Service (Office Visit Copay, Dental, RX, Vision, etc)	Dental				
Total Expense	\$100.00	\$	\$	\$	\$

Total Amount Claimed: \$

To the best of my knowledge and belief, my statements in this Medical Reimbursement Request Form are complete and true. I certify that the services described above were received on the dates indicated, that the expenses qualify as valid medical services under the Plan, and that I have not been reimbursed previously under the Plan or any other health plan, nor do I expect any of these expenses to be reimbursable elsewhere. If the reimbursement is requested for prescribed drugs, I certify that such drugs are not prescribed for cosmetic purposes. I understand that these expenses may not be used to claim any federal income tax deduction or credit. I also acknowledge that should the actual annual expenses claimed be less than the amount available, such balance shall remain with the employer at the end of the Plan Year.

Employee Signature

Date

Email Address



NATIONAL PLAN ADMINISTRATORS, INC.
P.O. BOX 161630
AUSTIN, TX 78716
PHONE: (512) 327-6481 or (800) 880-2776
FAX: (512) 275-9396 or (800) 982-8140
Email: 125@natlplan.com
WEBSITE: www.natlplan.com

QUALIFYING MEDICAL EXPENSES

The Section 125 Cafeteria Plan Document contains the rules governing what expenses are and are not reimbursable. Below are some examples to give you a general idea. Please contact National Plan Administrators, Inc. if you have any questions about whether a particular expense is reimbursable. **The following changes become effective January 1, 2011 under the Internal Revenue Code: (1) A doctor's prescription is required for over-the-counter drugs and medications; and (2) A debit card can no longer be used to purchase over-the-counter drugs and medications.**

Examples of qualified expenses for which you may be able to receive reimbursement:

Deductibles and co-payments for medical, prescription drug, vision and/or dental expenses.

Over the counter drugs and items that are used to alleviate or treat a personal injury or sickness.

Eye exams, eyeglasses, contact lenses and other vision expenses.

Hearing exams, hearing aids and batteries.

Individual psychotherapy.

Chiropractic expenses.

Orthodontia monthly and down payments.

Acupuncture with letter of medical necessity.

Examples of non-qualified expenses for which you cannot be reimbursed:

Over the counter items or vitamins even if prescribed; toothpaste, toiletries, any item or drug is for general good health.

Cosmetic surgery or similar procedures which are directed at improving patient's appearance but do not meaningfully prevent or treat illness or disease.

Teeth bleaching, whitening or veneers.

Health club dues.

Weight reduction or management related expenses unless submitted with letter of medical necessity from physician.

Herbal remedies, drugs or supplements, even if prescribed.

PROCEDURE FOR SUBMITTING A CLAIM

Section 125 of the Internal Revenue Code stipulates the requirements for an expense to be reimbursed under a Medical Flexible Spending Arrangement (FSA):

- 1) The expense must be an eligible expense.
- 2) All payments from a flexible spending account must be documented. Some debit card purchases will be documented electronically and will not require you to submit a claim form. When a claim form is required, complete a Debit Card/Medical Reimbursement Request Form and send it to NPA with proper documentation. Canceled checks, adding machine tapes and credit card statements are not acceptable. The documentation must include:

Name of patient
Description of services, drugs or other
Name and address of provider
Date of purchase
Amount of expenses for which reimbursement is requested

- 3) There must be a signed statement that the expense has not been previously reimbursed and is not reimbursable under any health plan.

Additional Guidelines for Debit Card Use

A Debit Card must only be used for eligible expenses. Inappropriate use of a Debit Card may result in immediate termination of privileges under the FSA Plan. In addition, the claimant will be responsible for reimbursing all ineligible expenses to the employer.

When required, documentation of Debit Card purchases must be submitted to NPA within 5 days of the date of purchase.

NOTES: Debit Card/Medical Reimbursement Request forms are available on line at www.natlplan.com/employees.html.

Please keep a copy of all records submitted to NPA.

SECTION 125 CAFETERIA PLAN ENROLLMENT FORM

SALARY REDUCTION AGREEMENT

PLEASE PRINT LEGIBLY

EMPLOYER: _____

NAME: _____ SS#: _____

ADDRESS: _____ PHONE: _____

CITY/STATE/ZIP: _____

PLAN YEAR START DATE: _____ HIRE DATE: _____

☐ **YES**, I WISH TO PARTICIPATE IN THE SECTION 125 CAFETERIA PLAN PROVIDED BY MY EMPLOYER. Please pay all eligible payroll deducted premiums (below) BEFORE taxes through the Section 125 Cafeteria Plan.

☐ **NO** I WISH TO WAIVE MY RIGHTS TO PARTICIPATE IN THE SECTION 125 CAFETERIA PLAN AT THIS TIME

PAY PERIODS (DEDUCTIONS) ☐ Weekly (52) ☐ Bi-Weekly(26) ☐ Semi-Monthly(24) ☐ Monthly(12)

BENEFIT & PROVIDER NAME	PRE-TAX AMOUNT PER PAY PERIOD	POST-TAX AMOUNT PER PAY PERIOD	# OF DEDUCTIONS	ANNUAL AMOUNT
<i>Health Flexible Spending Account</i>				
<i>Dependent Care Flexible Spending Account</i>				

I agree that the amount by which my compensation is reduced may increase or decrease over the period, of which this election is effective to reflect changes in the cost of my insurance Coverage. I agree that my salary reduction election for insurance premiums only, shall remain in effect from year to year, until I revoke it. I understand that I may revoke my election to participate only at the end of a Plan Year unless there is a qualifying change in my family status (e.g., marriage, divorce, death, birth, adoption, change of employment or significant change in premiums/coverage) and I make the change within 30 days of the event.

I hereby acknowledge notification of all benefits under the Plan. I understand that the selection of an insurance benefit does not necessarily include me in the Plan. I understand that an application for insurance coverage must be completed and a policy issued as requirements to be included in the Plan. I hereby release my employer, its officers, agents and employees from any legal liability or obligation for any cause or reason in connection with this Plan, except for willful misconduct or gross neglect.

I understand that the Dependent Care Credit available under IRC Section 21 might be more advantageous than the Section 129 Dependent Care Credit Tax exclusion under the Plan. I understand that any elected amounts for reimbursements in either the Medical Expense Reimbursement or Dependent Care Reimbursement accounts that are not incurred in the Plan Year or claimed by the end of the grace period, are forfeited to the Plan. I agree *not* to claim these expenses on my IRS Form 1040. I understand that funds cannot be shifted from one Flexible Spending Account to another.

Signature

Date

Enroller's Signature

NATIONAL PLAN ADMINISTRATORS, INC.
P.O. Box 161630
Austin, Texas 78716



Fax: (512) 275-9396 or (800) 982-8140
Phone: (512) 327-6481 or (800) 880-2776
Website: www.natliplan.com
Email: 125@natliplan.com



Employee FAQ:

Flexible Spending Accounts

What is an FSA?

A healthcare flexible spending account (FSA) is an employer-sponsored benefit that allows you to set aside pre-tax dollars into an account to be used for eligible medical expenses.

Why should I participate in an FSA?

Contributions to the FSA are deducted from your paycheck on a pre-tax basis, reducing your taxable income. You can increase your spendable income by an average of 30% of your annual contribution with the tax savings.

How do I contribute money to my FSA?

Your annual election will be divided by the number of pay periods in your plan year. This amount will be deducted from your paycheck before taxes are assessed.

Who is eligible under an FSA?

An FSA covers eligible expenses for you and all of your dependents, even if they are not covered under your primary health plan.

What expenses are eligible for reimbursement?

Health plan co-pays, deductibles, co-insurance, eyeglasses, dental care, and certain medical supplies are covered. The IRS provides specific guidance regarding eligible expenses. (See IRS Publication 502).

How do I determine the date my expenses were incurred?

Expenses are incurred at the time the medical care was provided, not when you are invoiced or pay the bill.

How do I get the funds out of my FSA?

If you have a benefits debit card, simply swipe it at the register. Otherwise, just file a claim including the receipt documenting the type, amount and date. Once approved, your reimbursement check will be mailed or deposited into your bank account.

What happens if I don't spend all of my FSA by the end of the plan year?

Be sure to only allocate dollars for predictable medical expenses. Any unused funds at the end of the plan year are forfeited, also called the use-it-or-lose-it rule.

How soon can I start spending my FSA funds?

With a healthcare FSA, your entire annual election amount is available on the first day of the plan year even though you have not yet contributed that amount.

Can I change my election amount mid-year?

Elections can only be altered if you experience a change in status as defined by IRS regulations, such as marriage, divorce, birth, or death in your immediate family.

What happens to my FSA if my employment is terminated?

Participation in your FSA is also terminated. This means that only expenses that were incurred prior to your termination date are eligible for reimbursement.

What is the deadline for submitting claims?

You can submit claims for reimbursement at any time during the same plan year that you incur the expense. You may also have a grace period at the end of the plan year. Check the summary plan document your employer provided.

Can I still deduct healthcare expenses on my tax return?

Yes, but not the same expenses for which you have already been reimbursed from your FSA.

Are over-the-counter (OTC) medications eligible for reimbursement?

Yes. OTC medications are eligible with a doctor's prescription. You will need to submit a claim with the receipt for the OTC medicine along with the prescription from your doctor that includes the diagnosis and course of treatment to receive reimbursement.

What is a Letter of Medical Necessity?

The IRS mandates that eligible expenses be primarily for the diagnosis, treatment or prevention of disease or for treatment of conditions affecting any functional part of the body. For example, vitamins are not typically covered because they are used for general wellness, but your doctor may prescribe a vitamin to treat your medical condition. The vitamin would then be eligible if your doctor verified the necessity in treatment.



For more information, call 800-880-2776



LOUISIANA

Public Employees Deferred Compensation Plan

PLAN FEATURES AND HIGHLIGHTS

THE LOUISIANA PUBLIC EMPLOYEES 457(B) DEFERRED COMPENSATION PLAN (PLAN) IS A POWERFUL TOOL TO HELP YOU REACH YOUR RETIREMENT DREAMS. AS A SUPPLEMENT TO OTHER RETIREMENT BENEFITS OR SAVINGS THAT YOU MAY HAVE, THIS VOLUNTARY PLAN ALLOWS YOU TO SAVE AND INVEST EXTRA MONEY FOR RETIREMENT—TAX DEFERRED!

Not only will you defer taxes immediately, but you may also build extra savings consistently and automatically, select from a variety of investment options, and learn more about saving and investing for your financial future.

Read these highlights to learn more about your Plan and how simple it is to enroll. If there are any discrepancies between this document and the Plan Document, the Plan Document will govern.

GETTING STARTED

WHAT IS A 457 DEFERRED COMPENSATION PLAN?

The Plan is a governmental 457 deferred compensation plan, which is a retirement savings plan that allows eligible employees to supplement any existing retirement and pension benefits by saving and investing pretax and/or after-tax Roth dollars through a voluntary salary contribution. Contributions and any earnings on contributions are tax-deferred until money is withdrawn. Distributions are usually taken during retirement, when many participants are typically receiving less income and may be in a lower income tax bracket than while working. Distributions are subject to ordinary income tax.

WHY SHOULD I PARTICIPATE IN THE PLAN?

You may want to participate if you are interested in saving and investing additional money for retirement and/or reducing the amount of current state and federal income tax you pay each year. The Plan can be an excellent tool to help make your future more comfortable.

You may also qualify for a federal income tax credit by participating in this Plan.

For more information about this tax credit, please contact an Empower Retirement representative in your area.¹

IS THERE ANY REASON WHY I SHOULD NOT PARTICIPATE IN THE PLAN?

Participation may not be advantageous if you are experiencing financial difficulties, have excessive debt or do not have an adequate emergency fund (typically in an easy-to-access account).

WHO IS ELIGIBLE TO ENROLL?

All current full-time and part-time Louisiana public employees are immediately eligible to participate in the Plan.

Certain independent contractors of the State of Louisiana employer may be eligible to participate in the Plan as well. Ask your employer for more information.

HOW DO I ENROLL?

You may enroll through any of the following methods:

1. Complete the appropriate enrollment forms, available through your Retirement Plan Counselor
2. Complete the appropriate forms, available on the participant website under the Enroll Now tab

3. If you are a LA Gov HCM employee, you may enroll on the participant website with a link under the Enroll Now tab

Indicate the amount you wish to contribute, your investment option selection(s) and your beneficiary designation(s). Please return the form(s) to your Retirement Plan Counselor, fax to the Baton Rouge office at (225) 296-6832 or mail to Louisiana Deferred Comp Plan at 9100 Bluebonnet Centre Blvd. Suite 203, Baton Rouge, LA 70809.

WHAT TYPES OF CONTRIBUTIONS CAN I MAKE?

Traditional 457

- » Contributions are made with before-tax dollars.
- » Any potential earnings on your contributions grow tax-free, and your distribution is taxable.
- » It lowers your current taxable income because you postpone paying taxes on contributions to the Plan.

Roth 457

- » Contributions are made with after-tax dollars.
- » Any Roth money, including contributions and potential earnings, will grow tax-free in your account.
- » Your distribution is income tax-free if you are eligible for a distribution from your Plan, and you withdraw your Roth contributions and any earnings after holding the account for at least five tax years.
- » It does not change your current taxable income.

If the Roth option is right for you, make the appropriate changes to your account by completing a Salary Deferral Agreement form. If you are a LA Gov HCM employee, you may make changes via **LouisianaDCP.com** or the voice response system at **(800) 701-8255**.²

WHAT ARE THE CONTRIBUTION LIMITS?

In 2016, the maximum contribution amount is 100% of your includible compensation or \$18,000, whichever is less. It may be indexed in \$500 increments after 2016. If you utilize both the traditional and Roth 457 together, they must not exceed the annual total contribution limit.

Participants in the Plan have two different opportunities to catch up and contribute more during the final years of their career. “Special Catch-Up” allows participants in the three calendar years prior to normal retirement age to contribute more to the Plan (up to double the annual contribution limit—\$36,000 in 2016). The additional amount that you may be able to contribute under the Special Catch-Up option will depend upon the amounts that you were eligible to contribute in previous years but did not.

Also, participants turning age 50 or older in 2016 may contribute an additional \$6,000. You may not use the Special Catch-Up provision and the Age 50+ Catch-Up provision in the same year. Please contact the Baton Rouge office at **(225) 926-8082** for assistance with Special Catch Up if you think you qualify.

WHAT ARE MY INVESTMENT OPTIONS?

A lineup of core investment options is available through your Plan. Investment option information is available through the website at **LouisianaDCP.com** and the voice response system toll free at **(800) 701-8255**. The website and voice response system are available to you 24 hours a day, seven days a week.²

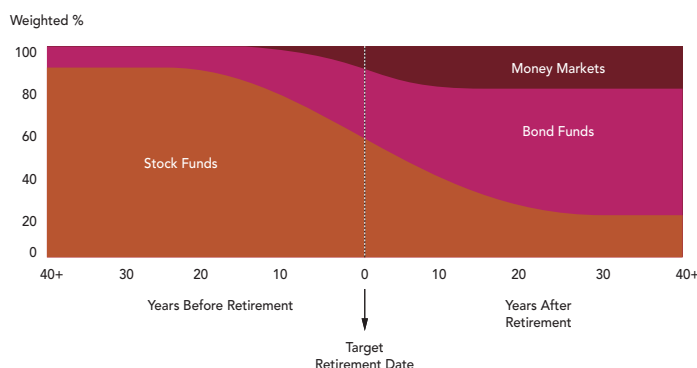
If you enroll for the first time but don’t choose any investment options, you will be defaulted into a BlackRock LifePath Fund based on your date of birth (*see the chart below*). Target date funds are a diversified mix of underlying funds whose asset allocations change over time to become more conservative as you near retirement.

Default Fund Name	Birth Year
BlackRock LifePath Index Retirement Fund J	1949 or before
BlackRock LifePath Index 2015 Fund J	1950-1954
BlackRock LifePath Index 2020 Fund J	1955-1959
BlackRock LifePath Index 2025 Fund J	1960-1964
BlackRock LifePath Index 2030 Fund J	1965-1969
BlackRock LifePath Index 2035 Fund J	1970-1974
BlackRock LifePath Index 2040 Fund J	1975-1979
BlackRock LifePath Index 2045 Fund J	1980-1984
BlackRock LifePath Index 2050 Fund J	1985-1989
BlackRock LifePath Index 2055 Fund J	1990-1994
BlackRock LifePath Index 2060 Fund J	1995 or later

The investments in the target date funds will gradually shift from more aggressive to more conservative as the target date approaches. The funds are designed to provide an age-appropriate mix of long-term appreciation and capital preservation and are adjusted based on the number of years left until the funds' target date.

The funds provide a professionally allocated mix from your first days in the Plan all the way through retirement.

This slow transition of the funds' asset allocation from more aggressive investments to more conservative investments is often referred to as the fund's "glide path." The date in a target date fund represents an approximate date when an investor would expect to retire. The principal value of the funds is not guaranteed at any time, including at the target date.



FOR ILLUSTRATIVE PURPOSES ONLY. Intended to illustrate possible investment portfolio allocations that represent an investment strategy based on risk and return. This is not intended as financial planning or investment advice.

Please consider the investment objectives, risks, fees and expenses carefully before investing. For this and other important information, you may obtain prospectuses for mutual funds, any applicable annuity contract and the annuity's underlying funds, and/or disclosure documents from your registered representative. For prospectuses related to investments in your Self-Directed Brokerage Account (SDBA), contact TD Ameritrade at (866) 766-4015. Read prospectuses carefully before investing.

SELF-DIRECTED BROKERAGE

In addition to the core investment options, a self-directed brokerage account (SDBA) is available through TD Ameritrade. The SDBA allows you to select from numerous mutual funds for an additional annual administrative fee of \$60 per person, deducted from your account at \$15 quarterly (plus any additional trading and transaction fees).

You are required to maintain a minimum balance in your core account of \$2,500.

The SDBA is intended for knowledgeable investors who acknowledge and understand the risks associated with the investments contained in the SDBA.

SDBA accounts are not monitored by the Commission or investment consultant to the Plan. You will receive a separate statement of your holdings and activity from TD Ameritrade.

Review the SDBA Frequently Asked Questions (FAQs) on the participant website, **LouisianaDCP.com**, for more information.

Go to the *Investment Information* tab, then click the *Self-Directed Brokerage* link.

MANAGING YOUR ACCOUNT

HOW DO I KEEP TRACK OF MY ACCOUNT?

Empower Retirement will mail a quarterly account statement to you, showing your account balance and activity. You can also check your account balance and move money among investment options via the website at **LouisianaDCP.com** or the voice response system at **(800) 701-8255**.²

You will also receive a separate quarterly statement from TD Ameritrade that will detail the investment holdings and activity within your SDBA, including any fees and charges imposed in connection with the SDBA.

HOW DO I MAKE INVESTMENT OPTION CHANGES?

Use your username and passcode to access the website, or you can use your Social Security number and passcode to access the voice response system.³ You can move all or a portion of your existing balances among investment options (subject to Plan rules) and change how your payroll contributions are invested.²

HOW DO I MAKE CONTRIBUTION CHANGES?

Download the Salary Deferral Agreement form from **LouisianaDCP.com** or call the local Empower Retirement office in Baton Rouge. A friendly and helpful representative will assist you in getting the current form. If you are a LA Gov HCM employee, you may log into your account and make the contribution changes.

ROLLOVERS

MAY I ROLL OVER MY ACCOUNT FROM MY FORMER EMPLOYER'S PLAN?

Yes. However, only approved balances from an eligible governmental 457(b), 401(k), 403(b) or 401(a) plan or an Individual Retirement Account (IRA) may be rolled over to the Plan.*

MAY I ROLL OVER MY ACCOUNT IF I LEAVE EMPLOYMENT WITH MY CURRENT EMPLOYER?

If you sever employment with your current employer,

you may roll over your account balance to another eligible governmental 457(b), 401(k), 403(b) or 401(a) plan if your new employer's plan accepts such rollovers. You may also roll over your account balance to an IRA.

Please keep in mind that if you roll over your Plan balance to a 401(k), 403(b) or 401(a) plan or IRA, distributions taken before age 59½ may also be subject to the 10% early withdrawal federal tax penalty. Please contact your Empower Retirement representative for more information.

VESTING

WHEN AM I VESTED IN THE PLAN?

Vesting refers to the percentage of your account you are entitled to receive from the Plan upon the occurrence of a distributable event. Your contributions to the Plan and any earnings they generate are always 100% vested (including rollovers from previous employers).

DISTRIBUTIONS

WHEN CAN I RECEIVE A DISTRIBUTION FROM MY ACCOUNT?

There is no 10% early withdrawal penalty for a qualifying distribution event. Qualifying distribution events are as follows:

- » Retirement
- » Unforeseeable emergency
- » Severance of employment (as defined by the Internal Revenue Code provisions)
- » Attainment of age 70½
- » Death (your beneficiary receives your benefits)
- » In-service transfer to purchase service credit
- » In-service de minimis

Each distribution is subject to ordinary income tax except for an in-service transfer to purchase service credit.

NO EARLY WITHDRAWAL PENALTIES

Early distribution penalties do not apply to 457

* You are encouraged to discuss rolling money from one account to another with your financial advisor/planner, considering any potential fees and/or limitation of investment options.

deferred compensation plans for eligible withdrawals of 457 money. Any withdrawals will be taxed as ordinary income and will be subject to a 20% mandatory withholding. Louisiana state income tax will also be withheld.

WHAT ARE MY DISTRIBUTION OPTIONS?

1. Leave the value of your account in the Plan until a future date.
2. You may be able to receive payment in the following form:
 - » Periodic payments
 - » Fixed annuity payments
 - » Partial lump sum
 - » A lump sum
3. Roll over your account balance to an eligible governmental 457(b), 401(k), 403(b) or 401(a) plan or to an IRA.*

WHAT HAPPENS TO MY ACCOUNT WHEN I DIE?

Your designated beneficiary(ies) will receive the remaining value of your account, if any. Your beneficiary(ies) must contact the Plan administrator to request a distribution.

FEES

ARE THERE ANY RECORDKEEPING OR ADMINISTRATIVE FEES TO PARTICIPATE IN THE PLAN?

The Plan will assess an administrative fee, based on the following schedule, which will be assessed quarterly and will be disclosed on the Transaction Detail section of your quarterly statement under the Withdrawals/Expenses heading.

The annual fee is 0.18% of the first \$50,000 in your account, with a minimum fee of \$10 per year and a maximum of \$90. Every quarter, all participants will be assessed \$2.50 up to a balance of \$5,555.56, with 0.045% charged on balances from \$5,555.57 up to \$50,000.

The minimum quarterly fee is \$2.50; the maximum quarterly fee is \$22.50. If your balance exceeds \$50,000, you are charged the maximum fee of \$90

per year, or \$22.50 per quarter, but you will pay nothing on the balance of \$50,000.01 and above.

EXAMPLES

For a \$10,000 balance:

- » You'll be charged \$2.50 *every quarter* on the balances up to \$5,555.56. The remaining \$4,444.44 will be charged a fee of 0.045%, or \$2 ($\$4,444.44 \times 0.00045 = \2).
- » The total charged on the \$10,000 balance will be \$4.50 per quarter.

For a \$100,000 balance:

- » You'll be charged \$2.50 *every quarter* on the balances up to \$5,555.56. Additionally, \$44,444.44 will be charged a fee of 0.045%, or \$20 ($\$44,444.44 \times 0.00045 = \20). There is no fee for the portion of the balance above \$50,000.
- » The total charged on the \$100,000 balance will be \$22.50 per quarter.

ARE THERE ANY FEES FOR THE INVESTMENT OPTIONS?

All loads (sales charges) on purchase transactions are waived on core investment options within the Plan.

Each investment option has an expense ratio that varies by investment option. These fees are deducted by each investment option's management company before the daily price or performance is calculated. Fees pay for investment management expenses, fund operating expenses, and revenue sharing.

These expense ratios are listed under the Investment Information tab then Investment Performance link at **LouisianaDCP.com**. For example, a \$5,000 balance in a fund with a 0.96% expense ratio would be assessed a fee of \$12 per quarter. This implicit fee is built into or included in the share price of the investment option.

Funds may impose redemption fees on certain transfers, redemptions or exchanges. Asset allocation funds may be subject to a fund operating expense at the fund level, as well as prorated fund operating expenses of each underlying fund in which they invest. For more information on all

applicable fees, please refer to the fund prospectus. Prospectuses are available under the Investment Information tab at **LouisianaDCP.com**.

ARE THERE ANY DISTRIBUTION FEES?

For the Plan there are currently no distribution fees.

LOANS

MAY I TAKE A LOAN FROM MY ACCOUNT?

Your Plan allows you to borrow the lesser of \$50,000 or 50% of your total account balance. The minimum loan amount is \$1,000, and you have up to five years to repay your loan—up to 15 years if the money is used to purchase your primary residence.

Participants may have a maximum of one outstanding loan at any time. There is a \$50 origination fee for each loan, plus an ongoing quarterly maintenance fee of \$6.25. The loan origination fee is deducted from the principal balance of the loan proceeds. All loan payments are payroll deducted. If your employer opts out of this process, you will not be eligible for a loan.

The quarterly maintenance fee is assessed against your remaining account balance. The interest rate for the loan is 2% over the Prime Rate as published in The Wall Street Journal on the first business day of the month before the loan is originated. For more information on loans, contact the Louisiana Deferred Compensation Plan office at **(225) 926-8082** or **(800) 937-7604**.

Important note: In the event you pay off a loan, there is a 30-day waiting period before another loan request can be processed.

TAXES

HOW DOES MY PARTICIPATION IN THE PLAN AFFECT MY TAXES?

Because traditional 457 contributions are taken out of your paycheck before taxes are calculated, you pay less in current income tax.

You do not report any current earnings or losses

on your account on your current income tax return either. Your account is tax-deferred until you withdraw money, which is usually during retirement.

Distributions from the Plan are taxable as ordinary income during the years in which they are distributed or made available to you or your beneficiary(ies).¹

INVESTMENT ASSISTANCE

CAN I GET HELP WITH MY INVESTMENT DECISIONS?

Employees of the State of Louisiana and Empower cannot give investment advice. There are financial calculators and tools on the website that can help you determine which investment options might be best for you if you would like to construct your Plan account yourself.

HOW CAN I GET HELP CHOOSING MY INVESTMENT OPTIONS?

Your Plan offers a suite of investment advice services called Empower Retirement Advisory Services (Advisory Services). As a participant, you may select the Managed Account service, which has Advised Assets Group, LLC (AAG), a registered investment adviser, manage your Plan account for you. If you prefer to manage your retirement account on your own, you may select any investment option or options, and you may use the Online Investment Guidance and/or Online Investment Advice services. These services provide a personalized retirement strategy for you based on your investment goals, time horizon and risk tolerance.

For more detailed information, please visit your Plan's website at **LouisianaDCP.com** or call the voice response system toll free at **(800) 701-8255** to speak with an AAG adviser representative.

There is no guarantee that participation in Advisory Services will result in a profit or that your account will outperform a self-managed portfolio.

► HOW DO I GET MORE INFORMATION?

WHAT FEES DO I PAY TO PARTICIPATE IN ADVISORY SERVICES?

Three levels of service are available with Advisory Services:

- » Online Investment Guidance: No fee.
- » Online Investment Advice: A \$25 annual fee assessed to your account at \$6.25 quarterly.
- » Managed Account: If you choose to have AAG manage your account for you, the annual Managed Account fee will automatically be deducted from your account balance and the applicable prorated amount will be charged quarterly based on your account balance, as the chart below shows.

PARTICIPANT ACCOUNT BALANCE	ANNUAL MANAGED ACCOUNT FEE
Less than \$100,000	0.45%
Next \$150,000	0.35%
Next \$150,000	0.25%
Greater than \$400,000	0.15%

Less than \$100,000	0.45%
Next \$150,000	0.35%
Next \$150,000	0.25%
Greater than \$400,000	0.15%

For example, if your account balance is \$50,000, the maximum annual fee will be 0.45%, or 0.1125% per quarter, which equates to \$225 annually, or \$56.25 quarterly.

As shown in the illustration below, if your account balance is \$125,000, the first \$100,000 will be subject to a maximum fee of 0.45% annually, or 0.1125% quarterly, and the next \$25,000 will be subject to a maximum annual fee of 0.35%, or 0.0875% quarterly.

$\$100,000 \times 0.1125\%$	= \$112.50 quarterly
$\$25,000 \times 0.0875\%$	= \$21.88 quarterly
Total quarterly fee	= \$134.38 (or \$537.52 yearly)

Visit the website at LouisianaDCP.com or call the voice response system toll free at (800) 701-8255 for more information.²

The website provides information regarding your Plan, financial education information, financial calculators and other tools to help you manage your account.

We recommend setting an appointment with an Empower Retirement representative by contacting the Louisiana Public Employees Deferred Compensation Plan office at:

9100 Bluebonnet Centre Blvd., Suite 203
Baton Rouge, LA 70809
(225) 926-8082





LOUISIANA

Public Employees Deferred Compensation Plan

- 1 Representatives of GWFS Equities, Inc. cannot offer investment, fiduciary, financial, legal or tax advice. Please consult with your financial planner, attorney and/or tax advisor as needed.
- 2 Access to the voice response system and/or any website may be limited or unavailable during periods of peak demand, market volatility, systems upgrades/maintenance or other reasons. Transfer requests made via the website or the voice response system received on business days prior to close of the New York Stock Exchange (3:00 p.m. Central Time or earlier on some holidays or other special circumstances) will be initiated at the close of business the same day the request was received. The actual effective date of your transaction may vary depending on the investment option selected.
- 3 The account owner is responsible for keeping the assigned PIN/Passcode confidential. Please Client Services immediately if you suspect any unauthorized use.

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.

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Do something good for yourself



It's easy to get started

The steps you take today will affect how you spend tomorrow. On your journey to retirement do something good for yourself by planning ahead for the kind of future you envision. Enroll in your employer's retirement savings plan to set a little aside regularly for the kind of retirement you can look forward to.

- 1 Go to enroll.voya.com
- 2 Enter plan number
VFR169
- 3 Enter verification number
116277

5 reasons to enroll now

1. Make changes anytime
2. Save automatically
3. Help lower your taxable income
4. Invest your way
5. Take your money with you

Howard Weiser
Howard.Weiser@voyafa.com
504-259-6708



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Do something good for yourself



It's easy to get started

The steps you take today will affect how you spend tomorrow. On your journey to retirement do something good for yourself by planning ahead for the kind of future you envision. Enroll in your employer's retirement savings plan to set a little aside regularly for the kind of retirement you can look forward to.

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5 reasons to enroll now

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10 Reasons to Enroll in Your Employer's Retirement Plan



Whether retirement is four years away or forty, you may want to plan a financial strategy now to help you work towards your retirement objectives.

1. It's simple to enroll.

A local representative can help you with the enrollment process. Call us to set up an appointment.

2. It's flexible.

You could choose the amount or percent of pay you would like to contribute, and you can change or stop later.

3. It's automatic.

Your contributions can be set up to be automatically deducted from your pay.

4. It's pre-tax.

Contributions are deducted before federal income taxes. You won't pay federal income taxes right away, and your money has more time to compound. You'll pay tax on the money when it is paid to you at a later date; that's usually at retirement when you may be in a lower income tax bracket. (Distributions will be taxed as ordinary income when distributed and will be subject to an IRS 10% premature distribution penalty tax if taken prior to age 59½, unless an exception applies.)

5. It probably costs less than you think.

If you contribute as little as \$2 per day (\$60 per month) starting today, those funds may grow to almost \$60,000 in 30 years! If you can afford \$4 per day (\$120 per month), your savings may be even greater.

Amount Saved	at 10 years	at 20 years	at 30 years
\$2 per day	\$9,795.86	\$27,338.75	\$58,755.39
\$4 per day	\$19,591.71	\$54,677.49	\$117,510.78

This illustration assumes a \$60 or \$120 contribution per month that earns interest at 6%. It assumes a 30-day month and that contributions are deposited at the beginning of each month. The returns are hypothetical and do not reflect the past or future performance of any specific investment option. Payment of income taxes is not reflected. Systematic investing does not ensure a profit or protect against loss. You should consider your ability to invest consistently in up- and down-markets.

6. It's important to start early.

Waiting could impact how much you'll have for retirement.

Age at Which You Start	\$25 Per Pay Period
Age 25	\$103,842
Age 30	\$74,770
Age 40	\$36,813

This hypothetical chart shows the impact of joining at different ages. The accumulated amounts assume contributions over 26 pay periods per year, a 6% annual rate of return compounded monthly and a retirement age of 65.

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Contact your local representative for more information about the retirement saving options available to you.

7. Simplified approach to investing.

There are a variety of investment options available, ranging from conservative to aggressive. For those who do not wish to choose their own investments, asset allocation funds are one possible option.

8. Special savings opportunities near retirement.

The opportunities to save increase as you approach the end of your career. Depending on your age, years of service and amount contributed in the past, you may be able to make additional contributions to your account.

9. Maximize your savings.

If your employer makes a supplemental deferred compensation plan available to you in addition to a traditional retirement plan, you may want to consider taking advantage of both, as contributions to one may not offset the amount you can contribute to the other.

10. Portability.

Your savings are "portable." This means that if you go to work for another employer, you may roll over your benefits to your new employer's plan, if that plan accepts rollovers. If that isn't possible, you can receive your benefits or, if the plan permits, leave your account with Voya Financial™ and let earnings continue to accumulate tax-deferred. Your savings can also be rolled over into an IRA.

Edward Plemons
Investment Advisor Representative
225-226-8013
Enter Email



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Carefully consider the provisions of your current retirement plan and the new product for differences in cost, benefits, surrender charges, or other important features before transferring assets. There may also be tax consequences associated with the transfer of assets. Consult your own legal and tax advisors regarding your situation. Rollover assets may be subject to an IRS 10% premature distribution penalty tax. Consult your own legal and tax advisors regarding your situation.

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Investment adviser representative and registered representative of, and securities and investment advisory services offered through Voya Financial Advisors, Inc. (member SIPC).

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Increasing your contributions

Even a little bit could add up

Special Report



How many ads have you seen for something that can be yours for “just \$10 a month?” These offers are appealing for one reason: Many of us can afford the 10 bucks. And what if \$10 a month could net you almost \$10,000 – at a time when you need it most, such as retirement?

How much more can you afford?

How much are you contributing to your employer-sponsored retirement plan? \$25 a month? \$50? \$100? When was the last time you took out a calculator to figure out how much that might actually net you at retirement? Would that be enough? You would likely contribute much more if you could afford to do so. But have you thought about the impact of contributing just a little more?

Even if you can afford to contribute only \$10 more per month, that \$10 may add up to nearly \$10,000 over 30 years. And \$20 each month may be worth almost \$20,000 when you retire.

Do you really need it?

If you still think you can’t afford to save just a little more, you might want to take a few seconds to review the money-saving ideas below. You may be surprised at how skimping on a few “nice-to-haves” now could help you pay for the “must-haves” later:

- Skipping an outing to the movies this month could mean an extra \$15 or more towards your savings.
- Forgoing a \$3 latte every day of the week could add up to \$90 each month. Passing on a daily \$1 cup of coffee adds up to \$30 a month.
- A \$5 weekly trip to the fast food joint could total \$20 per month. Skipping these trips could also be healthier!
- How much do you spend on clothes or shoes each month? Could you cut back just \$25? \$10? \$5?

Here’s how a small increase to your contribution might add up over time:

An additional contribution of:	10 years	20 years	30 years
\$5/month could add up to ...	\$ 812.37	\$2,267.20	\$ 4,872.56
\$10/month could add up to ...	\$1,624.73	\$4,534.39	\$ 9,745.13
\$15/month could add up to ...	\$2,437.10	\$6,801.58	\$14,617.70
\$20/month could add up to ...	\$3,249.47	\$9,068.77	\$19,490.26

Assumes 6% rate of return and contributions made at the end of each month. This illustration is hypothetical, is not guaranteed, and it is not intended to reflect the performance of any specific investment. There is no assurance that increasing contributions will generate investment success. In addition, these figures do not reflect taxes or any fees or charges that may be assessed by the investments. The tax-deferred investment will be subject to taxes on withdrawal. Systematic investing does not ensure a profit nor guarantee against loss. Investors should consider their financial ability to continue consistently investing in up as well as down markets.

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- Do you really read all those magazines? If not, you may want to put that money into something longer-lasting.
- Cutting out happy hours could lower your food and beverage spending, and add to your savings stash.
- Just a few less minutes on the phone could save you money on phone bills.

Getting started

Those are just a few ideas to help you save. There are plenty of other simple things you could do today to help improve your future tomorrow. And as you can already see, contributing just a little bit more to your retirement plan now may add up to a lot later. To learn more about how you can make the most of your retirement savings, you can contact your Voya® representative.



Products and services available through the Voya® family of companies.

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VOLUNTARY SHORT TERM DISABILITY INSURANCE OVERVIEW

Prepared for the employees of Jefferson Parish School Board

Short Term Disability (STD) Insurance Coverage – paid by you

Eligibility	Class 1: Active, full-time Employees of the Employer regularly working a minimum of 720 hours per year. Class 2: Active, rehired Retirees of the Employer regularly working a minimum of 720 hours per year.	
Eligibility Waiting Period	January 1 st following the date of hire.	
Weekly Benefit	Benefit Amount	Up to 60% of your weekly covered earnings
	Maximum	\$1,000 per week
Elimination Period	You must be continuously disabled for 7 days from an accident or 7 days from a sickness.	
Benefit Duration	Once you qualify for benefits under this plan, you continue to receive them until the end of the 12 week benefit period, or until you no longer qualify for benefits, whichever occurs first.	

Short Term Disability Plan Details & Features

Definition of Disability

Disability means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation and you are unable to earn 80% or more of your covered earnings from working in your regular occupation. We will require proof of earnings and continued disability.

Covered Earnings

Covered earnings means your wages or salary, not including bonuses, commissions and other extra compensation.

Earnings While Disabled

Benefits will be reduced for any week that benefits plus income from employment exceeds 100% of weekly covered earnings.

Additional Plan Details & Features

Termination of Disability Benefits

Your benefits will terminate on the earliest of any of the following dates: the date the insurance company determines you are no longer disabled; the date you earn from any occupation more than the percentage of covered earnings as defined in your definition of disability; the date the maximum benefit period ends; the date you cease to get appropriate care; the date you die; the date you refuse to participate without good cause in all required phases of the rehabilitation plan; the date you fail to cooperate with us in the administration of the claim. Benefits may be resumed if you begin to cooperate in the rehabilitation plan within 30 days of the date benefits terminated.

Effects of Other Income Benefits

The disability benefit provided by this plan is a total benefit; that is, it will be reduced by any disability benefits payable on behalf of you or your dependents, or a qualified third party on behalf of you or your dependents, whether or not you are actually receiving them.

Other income sources that may reduce your benefits under this plan include:

- Any Social Security disability or retirement benefits you or any third party receive (or are assumed to receive) on your own behalf; or which your dependents receive (or are assumed to receive) because of your entitlement to such benefits.
- Benefits payable by a Canadian and/or Quebec provincial pension plan.

- Amounts payable under the Railroad Retirement Act.
- Amounts payable under local, state, provincial or federal government disability or retirement plan or law as it pertains to the employer.
- Employer-paid portion of company retirement plan benefits.
- Amounts payable by any franchise or group insurance or similar plan.
- Benefits payable under work-loss provisions of any mandatory “no fault” auto insurance.
- Any amounts paid on account of loss of earnings or earning capacity through settlement, judgment, arbitration or otherwise, where a third party may be liable, regardless of whether liability is determined.
- Amounts payable under any workers’ compensation (including temporary or permanent disability benefits), occupational disease, and unemployment compensation. This includes damages, compromises or settlements paid in place of such benefits, whether or not liability is admitted.

Income sources that **WILL NOT** reduce your benefits under this plan are:

- Benefits paid by personal, individual disability income policies.
- Individual deferred compensation agreements.
- Employee savings plans, including thrift plans, stock options or stock bonuses.
- Individual retirement funds, such as IRA or 401(k) plans.
- Profit-sharing, investment or other retirement or savings plans maintained in addition to an employer-sponsored pension plan.

Exclusions

This plan does not pay benefits for a disability which results, directly or indirectly, from any of the following: Suicide, attempted suicide, or whenever you injure yourself on purpose; war or any act of war, whether or not declared; active participation in a riot; commission of a felony; cosmetic surgery or medically unnecessary surgical procedures, an injury or sickness for which you are entitled to benefits from Workers’ Compensation or occupational disease law, an injury or sickness that is work-related; the revocation, restriction or non-renewal of your license, permit or certification necessary for you to perform the duties of your occupation, unless solely due to injury or sickness otherwise covered by the policy.

In addition, we will not pay disability benefits for any period of disability during which you are incarcerated in a penal or corrections institution for any reason.

Plan Termination

Coverage terminates if the group policy is terminated, if you cease to be in active service, if you are no longer a member of an eligible class of employees, the day after the last date for which premium has been paid by you or the employer, or the date you become eligible for a plan of benefits intended to replace this coverage.

If you are disabled and receiving benefits under this plan, your benefits and coverage will continue until the expiration of your benefit period, or until you no longer qualify for benefits under the plan, whichever comes first.

When Coverage Takes Effect

Your coverage takes effect on the later of the program’s effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions.

If you have to submit evidence of good health, your coverage takes effect on the date we agree, in writing, to cover you.

If you’re not actively at work on the date your coverage would otherwise take effect, you’ll be covered on the date you return to work.

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of insurance are set forth in Group Policy No. **VDT960103**. Please refer to your Certificate of Insurance or Summary Plan Description for more detailed information. Coverage is underwritten by **Life Insurance Company of North America**, a Cigna company. “Cigna” and the Tree of Life logo are registered service marks of Cigna Intellectual Property, Inc. © Cigna 2015

VOLUNTARY LONG TERM DISABILITY INSURANCE OVERVIEW

Prepared for the employees of Jefferson Parish School Board

Long Term Disability (LTD) Insurance Coverage		
Eligibility	Class 1: Active, full-time Employees of the Employer regularly working a minimum of 720 hours per year. Class 2: Active, rehired Retirees of the Employer regularly working a minimum of 720 hours per year.	
Eligibility Waiting Period	January 1 st following the date of hire.	
Monthly Benefit	Benefit Amount	Up to 60% of your monthly covered earnings
	Maximum	Class 1: \$6,000 per month Class 2: \$5,000 per month
	Minimum	25% of your monthly covered earnings prior to any reductions for other income benefits.
Elimination Period	You must be continuously disabled for 90 before benefits may be payable.	
Cost	The cost of this insurance program is paid for by you.	

Long Term Disability Plan Details & Features

Definition of Disability means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation. After benefits have been payable for 24 months, you are considered disabled if solely due to your injury or sickness, you are unable to perform the material duties of any occupation for which you are (or may reasonably become) qualified by education, training or experience, and you are unable to earn 80% or more of your indexed earnings. We will require proof of earnings and continued disability.

Covered Earnings

Covered earnings means your wages or salary, not including bonuses, commissions and other extra compensation.

Earnings While Disabled

During the first 24 months that benefits are payable, benefits will be reduced if benefits plus income from employment exceeds 100% of pre-disability covered earnings. After that, benefits will be reduced by 50% of earnings from employment.

Pre-existing Conditions –

Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures,) or for which a reasonable person would have consulted a physician during the 3 months just prior to the most recent effective date of insurance.

Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for at least 12 months after your most recent effective date of insurance.

Benefit Duration

Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit period shown below, or until you no longer qualify for benefits, whichever occurs first. Your benefit period begins on the first day after you complete your elimination period. Should you remain disabled, your benefits continue according to the following schedule, depending on your age at the time you become disabled.

	Age at Disability							
Duration of Payments	62 or Younger	63	64	65	66	67	68	69+
Number of Months Benefits Paid	To age 65 or the date the 42 nd monthly benefit is payable, if later	36	30	24	21	18	15	12

Limited Benefit Period

Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 24 months: Anxiety-disorders, delusional (paranoid) or depressive disorders, eating disorders, mental illness, somatoform disorders (including psychosomatic illnesses).

Benefits are payable during periods of hospital confinement for these conditions for hospitalizations lasting more than 14 consecutive days that occur before the 24-month lifetime limit is exhausted. Once the 24-month benefits are exhausted, the plan pays no further benefits.

Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 24 months: Alcoholism, drug addiction or abuse.

Benefits are payable during periods of hospital confinement for these conditions for hospitalizations lasting more than 14 consecutive days that occur before the 24-month lifetime limit is exhausted. Once the 24-month benefits are exhausted, the plan pays no further benefits.

Family Survivor Benefit

If you die while receiving disability benefits, we will pay a survivor benefit based on 100% of the total of your last month's benefit plus the amount of any disability earnings by which this benefit had been reduced for that month. This plan pays a single lump sum equal to 3 months of benefits. We pay this benefit directly to your lawful spouse, or to your children in equal shares, if there is no lawful spouse. If you have no lawful spouse or children, we pay this benefit to your estate.

Sabbatical Leave or Utilization of Accumulated Sick Leave, Extended Sick Leave or Additional Extended Sick Leave approved by the Employer will allow insurance to continue for an employee up to 12 months following the date leave begins.

Additional Plan Details & Features

Termination of Disability Benefits

Your benefits will terminate on the earliest of any of the following dates: the date the insurance company determines you are no longer disabled; the date you earn from any occupation more than the percentage of covered earnings as defined in your definition of disability; the date the maximum benefit period ends; the date you cease to get appropriate care; the date you die; the date you refuse to participate without good cause in all required phases of the rehabilitation plan; the date you fail to cooperate with us in the administration of the claim. Benefits may be resumed if you begin to cooperate in the rehabilitation plan within 30 days of the date benefits terminated.

Effects of Other Income Benefits

The disability benefit provided by this plan is a total benefit; that is, it will be reduced by any disability benefits payable on behalf of you or your dependents, or a qualified third party on behalf of you or your dependents, whether or not you are actually receiving them.

Other income sources that may reduce your benefits under this plan include:

- Any Social Security disability or retirement benefits you or any third party receive (or are assumed to receive) on your own behalf; or which your dependents receive (or are assumed to receive) because of your entitlement to such benefits.
- Benefits payable by a Canadian and/or Quebec provincial pension plan.
- Amounts payable under the Railroad Retirement Act.
- Amounts payable under local, state, provincial or federal government disability or retirement plan or law as it pertains to the employer.
- Employer-paid portion of company retirement plan benefits.(class 1 only)
- Amounts payable by company sponsored sick leave or salary continuation plan.
- Amounts payable by any franchise or group insurance or similar plan.

- Benefits payable under work-loss provisions of any mandatory “no fault” auto insurance.
- Any amounts paid on account of loss of earnings or earning capacity through settlement, judgment, arbitration or otherwise, where a third party may be liable, regardless of whether liability is determined.
- Amounts payable under any workers’ compensation (including temporary or permanent disability benefits), occupational disease, and unemployment compensation. This includes damages, compromises or settlements paid in place of such benefits, whether or not liability is admitted.

Income sources that **WILL NOT** reduce your benefits under this plan are:

- Benefits paid by personal, individual disability income policies.
- Individual deferred compensation agreements.
- Employee savings plans, including thrift plans, stock options or stock bonuses.
- Individual retirement funds, such as IRA or 401(k) plans.
- Profit-sharing, investment or other retirement or savings plans maintained in addition to an employer-sponsored pension plan.

Exclusions

This plan does not pay benefits for a disability which results, directly or indirectly, from any of the following: Suicide, attempted suicide, or whenever you injure yourself on purpose; war or any act of war, whether or not declared; active participation in a riot; commission of a felony; the revocation, restriction or non-renewal of your license, permit or certification necessary for you to perform the duties of your occupation, unless solely due to injury or sickness otherwise covered by the policy.

In addition, we will not pay disability benefits for any period of disability during which you are incarcerated in a penal or corrections institution for any reason.

Plan Termination

Coverage terminates if the group policy is terminated, if you cease to be in active service, if you are no longer a member of an eligible class of employees, the day after the last date for which premium has been paid by you or the employer, or the date you become eligible for a plan of benefits intended to replace this coverage.

If you are disabled and receiving benefits under this plan, your benefits and coverage will continue until the expiration of your benefit period, or until you no longer qualify for benefits under the plan, whichever comes first.

When Coverage Takes Effect

Your coverage takes effect on the later of the program’s effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions.

If you have to submit evidence of good health, your coverage takes effect on the date we agree, in writing, to cover you.

If you’re not actively at work on the date your coverage would otherwise take effect, you’ll be covered on the date you return to work.

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of insurance are set forth in Group Policy No. **VDT960104**. Please refer to your Certificate of Insurance or Summary Plan Description for more detailed information. Coverage is underwritten by **Life Insurance Company of North America**, a Cigna company. “Cigna” and the Tree of Life logo are registered service marks of Cigna Intellectual Property, Inc. © Cigna 2015

WHATEVER LIFE THROWS AT YOU - THROW IT OUR WAY.



Life Assistance Program

Life. Just when you think you've got it figured out, along comes a challenge. Whether your needs are big or small, your Life Assistance & Work/Life Support Program is there for you. It can help you and your family find solutions and restore your peace of mind.

Call us anytime, any day.

We're just a phone call away whenever you need us. At no extra cost to you. An advocate can help you assess your needs and develop a solution. He or she can also direct you to community resources and online tools.

Visit a specialist.

You have three face-to-face sessions with a behavioral counselor available to you - and your household members. Call us to request a referral.

Reward yourself.

Access our Healthy Rewards[®] discount program. You can get discounts on health and wellness products and services.

Achieve work/life balance.

If you'd like help handling life's demands, call us for extra support. We can refer you to a service in your community. Or provide guidance on topics such as:



Legal consultation.^{**} Receive a free 30-minute consultation. And up to a 25% discount on select fees.



Parenting. Get guidance on child development, sibling rivalry, separation anxiety and much more.



Senior care. Learn how to solve the challenges of caring for an aging loved one.



Child care. Whether you need care all day or just after school, find a place that's right for your family.



Pet care. From grooming to boarding to veterinary services, find what you need to care for your pet.



Financial Services & Referral. Receive a free 30-minute consultation and 25% discount on select fees with network providers.



Life Assistance Program - 24/7 support

800.538.3543

www.cignabehavioral.com/cgi

Together, all the way.SM



* Some Healthy Rewards programs are not available in all states. If your Cigna plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. A discount program is NOT insurance, and you must pay the entire discounted charge.

** Legal consultations and discounts are excluded for employment-related issues.

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How To Report A Disability Claim

Under Your Company's Group Disability Insurance Plan

It's easy!...

Just call CIGNA's toll-free number to speak with one of our knowledgeable Customer Intake Representatives who will walk you through the process. We will take all the information over the phone. Just dial:

1-800-36-CIGNA or 1-800-362-4462

Or, if you prefer, you can access the on-line claim form through CIGNA's website. The direct link is <https://dmswebintake.group.cigna.com> or you can reach the form through www.CIGNA.com. To submit a disability claim through CIGNA.com, click on "Life, Accident & Disability," and then select "Submit A Disability Claim" from the Popular Links menu.

When Do I Report a Claim?

- ◆ Call the CIGNA hotline listed above or log onto CIGNA.com as soon as you know you will be out of work because of an illness or injury for more than 7 days in a row. Please contact us no later than your 7th day out of work, so we can begin evaluating your claim.
- ◆ Remember even though you contact CIGNA, you must still call your employer on or before your first day out of work to report how long you expect to be absent.
- ◆ Of course, always seek appropriate medical attention immediately. Your health and safety always come first.

What Information Will CIGNA Need?

You should be prepared to provide information on the following:

- ◆ Your name, address, phone number, birth date, Social Security number, and e-mail address, if applicable.
- ◆ The reason you are filing this claim – illness or injury.
- ◆ A description of your illness, symptoms, and/or diagnosis, including the date the symptoms first appeared, and whether or not you had this illness or symptoms before. We will also need to know if you have filed, or have plans to file, a worker's compensation claim.
- ◆ Information regarding any visits you have made to a doctor, hospital or clinic for this claim. We will need, among other things, the names, addresses, zip codes, phone and fax numbers, along with information about your healthcare provider.
- ◆ Employment information, including items such as your date hired, job title and job description, and information on benefits you are receiving from Social Security, Unemployment, State Disability, etc.

Once you have provided all required information, you will receive an acknowledgment package by mail. This package will contain important information and forms related to your claim.

What Happens Next?

- ◆ After you report your claim to us, you will need to complete a Disclosure Authorization Form. You will receive this form in the mail from CIGNA. This form gives your Doctor permission to release your medical information to us.
- ◆ A CIGNA Case Manager may contact you to answer your questions and discuss the claim process, or to obtain any additional information that is required. This person will be responsible for managing your claim and will be your main contact for any questions you may have.
- ◆ The CIGNA Case Manager will contact your employer for a description of your job requirements and will also contact your doctor for medical reports. This information will help us determine how long you may be out of work and the benefits you may be eligible to receive.

What Happens If My Claim Is Approved?

- ◆ If your claim is approved, you will receive an approval letter that shows the date you are expected to return to work and provides a telephone number to call if you have questions about your coverage.
- ◆ CIGNA will coordinate payment of your benefits as soon as possible.
- ◆ CIGNA will also tell your employer of your claim approval and your anticipated return-to-work date.

✂ *Clip here and carry with you for easy reference.*

How To Report A Disability Claim

- ◆ *Seek appropriate medical attention immediately.*
- ◆ *Advise your manager as soon as possible, preferably on or before your first absence.*
- ◆ *Call the CIGNA hotline below, as soon as possible.*

1-800-36-CIGNA or 1-800-362-4462

– or –

Access our website at:

<https://dmswebintake.group.cigna.com>

What If My Claim Is Denied?

- ◆ If your claim is denied, you will receive a letter providing specific reasons for the denial and an explanation of how to appeal the denial. Upon receipt of the letter, you should contact your employer to schedule your return to work.
- ◆ CIGNA will notify your employer that your claim has been denied. Therefore, even if you plan to appeal the decision, you should contact your employer.

What Can I Expect While I'm Out On Disability?

Our goal is to help you get well and return to work as quickly and as safely as possible. During your disability, CIGNA will call you periodically to discuss your progress and may work with you, your physician and your employer to explore transitional work arrangements that could help speed your return. This could include job modifications or work schedule changes. Your employer may also contact you regularly to check on your progress and to offer support.

What If I Can't Return To Work When My Disability Benefits End?

- ◆ Call your CIGNA Case Manager to discuss the situation. Your Case Manager will help you better understand your options.
- ◆ Also, call your employer to keep them informed of your progress at all times.

What Should I Do When I'm Ready To Return To Work?

When you are ready to return to work, call your employer to let them know the date you will be returning. Also, please call your CIGNA Case Manager to let him or her know when you expect to be back at work.

Have A Question About Your Claim?

Call 1-800-36-CIGNA(24462). This number is operational between 7:00 a.m. and 7:00 p.m. Central Time. If you call outside this time frame, please leave a voicemail message and a representative will respond the next business day.

✂ *Clip here and carry with you for easy reference.*

Please provide the following information when calling to file a disability claim:

- ◆ Your name, address, phone number, birth date, date of hire, Social Security Number and employer's name, address and phone number.
- ◆ The date and cause of your disability, as well as your anticipated return-to-work date. If your disability is due to pregnancy, provide the actual or expected date of delivery.
- ◆ The name, address and phone number of each doctor you are seeing or have seen for the disability causing your illness or injury.

This program is underwritten by Life Insurance Company of North America, a CIGNA company.

Insurance products and services are provided by the CIGNA underwriting subsidiary(ies) shown below, and not by CIGNA Corporation itself. "CIGNA" is used to refer to these subsidiaries and is a registered service mark.

*This insurance is underwritten by
Life Insurance Company of North America,
a CIGNA company.*



CIGNA Group Insurance
Life • Accident • Disability

PM-619222a
STD-Only Intake












HAVE YOU EVER?

- | | |
|--|---|
| <input type="checkbox"/> Needed your Will prepared or updated
<input type="checkbox"/> Been overcharged for a repair or paid an unfair bill
<input type="checkbox"/> Had trouble with a warranty or defective product
<input type="checkbox"/> Signed a contract
<input type="checkbox"/> Received a moving traffic violation
<input type="checkbox"/> Had concerns regarding child support | <input type="checkbox"/> Worried about being a victim of Identity theft
<input type="checkbox"/> Been concerned about your child's identity
<input type="checkbox"/> Lost your wallet
<input type="checkbox"/> Worried about entering personal information on-line
<input type="checkbox"/> Feared the security of your medical information
<input type="checkbox"/> Been pursued by a collection agency |
|--|---|

WHAT IS LEGAL SHIELD?

Founded in 1972, LegalShield has 1.6 million memberships protecting and empowering 4.1 million lives and serving 140,000 businesses throughout the United States and Canada. Our members can talk to a lawyer on any personal legal matter, no matter how trivial or traumatic, all without worrying about high hourly costs. LegalShield has provided identity theft protection since 2003 with Kroll, the world's leading company in ID Theft consulting and restoration.

THE LEGALSHIELD® MEMBERSHIP INCLUDES:

-  ✓ Personal Legal advice on unlimited issues
-  ✓ Letters/ calls made on your behalf
-  ✓ Contracts & documents reviewed (up to 15 pages)
-  ✓ Residential Loan Document Assistance
-  ✓ Lawyers prepare your Will, your Living Will and your Health Care Power of Attorney
-  ✓ Moving Traffic Violations (available 15 days after enrollment)
-  ✓ IRS Audit Assistance
-  ✓ Trial Defense (if named defendant/ respondent in a covered civil action suit)
-  ✓ Uncontested Divorce, Separation, Adoption and/or Name Change Representation (available 90 days after enrollment)
-  ✓ 25% Preferred Member Discount (Bankruptcy, Criminal Charges, DUI, Other Matters, etc.)
-  ✓ 24/7 Emergency Access for covered situations

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under age 18 for whom the member is legal guardian; never married, dependent children up to age 26 if a full-time college student; and physically or mentally disabled dependent children. An individual rate is available for those enrollees who are not married, do not have a domestic partner and do not have minor children or dependents. No family benefits are available to individual plan members. Ask your Independent Associate for details.

THE IDSHIELD™ MEMBERSHIP INCLUDES:



Privacy Monitoring

Monitoring your name, SSN, date of birth, email address (up to 10), phone numbers (up to 10), driver license & passport numbers, and medical ID numbers (up to 10) provides you with comprehensive identity protection service that leaves nothing to chance.

Security Monitoring

SSN, credit cards (up to 10), and bank account (up to



10) monitoring, sex offender search, financial activity alerts and quarterly credit score tracking keep you secure from every angle. With the family plan, Minor Identity Protection is included and provides monitoring for up to 8 children under the age of 18.

Consultation

Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts, data breach notifications and lost wallet protection.

Full Service Restoration

Complete identity recovery services by Kroll Licensed Private Investigators and our \$5 million service guarantee ensure that if your identity is stolen, it will be restored to its pre-theft status.



IDShield Plans are available for Groups at individual or family plan rates. A family rate covers the member, member's spouse or domestic partner and up to 8 dependents up to the age of 26.*

**Dependents that are over 18, under 26, and either live at home or are a full time student, and have never been married will receive unlimited consultation and complete restoration by Kroll licensed private investigators. Monitoring is not available for dependents in this category.*

Direct Pay Monthly - 12	Family	Individual
LegalShield	\$18.95	\$16.95
IDShield	\$18.95	\$8.95
Combined	\$33.90	\$25.90

For More Information, Contact Your Independent Associate

Willie Jones
228.324.5671

This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See a plan contract for your state of residence for complete terms, coverage, amounts, conditions and exclusions.

Accident Insurance



Accidents happen in places where you and your family spend the most time – at work, in the home and on the playground – and they’re unexpected. How you care for them shouldn’t be.

In your lifetime, which of these accidental injuries have happened to you or someone you know?

- Sports-related accidental injury
- Broken bone
- Burn
- Concussion
- Laceration
- Back or knee injuries
- Car accidents
- Falls & spills
- Dislocation
- Accidental injuries that send you to the Emergency Room, Urgent Care or doctor’s office

Colonial Life’s Accident Insurance is designed to help you fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to an accidental injury. The benefit to you is that you may not need to use your savings or secure a loan to pay expenses. Plus you’ll feel better knowing you can have greater financial security.

What additional features are included?

- Worldwide coverage
- Portable
- Compliant with Healthcare Spending Account (HSA) guidelines

Will my accident claim payment be reduced if I have other insurance?

You’re paid regardless of any other insurance you may have with other insurance companies, and the benefits are paid directly to you (unless you specify otherwise).

What if I change employers?

If you change jobs or leave your employer, you can take your coverage with you at no additional cost. Your coverage is guaranteed renewable as long as you pay your premiums when they are due or within the grace period.

Can my premium change?

Colonial Life can change your premium only if we change it on all policies of this kind in the state where your policy was issued.

How do I file a claim?

Visit coloniallife.com or call our Customer Service Department at 1.800.325.4368 for additional information.

Benefits listed are for each covered person per covered accident unless otherwise specified.

Initial Care

- Accident Emergency Treatment..... \$125
- X-ray Benefit.....\$30
- Ambulance\$200
- Air Ambulance \$2,000

Common Accidental Injuries

Dislocations (Separated Joint)	Non-Surgical	Surgical
Hip	\$2,200	\$4,400
Knee (except patella)	\$1,100	\$2,200
Ankle – Bone or Bones of the Foot (other than Toes)	\$880	\$1,760
Collarbone (Sternoclavicular)	\$550	\$1,100
Lower Jaw, Shoulder, Elbow, Wrist	\$330	\$660
Bone or Bones of the Hand	\$330	\$660
Collarbone (Acromioclavicular and Separation)	\$110	\$220
One Toe or Finger	\$110	\$220

Fractures	Non-Surgical	Surgical
Depressed Skull	\$2,750	\$5,500
Non-Depressed Skull	\$1,100	\$2,200
Hip, Thigh	\$1,650	\$3,300
Body of Vertebrae, Pelvis, Leg	\$825	\$1,650
Bones of Face or Nose (except mandible or maxilla)	\$385	\$770
Upper Jaw, Maxilla	\$385	\$770
Upper Arm between Elbow and Shoulder	\$385	\$770
Lower Jaw, Mandible, Kneecap, Ankle, Foot	\$330	\$660
Shoulder Blade, Collarbone, Vertebral Process	\$330	\$660
Forearm, Wrist, Hand	\$330	\$660
Rib	\$275	\$550
Coccyx	\$220	\$440
Finger, Toe	\$110	\$220

Your Colonial Life policy also provides benefits for the following injuries received as a result of a covered accident.

- Burn (based on size and degree) \$1,000 to \$12,000
- Coma.....\$10,000
- Concussion \$60
- Emergency Dental Work.....\$75 Extraction, \$300 Crown, Implant, or Denture
- Lacerations (based on size).....\$30 to \$500

Requires Surgery

- Eye Injury\$300
- Tendon/Ligament/Rotator Cuff.....\$500 - one, \$1,000 - two or more
- Ruptured Disc\$500
- Torn Knee Cartilage\$500

Surgical Care

- Surgery (cranial, open abdominal or thoracic) \$1,500
- Surgery (hernia)\$150
- Surgery (arthroscopic or exploratory)\$200
- Blood/Plasma/Platelets\$300

Transportation/Lodging Assistance

If injured, covered person must travel more than 50 miles from residence to receive special treatment and confinement in a hospital.

- Transportation.....\$500 per round trip up to 3 round trips
- Lodging (family member or companion).....\$125 per night up to 30 days for a hotel/motel lodging costs

Accident Hospital Care

- Hospital Admission* \$1,000 per accident
 - Hospital ICU Admission* \$2,000 per accident
- * We will pay either the Hospital Admission or Hospital Intensive Care Unit (ICU) Admission, but not both.
- Hospital Confinement \$225 per day up to 365 days per accident
 - Hospital ICU Confinement\$450 per day up to 15 days per accident

Accident Follow-Up Care

- Accident Follow-Up Doctor Visit \$50 (up to 3 visits per accident)
- Medical Imaging Study\$150 per accident
(limit 1 per covered accident and 1 per calendar year)
- Occupational or Physical Therapy \$25 per treatment up to 10 days
- Appliances \$100 (such as wheelchair, crutches)
- Prosthetic Devices/Artificial Limb \$500 - one, \$1,000 - more than 1
- Rehabilitation Unit.....\$100 per day up to 15 days per covered accident,
and 30 days per calendar year.
Maximum of 30 days per calendar year

Accidental Dismemberment

- Loss of Finger/Toe\$750 – one, \$1,500 – two or more
- Loss or Loss of Use of Hand/Foot/Sight of Eye\$7,500 – one, \$15,000 – two or more

Catastrophic Accident

For severe injuries that result in the total and irrecoverable:

- Loss of one hand and one foot
 - Loss of both hands or both feet
 - Loss or loss of use of one arm and one leg or
 - Loss or loss of use of both arms or both legs
 - Loss of the sight of both eyes
 - Loss of the hearing of both ears
 - Loss of the ability to speak
- Named Insured \$25,000 Spouse\$25,000 Child(ren).....\$12,500

365-day elimination period. Amounts reduced for covered persons age 65 and over.
Payable once per lifetime for each covered person.

Accidental Death

	Accidental Death	Common Carrier
• Named Insured	\$25,000	\$100,000
• Spouse	\$25,000	\$100,000
• Child(ren)	\$5,000	\$20,000

Health Screening Benefit

- \$50 per covered person per calendar year

Provides a benefit if the covered person has one of the health screening tests performed.

This benefit is payable once per calendar year per person and is subject to a 30-day waiting period.

Tests include:

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- Carotid doppler
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Stress test on a bicycle or treadmill
- Skin cancer biopsy
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

My Coverage Worksheet (For use with your Colonial Life benefits counselor)

Who will be covered? (check one)

- ☐ Employee Only ☐ Spouse Only ☐ One Child Only ☐ Employee & Spouse
- ☐ One-Parent Family, with Employee ☐ One-Parent Family, with Spouse ☐ Two-Parent Family

When are covered accident benefits available? (check one)

- ☐ On and Off -Job Benefits ☐ Off -Job Only Benefits

EXCLUSIONS

We will not pay benefits for losses that are caused by or are the result of: hazardous avocations; felonies or illegal occupations; racing; semi-professional or professional sports; sickness; suicide or self-inflicted injuries; war or armed conflict; in addition to the exclusions listed above, we also will not pay the Catastrophic Accident benefit for injuries that are caused by or are the result of: birth; intoxication.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form Accident 1.0-HS (including state abbreviations where used.) This is not an insurance contract and only the actual policy provisions will control.

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Cancer Insurance

How would cancer impact your way of life?

Hopefully, you and your family will never face cancer. If you do, a financial safety net can help you and your loved ones focus on what matters most — recovery.

If you were diagnosed with cancer, you could have expenses that medical insurance doesn't cover. In addition to your regular, ongoing bills, you could have indirect treatment and recovery costs, such as child care and home health care services.

Help when you need it most

Cancer coverage from Colonial Life & Accident Insurance Company can help protect the lifestyle you've worked so hard to build. It provides benefits you can use to help cover:

- Loss of income
- Out-of-network treatment
- Lodging and meals
- Deductibles and co-pays

One family's journey

Paul and Kim were preparing for their second child when they learned Paul had cancer. They quickly realized their medical insurance wouldn't cover everything. Thankfully, Kim's job enabled her to have a cancer insurance policy on Paul to help them with expenses.



DOCTOR'S SCREENING

Wellness benefit

Paul's wellness benefit helped pay for the screening that discovered his cancer.



SECOND OPINION

Travel expenses

When the couple traveled several hundred miles from their home to a top cancer hospital, they used the policy's lodging and transportation benefits to help with expenses.



SURGERY

Out-of-pocket costs

The policy's benefits helped with deductibles and co-pays related to Paul's surgery and hospital stay.

For illustrative purposes only

With cancer insurance:

- Coverage options are available for you and your eligible dependents.
- Benefits are payable directly to you, unless you specify otherwise.
- Benefits are payable regardless of any insurance you may have with other companies.
- You can take coverage with you, even if you change jobs or retire.



Inherited genetic factors play a

MAJOR ROLE

in only about **5-10%**
of all cancers.

National Cancer Institute, "The Genetics of Cancer" (2015),
cancer.gov/about-cancer/causes-prevention/genetics

Cancer insurance provides benefits to help with cancer expenses — from diagnosis to recovery.

TREATMENT

Experimental care

Paul used his plan's benefits to help pay for experimental treatments not covered by his medical insurance.

For illustrative purposes only.

RECOVERY

Follow-up evaluations

Paul has been cancer-free for more than four years. His cancer policy provides a benefit for periodic scans to help ensure the cancer stays in check.

Our cancer insurance offers more than 30 benefits that can help you with costs that may not be covered by your medical insurance.

Treatment benefits (inpatient or outpatient)

- Radiation/chemotherapy
- Anti-nausea medication
- Medical imaging studies
- Supportive or protective care drugs and colony stimulating factors
- Second medical opinion
- Blood/plasma/platelets/immunoglobulins
- Bone marrow or peripheral stem cell donation
- Bone marrow or peripheral stem cell transplant
- Egg(s) extraction or harvesting/sperm collection and storage
- Experimental treatment
- Hair/external breast/voice box prosthesis
- Home health care services
- Hospice (initial or daily care)

Surgery benefits

- Surgical procedures
- Anesthesia
- Reconstructive surgery
- Outpatient surgical center
- Prosthetic device/artificial limb

Travel benefits

- Transportation
- Companion transportation
- Lodging

Inpatient benefits

- Hospital confinement
- Private full-time nursing services
- Skilled nursing care facility
- Ambulance
- Air ambulance

Additional benefits

- Family care
- Cancer vaccine
- Bone marrow donor screening
- Skin cancer initial diagnosis
- Waiver of premium





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Optional riders

For an additional cost, you may have the option of purchasing additional riders for even more financial protection against cancer. Talk with your benefits counselor to find out which of these riders are available for you to purchase.

- **Initial diagnosis of cancer rider** — Offers a one-time, lump-sum benefit for the initial diagnosis of cancer. You may choose a benefit amount in \$1,000 increments between \$1,000 and \$10,000. If your dependent child is diagnosed with cancer, this rider can pay two and a half times (\$2,500 – \$25,000) the chosen benefit amount.
- **Initial diagnosis of cancer progressive payment rider** — Provides a lump-sum payment of \$50 for each month the rider has been in force after the waiting period and before cancer is first diagnosed.
- **Specified disease hospital confinement rider** — Can pay \$300 per day if you or your covered family members are confined to a hospital for treatment for one of the 34 specified diseases covered under the rider.

If cancer impacts your life, you should be able to focus on getting better — not on how you'll pay your bills. Talk with your Colonial Life benefits counselor about how cancer insurance can help provide financial security for you and your family.

WAITING PERIOD

The policy and its riders may have a waiting period. Waiting period means the first 30 days following the policy's coverage effective date during which no benefits are payable. If your cancer has a date of diagnosis before the end of the waiting period, coverage for that cancer will apply only to losses commencing after the policy has been in force for two years, unless it is excluded by name or specific description in the policy.

EXCLUSIONS

We will not pay benefits for cancer or skin cancer:

- If the diagnosis or treatment of cancer is received outside of the territorial limits of the United States and its possessions; or
- For other conditions or diseases, except losses due directly from cancer.

The policy and its riders may have additional exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Applicable to policy form CanAssist and rider forms R-CanAssistIdx, R-CanAssistProg and R-CanAssistSpDis (including state abbreviations where applicable, for example: CanAssist-TX).

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Cancer Insurance

Level 2 Benefits

Cancer insurance helps provide financial protection through a variety of benefits. These benefits are not only for you but also for your covered family members.



For more information,
talk with your
benefits counselor.

BENEFIT DESCRIPTION	BENEFIT AMOUNT
Air ambulance Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	\$2,000 per trip
Ambulance Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	\$250 per trip
Anesthesia Administered during a surgical procedure for cancer treatment	
■ General anesthesia	25% of surgical procedures benefit
■ Local anesthesia	\$30 per procedure
Anti-nausea medication Doctor-prescribed medication for radiation or chemotherapy <i>[\$160 monthly max.]</i>	\$40 per day administered or per prescription filled
Blood/plasma/platelets/immunoglobulins A transfusion required during cancer treatment <i>[\$10,000 calendar year max.]</i>	\$150 per day
Bone marrow donor screening Testing in connection with being a potential donor <i>[once per lifetime]</i>	\$50
Bone marrow or peripheral stem cell donation Receiving another person's bone marrow or stem cells for a transplant <i>[once per lifetime]</i>	\$500
Bone marrow or peripheral stem cell transplant Transplant you receive in connection with cancer treatment <i>[max. of two bone marrow transplant benefits per lifetime]</i>	\$4,000 per transplant
Cancer vaccine An FDA-approved vaccine for the prevention of cancer <i>[once per lifetime]</i>	\$50
Companion transportation Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment <i>[up to \$1,000 per round trip]</i>	\$0.50 per mile
Egg(s) extraction or harvesting/sperm collection and storage Extracted/harvested or collected before chemotherapy or radiation <i>[once per lifetime]</i>	
■ Egg(s) extraction or harvesting/sperm collection	\$700
■ Egg(s) or sperm storage (cryopreservation)	\$200
Experimental treatment Hospital, medical or surgical care for cancer <i>[\$12,500 lifetime max.]</i>	\$250 per day
Family care Inpatient or outpatient treatment for a covered dependent child <i>[\$2,000 calendar year max.]</i>	\$40 per day
Hair/external breast/voice box prosthesis Prosthesis needed as a direct result of cancer	\$200 per calendar year
Home health care services Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment <i>[up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]</i>	\$75 per day
Hospice (initial or daily care) An initial, one-time benefit and a daily benefit for treatment <i>[\$15,000 lifetime max. for both]</i>	
■ Initial hospice care <i>[once per lifetime]</i>	\$1,000
■ Daily hospice care	\$50 per day



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BENEFIT DESCRIPTION

BENEFIT AMOUNT

Hospital confinement

Hospital stay (including intensive care) required for cancer treatment

■ 30 days or less	\$150 per day
■ 31 days or more	\$300 per day

Lodging

\$50 per day

Hotel/motel expenses when being treated for cancer more than 50 miles from home

[70-day calendar year max.]

Medical imaging studies

\$125 per study

Specific studies for cancer treatment [\$250 calendar year max.]

Outpatient surgical center

\$200 per day

Surgery at an outpatient center for cancer treatment [\$600 calendar year max.]

Private full-time nursing services

\$75 per day

Services while hospital confined other than those regularly furnished by the hospital

Prosthetic device/artificial limb

\$1,500 per device or limb

A surgical implant needed because of cancer surgery [payable one per site, \$3,000 lifetime max.]

Radiation/chemotherapy

Weekly benefit [max. once per week]

■ Injected chemotherapy by medical personnel	\$500
■ Radiation delivered by medical personnel	\$500

Monthly chemotherapy benefit [max. once per month]

■ Self-injected	\$200
■ Pump	\$200
■ Topical	\$200
■ Oral hormonal [1-24 months]	\$200
■ Oral hormonal [25+ months]	\$100
■ Oral non-hormonal	\$200

Reconstructive surgery

\$40 per surgical unit

A surgery to reconstruct anatomic defects that result from cancer treatment

[up to \$2,500 per procedure, including 25% for general anesthesia]

Second medical opinion

\$200

A second physician's opinion on cancer surgery or treatment [once per lifetime]

Skilled nursing care facility

\$100 per day

Confinement to a covered facility after hospital release [up to the number of days paid for hospital confinement]

Skin cancer initial diagnosis

\$300

A skin cancer diagnosis while the policy is in force [once per lifetime]

Supportive or protective care drugs and colony stimulating factors

\$100 per day

Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments

[\$800 calendar year max.]

Surgical procedures

\$50 per surgical unit

Inpatient or outpatient surgery for cancer treatment [\$3,000 max. per procedure]

Transportation

\$0.50 per mile

Travel expenses when being treated for cancer more than 50 miles from home

[up to \$1,000 per round trip]

Waiver of premium

Is available

No premiums due if the named insured is disabled longer than 90 consecutive days

The policy has limitations and exclusions that may affect benefits payable. Most benefits require that a charge be incurred. Coverage may vary by state and may not be available in all states. For cost and complete details, see your benefits counselor.

This chart highlights the benefits of policy form CanAssist (including state abbreviations where used, for example: CanAssist-TX). This chart is not complete without form number 101481.

Cancer Insurance

Level 4 Benefits

Cancer insurance helps provide financial protection through a variety of benefits. These benefits are not only for you but also for your covered family members.



For more information,
talk with your
benefits counselor.

BENEFIT DESCRIPTION

BENEFIT AMOUNT

Air ambulance	\$2,000 per trip
Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	
Ambulance	\$250 per trip
Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	
Anesthesia	
Administered during a surgical procedure for cancer treatment	
■ General anesthesia	25% of surgical procedures benefit
■ Local anesthesia	\$50 per procedure
Anti-nausea medication	\$60 per day administered or
Doctor-prescribed medication for radiation or chemotherapy <i>[\$240 monthly max.]</i>	
per prescription filled	
Blood/plasma/platelets/immunoglobulins	\$250 per day
A transfusion required during cancer treatment <i>[\$10,000 calendar year max.]</i>	
Bone marrow donor screening	\$50
Testing in connection with being a potential donor <i>[once per lifetime]</i>	
Bone marrow or peripheral stem cell donation	\$1,000
Receiving another person's bone marrow or stem cells for a transplant <i>[once per lifetime]</i>	
Bone marrow or peripheral stem cell transplant	\$10,000 per transplant
Transplant you receive in connection with cancer treatment	
<i>[max. of two bone marrow transplant benefits per lifetime]</i>	
Cancer vaccine	\$50
An FDA-approved vaccine for the prevention of cancer <i>[once per lifetime]</i>	
Companion transportation	\$0.50 per mile
Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment <i>[up to \$1,500 per round trip]</i>	
Egg(s) extraction or harvesting/sperm collection and storage	
Extracted/harvested or collected before chemotherapy or radiation <i>[once per lifetime]</i>	
■ Egg(s) extraction or harvesting/sperm collection	\$1,500
■ Egg(s) or sperm storage (cryopreservation)	\$500
Experimental treatment	\$300 per day
Hospital, medical or surgical care for cancer <i>[\$15,000 lifetime max.]</i>	
Family care	\$60 per day
Inpatient or outpatient treatment for a covered dependent child	
<i>[\$3,000 calendar year max.]</i>	
Hair/external breast/voice box prosthesis	\$500 per calendar year
Prosthesis needed as a direct result of cancer	
Home health care services	\$150 per day
Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment <i>[up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]</i>	
Hospice (initial or daily care)	
An initial, one-time benefit and a daily benefit for treatment <i>[\$15,000 lifetime max. for both]</i>	
■ Initial hospice care <i>[once per lifetime]</i>	\$1,000
■ Daily hospice care	\$50 per day



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BENEFIT DESCRIPTION

BENEFIT AMOUNT

Hospital confinement

Hospital stay (including intensive care) required for cancer treatment

■ 30 days or less	\$350 per day
■ 31 days or more	\$700 per day

Lodging

Hotel/motel expenses when being treated for cancer more than 50 miles from home [70-day calendar year max.]	\$80 per day
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Medical imaging studies

Specific studies for cancer treatment [450 calendar year max.]	\$225 per study
--	-----------------

Outpatient surgical center

Surgery at an outpatient center for cancer treatment [1,200 calendar year max.]	\$400 per day
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Private full-time nursing services

Services while hospital confined other than those regularly furnished by the hospital	\$150 per day
---	---------------

Prosthetic device/artificial limb

A surgical implant needed because of cancer surgery [payable one per site, \$6,000 lifetime max.]	\$3,000 per device or limb
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Radiation/chemotherapy

Weekly benefit [max. once per week]

■ Injected chemotherapy by medical personnel	\$1,000
■ Radiation delivered by medical personnel	\$1,000

Monthly chemotherapy benefit [max. once per month]

■ Self-injected	\$400
■ Pump	\$400
■ Topical	\$400
■ Oral hormonal [1-24 months]	\$400
■ Oral hormonal [25+ months]	\$200
■ Oral non-hormonal	\$400

Reconstructive surgery

A surgery to reconstruct anatomic defects that result from cancer treatment [up to \$3,000 per procedure, including 25% for general anesthesia]	\$60 per surgical unit
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Second medical opinion

A second physician's opinion on cancer surgery or treatment [once per lifetime]	\$300
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Skilled nursing care facility

Confinement to a covered facility after hospital release [up to the number of days paid for hospital confinement]	\$150 per day
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Skin cancer initial diagnosis

A skin cancer diagnosis while the policy is in force [once per lifetime]	\$600
--	-------

Supportive or protective care drugs and colony stimulating factors

Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments [\$1,600 calendar year max.]	\$200 per day
--	---------------

Surgical procedures

Inpatient or outpatient surgery for cancer treatment [\$6,000 max. per procedure]	\$70 per surgical unit
---	------------------------

Transportation

Travel expenses when being treated for cancer more than 50 miles from home [up to \$1,500 per round trip]	\$0.50 per mile
--	-----------------

Waiver of premium

No premiums due if the named insured is disabled longer than 90 consecutive days	Is available
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The policy has limitations and exclusions that may affect benefits payable. Most benefits require that a charge be incurred. Policy may not be available in all states and may vary by state. For cost and complete details, see your benefits counselor.

This chart highlights the benefits of policy form CanAssist (including state abbreviations where used – for example: CanAssist-TX). This chart is not complete without form number 101481.

Cancer Insurance

Wellness Benefits

To encourage early detection, our cancer insurance offers benefits for wellness and health screening tests.

Part one: Cancer wellness/health screening

Provided when one of the tests listed below is performed after the waiting period and while the policy is in force. Payable once per calendar year, per covered person.

Cancer wellness tests

- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum protein electrophoresis (blood test for myeloma)
- Skin biopsy
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

Health screening tests

- Blood test for triglycerides
- Carotid Doppler
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Serum cholesterol test for HDL and LDL levels
- Stress test on a bicycle or treadmill



For more information,
talk with your
benefits counselor.

Part two: Cancer wellness — additional invasive diagnostic test or surgical procedure

Provided when a doctor performs a diagnostic test or surgical procedure after the waiting period as the result of an abnormal result from one of the covered cancer wellness tests in part one. We will pay the benefit regardless of the test results. Payable once per calendar year, per covered person.

Waiting period means the first 30 days following the policy's coverage effective date during which no benefits are payable. The policy has exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Applicable to policy form CanAssist (and state abbreviations where applicable, for example: CanAssist-TX).

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Specified Critical Illness Insurance



How will you pay for what your health insurance won't?

Even those of us who plan for the unexpected with life, disability and health insurance may discover that some expenses can still remain unpaid. Without adequate protection, sufferers of critical illnesses might have to pull from their savings or rely on other financial sources in their time of need.

Specified Disease Insurance helps fill the gaps in your health insurance.

With Colonial Life's Specified Critical Illness Insurance, you're paid a benefit that can help you cover:

- Deductibles, co-pays and co-insurance of your health insurance
- Home health care needs and household modifications
- Travel expenses to and from treatment centers
- Lost income
- Rehabilitation
- Child care expenses
- Everyday living expenses

You're free to use the benefit however you choose.

And coverage is available for you and your eligible family members.

Covered Specified Critical Illnesses

For this illness...	We will pay this percentage of the face amount:
Heart Attack (Myocardial Infarction)	100%
Stroke	100%
Major Organ Failure	100%
End Stage Renal (Kidney) Failure	100%
Permanent Paralysis due to a Covered Accident	100%
Coma	100%
Blindness	100%
Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D	100%
Coronary Artery Bypass Graft Surgery	25%
The Maximum Benefit Amount for this policy is 3x the face amount for the Named Insured for all covered persons combined. The policy will terminate when the Maximum Benefit Amount for Specified Critical Illness has been paid.	

You can use this coverage more than once

Subsequent Diagnosis... of a different Specified Critical Illness

If you receive a benefit for a Specified Critical Illness, and later you are diagnosed with a *different* Specified Critical Illness, we will pay the percentage of the original face amount.

Subsequent Diagnosis... of the same Specified Critical Illness

If you receive a benefit for a Specified Critical Illness, and later you are diagnosed with the *same* Specified Critical Illness (except those listed below), we will pay 25% of the original face amount. *(Critical illnesses that do not qualify are: Coronary Artery Bypass Graft Surgery and Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D.)*

Dates of Diagnoses of Specified Critical Illnesses must be separated by at least 180 days.

Health Screening Benefit

New technology can help improve your chances of surviving a serious illness through early detection and treatment. We will pay this benefit if any covered person incurs a charge for and has any of the following screening tests performed while your policy is in force.

- Stress test on a bicycle or treadmill
- Serum cholesterol test to determine levels of HDL and LDL
- Carotid doppler
- Electrocardiogram (ECG/EKG)
- Echocardiogram (ECHO)
- Chest x-ray
- Colonoscopy
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)

24 tests included – No Lifetime Limit

This policy has exclusions and limitations. Premium will vary based on plan chosen. This is not an insurance contract and only the actual policy provisions will control. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Applicable to policy form CI-1.0 or CI-1.0-PL6 (including state abbreviations where used, such as CI-1.0-TX).

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Hospital Confinement Indemnity Insurance

Plan 2



Our Individual Medical BridgeSM insurance can help with medical costs that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

Hospital confinement \$ _____

Maximum of one benefit per covered person per calendar year

Observation room \$100 per visit

Maximum of two visits per covered person per calendar year

Rehabilitation unit confinement \$100 per day

Maximum of 15 days per confinement with a 30-day maximum per covered person per calendar year

Waiver of premium

Available after 30 continuous days of a covered hospital confinement of the named insured

Outpatient surgical procedure

■ **Tier 1** \$ _____

■ **Tier 2** \$ _____

Maximum of \$ _____ per covered person per calendar year for all covered outpatient surgical procedures combined

For more information,
talk with your
benefits counselor.

The surgeries listed below are only a sampling of the surgeries that may be covered. Surgeries must be performed by a doctor in a hospital or ambulatory surgical center. For complete details and definitions, please refer to your policy.

Tier 1 outpatient surgical procedures

■ Breast

- Axillary node dissection
- Breast capsulotomy
- Lumpectomy

■ Cardiac

- Pacemaker insertion

■ Digestive

- Colonoscopy
- Fistulotomy
- Hemorrhoidectomy
- Lysis of adhesions

■ Skin

- Laparoscopic hernia repair
- Skin grafting

■ Ear, nose, throat, mouth

- Adenoidectomy
- Removal of oral lesions
- Myringotomy
- Tonsillectomy
- Tracheostomy
- Tympanotomy

■ Gynecological

- Dilation and curettage (D&C)
- Endometrial ablation
- Lysis of adhesions

■ Liver

- Paracentesis

■ Musculoskeletal system

- Carpal/cubital repair or release
- Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair)
- Removal of orthopedic hardware
- Removal of tendon lesion

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Tier 2 outpatient surgical procedures

■ Breast

- Breast reconstruction
- Breast reduction

■ Cardiac

- Angioplasty
- Cardiac catheterization

■ Digestive

- Exploratory laparoscopy
- Laparoscopic appendectomy
- Laparoscopic cholecystectomy

■ Ear, nose, throat, mouth

- Ethmoidectomy
- Mastoidectomy
- Septoplasty
- Stapedectomy
- Tympanoplasty

■ Eye

- Cataract surgery
- Corneal surgery (penetrating keratoplasty)
- Glaucoma surgery (trabeculectomy)
- Vitrectomy

■ Gynecological

- Hysterectomy
- Myomectomy

■ Musculoskeletal system

- Arthroscopic knee surgery with meniscectomy (knee cartilage repair)
- Arthroscopic shoulder surgery
- Clavicle resection
- Dislocations (open reduction with internal fixation)
- Fracture (open reduction with internal fixation)
- Removal or implantation of cartilage
- Tendon/ligament repair

■ Thyroid

- Excision of a mass

■ Urologic

- Lithotripsy

THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

We will not pay benefits for losses which are caused by: dental procedures, elective procedures and cosmetic surgery, felonies or illegal occupations, intoxicants and narcotics, pregnancy of a dependent child, psychiatric or psychological conditions, suicide or injuries which any covered person intentionally does to himself or herself, war, or giving birth within the first nine months after the effective date of the policy. We will not pay benefits for hospital confinement of a newborn who is neither injured nor sick. We will not pay benefits for loss during the first 12 months after the effective date due to a pre-existing condition. A pre-existing condition is a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within the 12 months before the effective date of the policy.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number IMB7000-LA. This is not an insurance contract and only the actual policy provisions will control.

Hospital Confinement Indemnity Insurance

Health Screening



For more information,
talk with your
benefits counselor.

ColonialLife.com

Individual Medical BridgeSM insurance's health screening benefit can help pay for health and wellness tests you have each year.

Health screening \$ _____

Maximum of one health screening benefit per covered person per calendar year;
subject to a 30-day waiting period

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Carotid Doppler
- Chest X-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test for HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

Waiting period means the first 30 days following any covered person's policy coverage effective date, during which no benefits are payable. For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number IMB7000 (including state abbreviations where used, for example: IMB7000-TX). Coverage may vary by state and may not be available in all states. This is not an insurance contract and only the actual policy provisions will control.

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Are you prepared for all the changes life has in store?

With Colonial Life's Universal Life insurance, you have the flexibility you need to protect the life you're building – when your needs change, when you set or attain new goals, even when unexpected challenges arise.

What are the advantages of Universal Life Insurance?

- Offers flexible premiums and death benefit amounts.
- Builds cash value at current credited interest rates.
- Provides access to the policy's cash value when needed.
- Provides a death benefit (to age 100) that can be paid to beneficiaries tax-free.

What benefits and features are included?

- Offers two plan design options: level death benefit (Option A) or increasing death benefit (Option B).
- Includes an Accelerated Death Benefit.
- Allows you to borrow against your policy's cash value or take cash withdrawals from cash value if needed.

My Coverage Worksheet (For use with your Colonial Life Benefits Counselor)

How much coverage do you need?

<input type="radio"/> You	<input type="radio"/> Spouse	<input type="radio"/> Juvenile
\$_____ face amount	\$_____ face amount	\$_____ face amount
<input type="radio"/> Option A	<input type="radio"/> Option A	<input type="radio"/> Option A
<input type="radio"/> Option B	<input type="radio"/> Option B	<input type="radio"/> Option B

Select any optional riders:

- ☐ Accidental Death Benefit Rider
- ☐ Additional Coverage Term Rider
- ☐ Guaranteed Purchase Option Rider
- ☐ Waiver of Monthly Deductions Rider

How much will it cost?

Your cost will vary based on the level of coverage you select.

Frequently asked questions about Colonial Life's Universal Life Insurance

What's the difference between Option A and Option B?

- Option A offers a level death benefit and builds cash value at current credited interest rates.
- Option B offers a death benefit that increases as the policy's cash value increases.

What is the Accelerated Death Benefit?

If you are diagnosed with a terminal illness, you can request up to 75% of the policy's death benefit, not to exceed \$150,000. We deduct a fee only if you use the benefit, and your death benefit will then be reduced by the amount you receive. In addition, there may be tax consequences for receiving the accelerated benefit; ask your tax advisor for advice.

What spouse coverage options are available?

Two options are available for spouse coverage at an additional cost:

1. **Spouse Universal Life Policy:** Offers the same flexible features available to you—whether or not you buy a policy on yourself.
2. **Spouse Term Life Rider:** Add a term rider for your spouse to your policy, up to a maximum death benefit of \$50,000. Choose to convert the term rider later to a cash value policy—without providing proof of good health—if the rider terminates before the spouse's 70th birthday.

What dependent coverage is available?

Two options are available for dependent coverage at an additional cost:

1. **Universal Life Policy for each eligible child:** Purchase a policy while children are young and premiums are lower whether or not you buy a policy on yourself. You may also increase the coverage when the child is 18, 21 and 24 without providing proof of good health.
2. **Children's Term Life Rider:** Add a Children's Term Life Rider to cover all of your eligible dependent children with up to \$10,000 in coverage each for one premium. You may choose to convert this rider later to a cash value life insurance policy – without providing proof of the child's good health – upon your 70th birthday or the child's 25th birthday, whichever comes first.

What is the Waiver of Monthly Deductions Rider?

This rider waives all premiums on the universal life policy and any riders attached to it if you become totally disabled before your 65th birthday and you satisfy the six-month (180 days in MO) elimination period. Your cash value will remain intact and continue to earn interest. Also, any premiums waived by this rider do not have to be repaid.

What is the Accidental Death Benefit Rider?

This rider pays an additional benefit if you die as a result of an accidental bodily injury before age 70. The benefit doubles if the accidental bodily injury occurs while you are a fare-paying passenger within a public conveyance such as a subway or city bus. An additional 25% of the accidental death benefit will be paid should the insured die due to an accidental bodily injury sustained while driving or riding in a private passenger vehicle and wearing a seat belt.

What is the Additional Coverage Term Rider?

This rider adds a 20-year level term coverage of up to 100 percent of your policy's death benefit. You may choose to convert the additional coverage term rider to any new or existing cash value life insurance plan – without providing proof of good health – if the universal life policy terminates or the additional coverage term rider terminates. The premiums remain level for the duration of the rider.

What is the Guaranteed Purchase Option Rider?

This rider allows you to increase your universal life coverage without providing proof of good health at the 2nd, 5th and 8th policy years or when specified life events occur. The premium is determined by your age at the time of the increase and amount of insurance you choose.

Exclusions and Limitations -If the insured commits suicide within two years (one year in MO and ND) from the coverage effective date or the date of reinstatement (not applicable in LA), whether he is sane or insane (not applicable in AZ), we will not pay the death benefit. We will terminate this policy and return the premiums paid minus any loans, loan interest and withdrawals to you. We will not pay any increases in death benefits if the insured commits suicide, whether he is sane or insane (not applicable in AZ), within two years (one year in AZ, MO, and ND) from the coverage effective date of the increase. Our only obligation will be to refund the premiums paid for the increase in the event of suicide. You will receive a policy summary or illustration (whichever is applicable in your state) when your policy is issued. This policy has exclusions, limitations or reductions of benefits. Product may vary by state. For costs and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

This brochure is applicable to policy forms ICC07-UL1000 / UL1000 and rider forms ICC07-R-UL-ACDTH / R-UL-ACDTH, ICC07-R-ULACR / R-UL-ACR, ICC07-R-UL-CTR / R-UL-CTR, ICC08-R-UL-GPO / R-UL-GPO, ICC07-R-UL-STR / R-UL-STR, ICC07-R-UL-WOMD / R-ULWOMD and applicable state variations.

Colonial Life

1200 Colonial Life Boulevard
Columbia, South Carolina 29210
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Universal Life Long-Term Care and Restoration of Benefits Riders



How will you cover the cost of long-term care?

Long-term care costs are rising quickly. Purchasing coverage while you're in good health gives you access to benefits if you need them later on. Help preserve your independence and assets with Colonial Life's Long-Term Care and Restoration of Benefits Riders.

How do they work?

Colonial Life's Long-Term Care Benefit Rider advances a portion of your universal life policy's death benefit to provide monthly payments for qualified long-term care services needed because of a chronic illness, serious accident, sudden illness or cognitive impairment. Then the Restoration of Benefits Rider automatically restores your death benefit to its original amount on a monthly basis as the long-term care benefit is paid out.

How much will my benefit pay?

The benefit pays a percentage of your Universal Life death benefit amount. The amount of the monthly death benefit advance is also based on the care setting.

Care Setting	Monthly Benefit*
LTC Facility, such as a nursing home	6% of Death Benefit
Assisted Living Facility	6% of Death Benefit
Home Health Care Agency or Licensed Home Health Care Professional	4% of Death Benefit
Adult Day Care	4% of Death Benefit

**Monthly benefit for each benefit period, less any policy loans, as of the end of the 90-day elimination period. Amount of monthly benefit may vary by state and may not be available in all states. See the Outline of Coverage for complete details.*

Example of how the Universal Life Policy death benefit is affected when receiving the monthly long-term care facility benefits and the restoration benefits under these riders:

	Month 1	Month 2	Month 3	Month 4
Death Benefit Before LTC Benefit	\$100,000	\$100,000	\$100,000	\$100,000
6% Monthly LTC Facility Benefit	-\$6,000	-\$6,000	-\$6,000	-\$6,000
Remaining Death Benefit without Restoration	\$94,000	\$88,000	\$82,000	\$76,000
Restoration Benefit	+\$6,000	+\$6,000	+\$6,000	+\$6,000
Death Benefit After Restoration Benefit	\$100,000	\$100,000	\$100,000	\$100,000

Frequently asked questions about Colonial Life's Long-Term Care and Restoration of Benefits Riders

When will benefits be paid?

Benefits are paid once the insured is unable to perform at least two of the six Activities of Daily Living (ADLs) or requires substantial supervision due to severe cognitive impairment.

What can I use the long-term care benefits to pay for?

With these benefits, you can help preserve your savings and assets and have more choice in where you receive your qualified long-term care services. It provides coverage for various care settings – including the home.

Note: In addition to reducing the death benefit, long-term care benefits under this rider will also proportionally reduce the policy's fund value, indebtedness, amount available for loans and withdrawals, surrender charges, and amount available for advance of the death benefit under any provision of the policy or any rider other than this rider.

Will I still have to pay premiums on my Universal Life Policy while the long-term care benefits are being paid?

No, you will not. There is a built-in Waiver of Monthly Deductions benefit that waives all monthly deductions made on the universal life policy while long-term care benefits are being paid under the rider.

Is there a maximum restoration amount?

Yes. The maximum restoration amount is equal to your policy's death benefit, so the rider will fully restore the death benefit one time.

What happens if I use all of the death benefit on long-term care benefits?

Purchasing the Restoration of Benefits Rider allows you to use your long-term care benefits if you need them and helps you protect your beneficiaries. Even if you use 100% of your death benefit for qualified long-term care services, your universal life death benefit will not be affected if you have the Restoration of Benefits Rider.

This coverage has exclusions and limitations that may affect benefits payable. Benefits vary by state and may not be available in all states. See your Colonial Life benefits counselor for complete details.

Applicable to rider forms R-UL-LTC and R-UL-RB. This brochure is not complete without the corresponding Outlines of Coverage forms R-UL-LTC-O and R-UL-RB-O, including state variations where applicable; for example, R-UL-LTC-O-TX and R-UL-RB-O-TX.

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**30% of Americans
(70 million) know they
need more life insurance.**

Facts About Life, LIMRA, 2015



**Your cost will vary based on the
level of coverage you select.**

Talk with your Colonial Life
benefits counselor for information
about what level of coverage
would work best for you.

Whole Life Insurance

**You can't predict your family's future,
but you can be prepared for it.**

You like to think that you'll be there for your family in the years to come. But if something happened to you, would your family have the income they need?

It's not easy to think about such serious circumstances, but it's important to make sure your family is financially protected. You can gain peace of mind with Colonial Life's whole life insurance.

What is whole life insurance?

Whole life insurance can help provide protection for you and those who depend on you. You won't have to worry about becoming uninsurable later in life, and your premiums won't increase as you get older.

With whole life insurance, you receive a guaranteed death benefit, which can help with funeral costs and other immediate expenses. Also, throughout the life of the policy, you can access its cash value through a policy loan, and use the money for emergencies.

What are the advantages of Colonial Life's whole life insurance?

- Your premiums will never increase because of changes in your health or age.
- You can take the policy with you even if you change jobs or retire, with no increase in premium.
- A guaranteed purchase option means you can purchase additional whole life coverage – without having to answer health questions – at three different points in the future.
- With the accelerated death benefit, you can request up to 75 percent of your policy's death benefit if you are diagnosed with a terminal illness.*
- An immediate \$3,000 claim payment can help your designated beneficiary pay for funeral costs or other expenses.

Benefits worksheet

For use with your Colonial Life
benefits counselor

HOW MUCH COVERAGE DO YOU NEED?

☐ **YOU** \$ _____
FACE AMOUNT

Select the option:

- ☐ Paid-up at age 65
☐ Paid-up at age 95

Select any optional riders:

- ☐ Spouse term life rider
\$ _____ face amount
for 10-year term period
- ☐ Children's term life rider
\$ _____ face amount

To learn more,
talk with your Colonial Life
benefits counselor.

ColonialLife.com

Product options

Paid-up at age 65 or paid-up at age 95

These two plan design options allow you to select what age your premium payments will end. You can choose to have your policy paid up when you reach age 65 or 95.

Accelerated death benefit

If you are diagnosed with a terminal illness, you can request up to 75 percent of the policy's death benefit, up to \$150,000.

Guaranteed purchase option

If you are age 55 or younger when you purchase the policy, you have the option to purchase additional whole life coverage – without having to answer health questions – at three different points in the future. You may purchase up to your initial face amount, not to exceed a total combined maximum of \$100,000 for all options.

\$3,000 immediate claim payment

This payment can help meet immediate needs, such as funeral costs, by providing an initial death benefit payment of \$3,000 to the designated beneficiary.

Additional coverage options

Spouse term life rider

You can purchase term life coverage for your spouse with a 10-year coverage period. You can choose to convert this coverage to a cash value policy within certain time periods later on – without having to answer health questions.

Dependent coverage

You may purchase term life coverage for each of your eligible dependent children and pay one premium. You can later convert this coverage to a cash value life insurance policy – without having to answer health questions – upon your 70th birthday or the child's 25th birthday, whichever comes first.

*Any payout would reduce the death benefit.

EXCLUSIONS AND LIMITATIONS

If the insured commits suicide within two years (one year in ND) from the coverage effective date or the date of reinstatement (not applicable in AR), whether he is sane or insane (not applicable in AZ), we will not pay the death benefit. We will terminate this policy and return the premiums paid, minus any loans and loan interest to you. Product may vary by state. For costs and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

This product is underwritten by Colonial Life & Accident Insurance Company. This brochure is applicable to policy forms ICC07-WL-NGPO-65/WL-NGPO-65, ICC07-WL-NGPO-95/WL-NGPO-95, ICC08-WL-GPO-65/WL-GPO-65, ICC08-WL-GPO-95/WL-GPO-95 and rider forms ICC07-R-WL-CTR/R-WL-CTR, ICC07-R-WL-STR-10/R-WL-STR-10 and applicable state variations.

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Getting started

The easiest way to manage your business with us is through ColonialLife.com. To sign up for the website, click Register at the top right of the home page and follow the instructions.

Contact us

Online

ColonialLife.com

Log in and click on

[Contact Us](#)

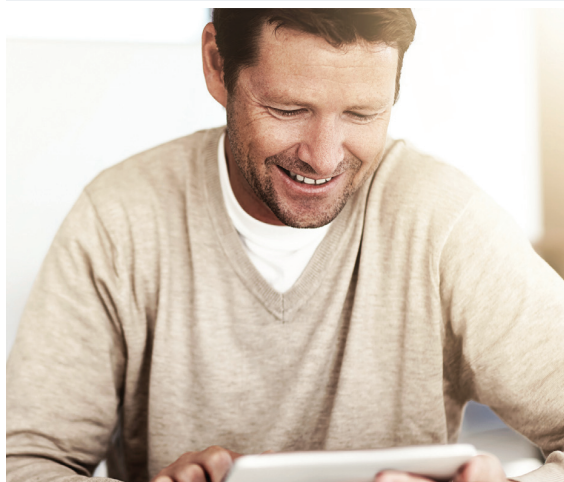
Telephone

1-800-325-4368

Hearing-impaired customers

803-798-4040

If you do not have a TDD,
call Voiance Telephone
Interpretation Services.
844-495-6105



ColonialLife.com

Consider your options

At Colonial Life, our goal is to give you an excellent customer experience that is simple, modern and personal. For your convenience, you can choose how you interact with us. For the quickest service, we recommend using our website, which lets you do the following:

- Review, print or download a copy of your policy/certificate by clicking on the **My Correspondence tab**.
- Update contact information or add family member profile information for use when filing online claims.
- Access service forms to make changes to your policy, such as a beneficiary change.
- Submit your claim using our eClaims system.
- Check the status of your claim and view claims correspondence.
- Access claim forms.

eClaims are quick and easy

With the eClaims feature on ColonialLife.com, you can file most claims online by simply answering a few questions and uploading your supporting documentation. You're able to spend less time on paperwork, and we're able to process your claim faster.

- From Colonial Life.com, file claims from any device. It's fast, easy and available 24/7.
- Select direct deposit to receive your benefit payment faster.
- Easily submit additional documents.

Paper claims

- If you don't want to file online, download the form you need by visiting the Claims Center page on ColonialLife.com and clicking on [claim and service forms](#).
- You may fax your claim to 1-800-880-9325.
- Follow the instructions, tips and videos to complete and submit your claim.

Colonial Life & Accident Insurance Company

REQUEST FOR SERVICE: What type of service are you requesting? Please check only the boxes that apply.

1 GENERAL INFORMATION

Insured's name as currently listed on the policy:	Social Security Number (SSN):	Date of Birth(mm/dd/yyyy):
---	-------------------------------	----------------------------

List all policy numbers related to this request (required to process):

Employer Name:

2 NAME CHANGE Please attach a copy of legal evidence.

Previous Name:	Current Name:	Reason: <input type="checkbox"/> Correction <input type="checkbox"/> Marriage/Divorce <input type="checkbox"/> Other
----------------	---------------	--

3 ADDRESS CHANGE

Address:	Apt. #:	City:	State:	ZIP:
Telephone: ()	Mobile: ()	Email:		

4 REQUEST FOR CHANGE OF BENEFICIARY FORM

☐ Please visit us at our website, coloniallife.com, or contact us at 1.800.325.4368 to request a copy of the Change of Beneficiary form.

5 PREMIUM PAYMENT METHOD CHANGE Please select one of three easy payment methods.

<input type="checkbox"/> 1. Please deduct monthly premiums from my banking account. RANGE: A). 1st-5th B). 6th-10th C). 11th-15th D). 16th-20th E). 21st-26th. Your draft will occur on one of the dates within the range you have selected. <i>Please attach a voided check, and circle one range of days you would like your checking account to be drafted.</i> Signature of checking account owner: _____	OR	<input type="checkbox"/> 2. Please bill me directly. <i>Choose one of the following:</i> <input type="checkbox"/> Quarterly (Submit a payment 3 times your monthly premium.) <input type="checkbox"/> Semi-annually (Submit a payment 6 times your monthly premium.) <input type="checkbox"/> Annually (Submit a payment 12 times your monthly premium.)	OR	<input type="checkbox"/> 3. Change to Payroll Deductions. Employer Name: _____ Billing Control Number or Account Number: _____ <i>Please contact your Plan Administrator to start payroll deduction.</i>
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6 CANCELLATION, SURRENDER OR POLICY CHANGE You must also complete Sections 9 and 12 on the reverse side.

☐ **Cancel/surrender the policy/policies** (This option will cancel or cash surrender your policy/policies.)

Cancel the following riders on the policy/policies: ☐ Spouse Rider ☐ Dependent Rider (This will cancel coverage for ALL dependents.)
 (This option will cancel policy riders only.) ☐ Other (name rider) _____

☐ Change Two-Parent to Individual ☐ Change Two-Parent to One-Parent ☐ Change One-Parent to Individual

Please provide name, birthdate, and social security number for spouse/dependent(s) continuation:	Name:	Date of Birth:	SSN:
	Name:	Date of Birth:	SSN:

7 POLICY LOAN You must complete Sections 9 and 12 on the reverse side. Select either Section 7 or 8 per policy number, not both.

Please select ONE option per policy number.	<input type="checkbox"/> I am requesting a policy loan for the following amount: \$ _____	If the amount requested is more than the available cash value, we will process this request for the maximum amount available.
	<input type="checkbox"/> I am requesting a policy loan for the maximum amount available.	

☐ Check this box also if you are requesting information regarding repayment of your loan on your Universal Life policy.

By signing on the reverse side, I hereby assign the policy to the insurer as collateral.

Policy loans are available on select life policies only. Minimum loan amounts may apply as stated in your policy contract. You will receive annual loan and interest notices until the loan is fully repaid. For information regarding repayment of your loan, please contact us at 1.800.325.4368.

Continued on Reverse Side ➡

8	WITHDRAWAL/PARTIAL SURRENDER (Universal Life Policy) Complete Sections 9 & 12 . Select either Section 7 or 8 per policy number, not both .	
Please select ONE option per policy number.	<input type="checkbox"/> I am requesting a policy withdrawal/partial surrender for the following amount: \$ _____ <input type="checkbox"/> I am requesting a policy withdrawal/partial surrender for the maximum amount available.	If the amount requested is more than the available cash value, we will process this request for the maximum amount available.
Only one policy withdrawal/partial surrender is allowed per policy year. Minimum withdrawal amounts apply as stated in your policy contract. There will be a processing fee as stated in your policy contract. Policy withdrawals/partial surrenders are available on universal life policies only. If your policy is not a universal life policy and you request a withdrawal, we will process the request as a policy loan.		
9	TAX WITHHOLDING OPTIONS Please read and complete this section if you are requesting a surrender or withdrawal.	
<p>Election of a tax withholding option is not available for tax-qualified products. The insurer is required to withhold 20% of any recognized gain for tax-qualified products unless proceeds are rolled directly into an IRA or other qualified retirement plan.</p> <p>Under certain criteria established by the Treasury Department, a gain may be reportable by the insurer at the time of surrender, partial surrender or withdrawal of this policy, creating a taxable situation. However, any gain is taxable income for the current tax year.</p> <p>If a gain is reportable, an IRS Form 1099R will be sent to you at the beginning of the next calendar year reporting the recognized gain, and a copy of Form 1099R will be sent to the IRS. If a gain is not reportable when the surrender, partial surrender or withdrawal is processed, an IRS Form 1099R will not be sent. In addition, if a gain is reportable, the insurer is required to withhold 10% of any recognized gain, unless the policy owner elects not to have the tax withheld. You may be subject to penalties under the estimated tax payment rules if you elect not to have tax withheld and payments of estimated tax and other withholding are not adequate to satisfy tax liability.</p> <p>Choose one of the following options. If an option is not selected, a withholding will automatically be made.</p> <p><input type="checkbox"/> I DO NOT want to have Federal Income Tax withheld in conjunction with this surrender/partial surrender/withdrawal.</p> <p><input type="checkbox"/> I DO want to have Federal Income Tax withheld from the surrender/partial surrender/withdrawal proceeds.</p>		
10	SPECIAL NOTICE FOR RESIDENTS OF A COMMUNITY PROPERTY STATE	
A spouse or former spouse may have an interest in life insurance proceeds or any accumulated cash value if the policy premiums were paid with community funds. It is your responsibility to consult your legal advisor to 1) ensure that any required consent from a spouse or former spouse has been received and 2) ensure that your spouse or former spouse will not be able to make a claim against any policy values and/or the proceeds in the event any policy benefits become payable.		
11	OTHER REQUESTS OR REMARKS Includes illustration changes, policy face value decrease, age discrepancies, or premium increase, etc.	
12	SIGNATURES REQUIRED You must fill out this section COMPLETELY in order for us to process your request.	
<p>➔ BE SURE TO LIST A SOCIAL SECURITY NUMBER AND DATE OF BIRTH BELOW. FAILURE TO PROVIDE THIS INFORMATION MAY DELAY PROCESSING.</p> <p>I have carefully read this request and agree that it is properly and fully completed. I understand that this request is subject to the provisions and conditions of the policy and that the company may require additional information or requirements. I certify that the policy is not pledged or assigned to any other person or corporation, except where stated in the request, and that no proceedings or bankruptcy or insolvency have been filed or are now pending.</p> <p><i>I certify the Social Security Number and Date of Birth indicated are correct, and I hereby authorize Colonial Life to execute this request.</i></p> <p>Print Policy Owner's Name: _____ Policy Owner's Social Security Number: _____</p> <p>Policy Owner's address: _____ AND Policy Owner's Date of Birth: _____</p> <p>Policy Owner's Email Address: _____ Daytime Telephone: _____</p> <p>Policy Owner's Signature: _____ Date: (MM/DD/YYYY) _____</p> <p>Assignee's signature (if any): _____ Date: (MM/DD/YYYY) _____</p>		
MAIL TO: Colonial Life & Accident Insurance Company, P.O. Box 1365, Columbia, SC 29202-1365 Phone: 1.800.325.4368 / To fax requests: 1.800.561.3082 coloniallife.com		

Authorization for Colonial Life & Accident Insurance Company

For the purpose of evaluating my application(s) for insurance submitted during the current enrollment and eligibility for benefits under any insurance issued including checking for and resolving any issues that may arise regarding incomplete or incorrect information on my application(s), I hereby authorize the disclosure of the following information about me and, if applicable, my dependents, from the sources listed below to Colonial Life & Accident Insurance Company (Colonial) and its duly authorized representatives.

Health information may be disclosed by any health care provider or institution, health plan or health care clearinghouse that has any records or knowledge about me including prescription drug database or pharmacy benefit manager, or ambulance or other medical transport service. Health information may also be disclosed by any insurance company, Medicare or Medicaid agencies or the Medical Information Bureau (MIB). Health information includes my entire medical record, but does not include psychotherapy notes. Non-health information including earnings or employment history deemed appropriate by Colonial to evaluate my application may be disclosed by any person or organization that has these records about me, including my employer, employer representative and compensation sources, insurance company, financial institution or governmental entities including departments of public safety and motor vehicle departments.

Any information Colonial obtains pursuant to this authorization will be used for the purpose of evaluating my application(s) for insurance or eligibility for benefits. Some information obtained may not be protected by certain federal regulations governing the privacy of health information, but the information is protected by state privacy laws and other applicable laws. Colonial will not re-disclose the information unless permitted or required by those laws. Re-disclosed information may no longer be protected by federal privacy laws.

This authorization is valid for two (2) years from its execution and a copy is as valid as the original. A copy will be included with my contract(s) and I or my authorized representative may request access to this information. This authorization may be revoked by me or my authorized representative at any time except to the extent Colonial has relied on the authorization prior to notice of revocation or has a legal right to contest coverage under the contract(s) or the contract itself. If revoked, Colonial may not be able to evaluate my application(s) for insurance or eligibility for benefits as necessary to issue my contract(s). I may revoke this authorization by sending written notice to: Colonial Life & Accident Insurance Company, Underwriting Department, P. O. Box 1365, Columbia, SC 29202.

You may refuse to sign this form; however, Colonial may not be able to issue your coverage. I am the individual to whom this authorization applies or that person's legal Guardian, Power of Attorney Designee, or Conservator.

(Printed name of individual
subject to this disclosure)

(Social Security
Number)

(Signature)

(Date Signed)

If applicable, I signed on behalf of the proposed insured as _____ (indicate relationship). If legal Guardian, Power of Attorney Designee, or Conservator.

(Printed name of legal representative)

(Signature of legal representative)

(Date Signed)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



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9-18 | NS-10419-11