
NEW CUSTOMER VERIFICATION GUIDE



Presented To:

City of Coppel

GETTING STARTED



Thank you for choosing Mutual of Omaha for your Group Insurance needs. The New Customer Verification Guide ("Guide") is key to administering your plan effectively and efficiently. To ensure a smooth implementation, complete and sign the applicable section within the Guide.

STEP 1: Review the Group Insurance proposal and complete the sections within the Guide.

| Guide | Description | Completed |
|------------------------------------|---|-----------|
| Group Insurance Proposal | Applicant and Producer verify sold plan design and rates. | |
| Acceptance of Terms and Conditions | Applicant signature is required. | |
| Group Insurance Application | Applicant signature is required. <ul style="list-style-type: none">• Must be signed prior to the proposed effective date | |
| Policy Administration | | |
| Contact Information | Premium/Billing, Claims, Administration, and Renewal | |
| Billing Information | Billing type, format and location | |
| Eligibility Information | Class description and employee waiting periods | |
| Earnings Definition | Earnings definition, premium contributions, and ERISA | |
| Withholding and Tax Reporting | Required for Disability, Accident and Critical Illness coverage | |

STEP 2: Return the completed and signed Guide to the Mutual of Omaha representative listed below at least 15 days prior to the requested effective date.

| Additional Items Required | | Included |
|--|--|----------|
| Employee Census and Enrollment | <ul style="list-style-type: none">• Census in Excel format (preferred method)• Employee enrollment forms, electronic or hard copy• Evidence of Insurability or Application forms• Applicant retains copy of enrollment material | |
| Replacing Prior Insurance Plan | Yes No | |
| Prior Carrier Billing statement | Required if transferring coverage from another carrier | |
| Prior Carrier certificate booklet | Required if transferring coverage from another carrier | |
| Sample premium calculation spreadsheet | Required only for Self-administered groups | |
| Producer / Agent Use Only | | |
| Producer Checklist | Producer identification and details | |
| Third Party Administrator Checklist | Required only if TPA is providing services | |

If you have any questions, please contact your Mutual of Omaha representative.

| | | | |
|----------------------|--|--|--|
| Sales Representative | | | |
| Sales Assistant | | | |
| Email | | | |
| Phone & Fax | | | |

| | | | |
|----------------------|--|--|--|
| Group Office | | | |
| Group Office Address | | | |
| Address 2 | | | |
| City, State, Zip | | | |



Mutual of Omaha

BASIC TERM LIFE AND AD&D INSURANCE

Proposal for: City of Coppel

Alternate: 1.10

The following Basic Term Life and AD&D plan is being proposed on a fully-insured basis effective **10/01/19**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit mutualofomaha.com.

ELIGIBILITY

| | |
|--------------------------------|---|
| CLASS DEFINITION(S) | Class 1: All Eligible Employees |
| ELIGIBILITY REQUIREMENT | This proposal provides coverage for all actively at work employees on the policy effective date working the minimum number of hours shown below in the United States, unless otherwise approved by Mutual of Omaha. Certain requirements apply. |
| MINIMUM WORK HOURS | Class 1: 30 or more hours each week |

BENEFIT SUMMARY

| EMPLOYEE TERM LIFE BENEFIT AMOUNTS | Benefit | Maximum Benefit | Guarantee Issue Amount | Minimum Benefit |
|---|------------------|------------------------|-------------------------------|------------------------|
| | 2X Annual Salary | \$400,000 | \$400,000 | \$10,000 |

| EMPLOYEE BENEFIT REDUCTION SCHEDULE* | At Age | Benefits Reduce : |
|---|---------------|--------------------------|
| | 65 | 65% |
| | 70+ | 50% |

* All benefit reductions are a percentage of the original benefit amount. Coverage terminates at retirement. The Guarantee Issue Amount is reduced according to the reduction schedule.

| | |
|---|--|
| EMPLOYEE AD&D BENEFIT AMOUNT | The AD&D Principal Sum amount is equal to the amount of basic term life insurance. |
|---|--|

PARTICIPATION AND COST SUMMARY

| PARTICIPATION ASSUMPTIONS | Minimum Participation | Number of Eligible Employees | Contribution Structure |
|--------------------------------------|------------------------------|-------------------------------------|-------------------------------|
| | 100% | 376 | Non-Contributory |

| COST SUMMARY | Number of Lives | Total Monthly Volume | Monthly Rate | Total Monthly Premium | Total Annual Premium |
|---------------------|------------------------|-----------------------------|---------------------|------------------------------|-----------------------------|
| Employee Term Life | 376 | \$53,144,850 | \$0.060/\$1,000 | \$3,188.69 | \$38,264.28 |
| Employee AD&D | 376 | \$53,144,850 | \$0.019/\$1,000 | \$1,009.75 | \$12,117.00 |
| Total | | | | \$4,198.44 | \$50,381.28 |

PACKAGE PRICING The rates and benefits for this coverage assume package pricing. The rates and/or benefits are subject to change if one or more coverages included in Option 1 are not selected by the employer.

| | |
|----------------------------|------------|
| Rate Guarantee | 2 Years |
| Rate Guarantee Date | 10/01/2021 |

City of Coppel Final Sold Proposal
(11243542)

ADDITIONAL BENEFITS

| | | | |
|--|---|---|-------------------------|
| WAIVER OF PREMIUM - DISABILITY | <ul style="list-style-type: none"> ▪ Definition of Disability - Any Occupation ▪ Elimination Period - 9 months ▪ Termination - Age 65 | | |
| LIVING CARE BENEFIT | 80% to \$250,000 | | |
| PORTABILITY | Included | | |
| LAYOFF/LEAVE | <ul style="list-style-type: none"> ▪ Temporary Layoff - 12 weeks ▪ Personal Leave - 12 weeks | | |
| CONTINUATION FOR FEDERAL AND STATE LAWS | Included – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions. | | |
| TRAVEL ASSISTANCE | Included | | |
| EMPLOYEE ASSISTANCE PROGRAM (EAP) | Basic; 0 face to face visits | | |
| AD&D | 24 hour coverage for employees | | |
| AD&D BENEFITS | - Seat Belt - Common Carrier - Coma | - Spouse Education - Child Education - Childcare Center | - Paralysis - Airbag |
| CONVERSION | Included | | |



Mutual of Omaha

VOLUNTARY TERM LIFE AND AD&D INSURANCE

Proposal for: City of Coppell

Alternate: 1.02

The following Voluntary Term Life and AD&D plan is being proposed on a fully-insured basis effective **10/01/19**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit mutualofomaha.com.

ELIGIBILITY

| | |
|--------------------------------|---|
| CLASS DEFINITION(S) | Class 1: All Eligible Employees |
| ELIGIBILITY REQUIREMENT | This proposal provides coverage for all actively at work employees on the policy effective date working the minimum number of hours shown below in the United States, unless otherwise approved by Mutual of Omaha. Certain requirements apply. |
| MINIMUM WORK HOURS | Class 1: 30 or more hours each week |

BENEFIT SUMMARY

| EMPLOYEE BENEFIT AMOUNTS | Minimum Benefit | Maximum Benefit | Increments | Guarantee Issue Amount* |
|--------------------------|-----------------|-----------------------------------|------------|-----------------------------------|
| | \$10,000 | 7X Annual Salary, up to \$500,000 | \$10,000 | 7X Annual Salary, up to \$200,000 |

*Guarantee Issue Amounts assume a participation rate of at least 25% of eligible employees.

BENEFIT REDUCTION SCHEDULE**

| At Age | Benefits Reduce : |
|--------|-------------------|
| 65 | 65% |
| 70+ | 50% |

** All benefit reductions are a percentage of the original benefit amount. Coverage terminates at retirement. The Guarantee Issue Amount is reduced according to the reduction schedule.

DEPENDENT SPOUSE BENEFIT AMOUNTS***

| Minimum Benefit | Maximum Benefit | Increments | Guarantee Issue Amount |
|-----------------|---|------------|--|
| \$5,000 | 100% of Employee's Benefit, up to \$250,000 | \$5,000 | 100% of Employee's Benefit, up to \$25,000 |

*** Dependent Spouse and/or Child coverage is only available if the Employee has coverage under this plan. Spouse coverage terminates at age 100.

DEPENDENT CHILD BENEFIT AMOUNTS

| Minimum Benefit | Maximum Benefit | Increments | Guarantee Issue Amount |
|-----------------|-----------------|------------|------------------------|
| \$10,000 | \$10,000 | \$10,000 | \$10,000 |

AD&D BENEFIT AMOUNT

The AD&D Principal Sum amount is equal to the amount of voluntary term life insurance for employees and eligible dependents.

PARTICIPATION AND COST SUMMARY

| PARTICIPATION ASSUMPTIONS | Minimum Participation | Number of Eligible Employees | Contribution Structure |
|---------------------------|-----------------------|------------------------------|------------------------|
| | 60% | 447 | 100% employee paid |

PARTICIPATION AND COST SUMMARY (CONT'D)

COST SUMMARY*

Voluntary Term Life

| Age Band | Employee & Spouse Rate per \$1,000 | All Children Rate per \$1,000 |
|----------|------------------------------------|-------------------------------|
| <25 | \$0.068 | \$0.056 |
| 25 - 29 | \$0.081 | -- |
| 30 - 34 | \$0.086 | -- |
| 35 - 39 | \$0.107 | -- |
| 40 - 44 | \$0.142 | -- |
| 45 - 49 | \$0.212 | -- |
| 50 - 54 | \$0.345 | -- |
| 55 - 59 | \$0.586 | -- |
| 60 - 64 | \$0.928 | -- |
| 65 - 69 | \$1.536 | -- |
| 70 - 74 | \$2.668 | -- |
| 75 - 79 | \$4.440 | -- |
| 80 - 84 | \$7.264 | -- |
| 85 - 89 | \$7.264 | -- |
| 90 - 100 | \$7.264 | -- |

* This plan is rated using the same rates for the employee and spouse. Employee and spouse rates are calculated based on the employee's current age as of the effective date of the plan. Employee and spouse rates are adjusted once each year on the plan anniversary date for employees advancing to the next age band. Spouse coverage terminates when the employee attains age 100 (regardless of the spouse's actual age).

Voluntary AD&D

| Employee Rate per \$1,000 | Spouse Rate per \$1,000 | All Children Rate per \$1,000 |
|---------------------------|-------------------------|-------------------------------|
| \$0.180 | \$0.180 | \$0.020 |

RATE GUARANTEE 2 Years

RATE GUARANTEE DATE 10/01/2021

ADDITIONAL BENEFITS

OPEN ENROLLMENT A one-time open enrollment is available for a period of up to 90 days prior to the effective date of the policy, subject to the enrollment strategy requirements. During this time, the employee/member may elect insurance for the first time or request increased insurance up to the Guarantee Issue amount for the employee/member and any dependents (if applicable) without providing health information.

WAIVER OF PREMIUM - DISABILITY

- **Definition of Disability** - Any Occupation
- **Elimination Period** - 9 months
- **Termination** - Age 65

ANNUAL INCREASE OPTION Once annually, the employee/member may increase their insurance amount by up to \$40,000 without providing health information.

LIVING CARE BENEFIT 80% to \$250,000

PORTABILITY Included

LAYOFF/LEAVE

- **Temporary Layoff** - 12 weeks
- **Personal Leave** - 12 weeks

**CONTINUATION FOR
FEDERAL AND STATE
LAWS**

Included – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.

AD&D

24 hour coverage for employees and eligible dependents

AD&D BENEFITS

- | | | |
|------------------|--------------------|-------------|
| - Seat Belt | - Spouse Education | - Paralysis |
| - Common Carrier | - Child Education | - Airbag |
| - Coma | - Childcare Center | |

CONVERSION

Included



Mutual of Omaha

SHORT-TERM DISABILITY INSURANCE

Proposal for: City of Coppell

Alternate: 2.07

The following Short-Term Disability plan is being proposed on a fully-insured basis effective **10/01/19**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit mutualofomaha.com.

ELIGIBILITY

| | |
|--------------------------------|---|
| CLASS DEFINITION(S) | Class 1: All Eligible Employees |
| ELIGIBILITY REQUIREMENT | This proposal provides coverage for all actively at work employees on the policy effective date working the minimum number of hours shown below in the United States, unless otherwise approved by Mutual of Omaha. Certain requirements apply. |
| MINIMUM WORK HOURS | Class 1: 30 or more hours each week |

BENEFIT SUMMARY

| | |
|-------------------------------------|-----------------------------|
| | Class 1 |
| BENEFIT PERCENTAGE | 60% |
| MAXIMUM BENEFIT | \$2,300 |
| ACCIDENT ELIMINATION PERIOD | 14 days |
| SICKNESS ELIMINATION PERIOD | 14 days |
| ZERO DAY RESIDUAL | Included |
| OWN JOB DEFINITION | Loss of duties and earnings |
| BENEFIT DURATION | 11 weeks |
| INTEGRATION | Yes |
| SS INTEGRATION METHOD | N/A |
| SALARY CONT. | Above 100% of Earnings |
| STATE DISABILITY PLAN OFFSET | Yes |
| MINIMUM BENEFIT | \$25 |

PARTIAL DISABILITY

| | |
|-----------------------------------|------------------------------------|
| | Class 1 |
| EARNINGS TEST % | 99% (Mutually Progressive Partial) |
| PARTIAL DISABILITY FORMULA | Mutually Progressive Partial |

PARTICIPATION AND COST SUMMARY

| PARTICIPATION ASSUMPTIONS | Minimum Participation | Number of Eligible Employees | Contribution Structure |
|----------------------------------|------------------------------|-------------------------------------|-------------------------------|
| | 100% | 376 | Non-Contributory |

PARTICIPATION AND COST SUMMARY (CONT'D)

| COST SUMMARY | STD | Number of Lives | Weekly Benefit Volume | Monthly Rate | Total Monthly Premium | Total Annual Premium |
|--------------|-----|-----------------|-----------------------|--|-----------------------|----------------------|
| | | 376 | \$308,067 | \$0.17 (Per \$10 of Weekly Benefit) | \$5,237.14 | \$62,845.68 |

RATE GUARANTEE 2 Years

RATE GUARANTEE DATE 10/01/2021

ADDITIONAL BENEFITS

DEFINITION OF WEEKLY EARNINGS Earnings Just Prior to Disability, Annual Salary

VOC REHAB INCENTIVE 5%

CONTINUATION FOR FEDERAL AND STATE LAWS **Included** – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member. This provision applies to employer and union groups only, subject to certain conditions.

FICA PAYMENT The employer will deposit their portion of any applicable FICA tax with the IRS.

W-2 PREPARATION Mutual of Omaha will prepare IRS Form W-2 for each employee who receives benefits under the policy.



Mutual of Omaha

LONG-TERM DISABILITY INSURANCE

Proposal for: City of Coppell

Alternate: 3.00

The following Long-Term Disability plan is being proposed on a fully-insured basis effective **10/01/19**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit mutualofomaha.com.

ELIGIBILITY

| | |
|--------------------------------|---|
| CLASS DEFINITION(S) | Class 1: All Eligible Employees |
| ELIGIBILITY REQUIREMENT | This proposal provides coverage for all actively at work employees on the policy effective date working the minimum number of hours shown below in the United States, unless otherwise approved by Mutual of Omaha. Certain requirements apply. |
| MINIMUM WORK HOURS | Class 1: 30 or more hours each week |

BENEFIT SUMMARY

| | |
|-------------------------------|--|
| | Class 1 |
| BENEFIT PERCENTAGE | 60% |
| MAXIMUM BENEFIT | \$10,000 |
| GUARANTEE ISSUE | \$10,000 |
| ELIMINATION PERIOD | 90 days |
| ACCUMULATION PERIOD | 180 days |
| ZERO DAY RESIDUAL | Included |
| OWN OCC DEFINITION | 24 months |
| BENEFIT DURATION | RBD to SSNRA |
| INTEGRATION | TRA/PERA - SS Participation Unknown |
| PRE-EXISTING CONDITION | 3/12 |
| MENTAL DISORDERS | 24 months - Lifetime |
| DRUG & ALCOHOL | 24 months - Lifetime |
| MINIMUM BENEFIT | \$100 |

PARTIAL DISABILITY

| | |
|-----------------------------------|---|
| | Class 1 |
| EARNINGS TEST % | 99% during the Own Occ period, then 85% thereafter |
| PARTIAL DISABILITY FORMULA | Mutually Progressive Partial; Family Care |
| WORK INCENTIVE | To end of the maximum benefit period |

PARTICIPATION AND COST SUMMARY

| PARTICIPATION ASSUMPTIONS | Minimum Participation | Number of Eligible Employees | Contribution Structure |
|----------------------------------|------------------------------|-------------------------------------|-------------------------------|
| | 100% | 376 | Non-Contributory |

PARTICIPATION AND COST SUMMARY (CONT'D)

| COST SUMMARY | LTD | Number of Lives | Covered Monthly Payroll | Monthly Rate | Total Monthly Premium | Total Annual Premium |
|--------------|-----|-----------------|-------------------------|--|-----------------------|----------------------|
| | | 376 | \$2,225,041 | \$0.22 (Per \$100 of Monthly Covered Payroll) | \$4,895.09 | \$58,741.08 |

PACKAGE PRICING The rates and benefits for this coverage assume package pricing. The rates and/or benefits are subject to change if one or more coverages included in Option 1 are not selected by the employer.

RATE GUARANTEE 2 Years

RATE GUARANTEE DATE 10/01/2021

ADDITIONAL BENEFITS

DEFINITION OF MONTHLY EARNINGS Earnings Just Prior to Disability, Annual Salary

VOC REHAB INCENTIVE 5%

RECURRENT DISABILITY 6 months

SURVIVOR BENEFIT 3 months

CONTINUATION FOR FEDERAL AND STATE LAWS **Included** – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member. This provision applies to employer and union groups only, subject to certain conditions.

WAIVER OF PREMIUM Included

FICA PAYMENT If FICA tax is applicable, we will pay the employer's share of the FICA. This optional service has been included in the premium rates.

W-2 PREPARATION Mutual of Omaha will prepare IRS Form W-2 for each employee who receives benefits under the policy.



Mutual of Omaha

REQUIREMENTS AND ASSUMPTIONS

| | |
|---|---|
| SIC CODE | 9111 |
| SITUS STATE | TX |
| ACCEPTANCE | This proposal is contingent upon Mutual of Omaha Home Office review and acceptance of the completed application for coverage. It is recommended that current coverage is not cancelled or dropped until notification of acceptance from Mutual of Omaha is received. |
| PACKAGE PRICING | The rates and benefits in this proposal assume package pricing. The rates and/or benefits are subject to change if one or more coverages are not selected by the employer. |
| LIMITATIONS & STANDARD CONTRACT NOTICE | <p>This proposal is subject to Mutual of Omaha's standard product terms, limitations, and exclusions. Additionally, this proposal requires use of standard system-compatible benefits and contract provisions. Applicable federal and state mandates are added at issuance.</p> <p>This proposal also assumes that all employees/members reside in the situs state of the group. If any employees/members reside outside of the situs state of the group, we must be notified of the number of employees/members by state during the implementation process so that all applicable state mandates can be accommodated.</p> <p>Please refer to a sample standard contract, certificate booklet and/or subscription agreement documents for additional information and detail, available upon request.</p> |
| ERISA | Each plan presented in this proposal is considered to be an employer-sponsored ERISA benefit plan. If it is determined that any plan presented in this proposal is not an ERISA benefit plan, Mutual of Omaha reserves the right to re-rate or otherwise adjust the proposed plan(s). |
| PROPOSAL CONDITIONS | <p>Mutual of Omaha reserves the right to re-rate or withdraw this proposal <i>prior</i> to the effective date if any of the following changes:</p> <ul style="list-style-type: none">▪ SIC code▪ Employer contributions▪ Information regarding disabled or COBRA participants▪ For groups that are experience rated - risk increases based on review of the current carriers claims experience, including open or pended claims▪ Demographics (age, gender, occupation, earnings, location and size)▪ Plan participation - increase or decrease of 10% or more lives▪ Laws, regulations, judicial and/or administrative orders and decisions affecting benefits, cost of administration, or cost of health care services▪ Proposed effective date▪ Benefits or eligibility▪ Premium tax <p>On or after the effective date, Mutual of Omaha reserves the right to change rates or fees if there is a change in any factor listed above. In addition, Mutual of Omaha may change rates or fees any time after the most recent Rate Guarantee Date, provided at least 30 days advance notice of the rate or fee increase has been given to the group.</p> |
| DEPENDENT NON-CONFINEMENT REQUIREMENT | Coverage for dependents is subject to our non-confinement requirement and their ability to perform all the usual duties of a person who is of the same age and gender who is in good health. |
| PROPOSAL EXPIRATION | This proposal is good for 90 days after 7/30/19, or the assumed effective date of the plan, whichever comes first. |

POLICY ADMINISTRATION



CONTACT INFORMATION

Applicant Information

| | | | |
|---|------------------|--------|-----------------|
| Legal Name of Company | | | |
| Doing Business As (DBA) | | | |
| Employer Identification Number (Tax ID Number) | | | |
| Legal Address of Company | | | |
| Address 2 | | | |
| City, State, Zip | | | |
| Corporate Structure | C-Corp Other: | S-Corp | LLC Partnership |



Please identify the controlling owners/partners on the census/enrollment:

- If you are applying for Short Term or Long Term Disability and
- If your corporate structure is an S-Corp, a Partnership or a LLC and
- The premium is fully paid for by the employer

Primary Contact

Contact For:
Premium/Billing
Claims
Administration
Renewal Census
(Self-administered only)
EOI

| | | | |
|---|--|-----|----|
| Contact Name | | | |
| Address (if different than above) | | | |
| Address 2 | | | |
| City, State, Zip | | | |
| Contact Phone & Fax | | | |
| Contact Email | | | |
| If above Contact Email is not specific to you please provide a unique email for accessing our employer website here: | | | |
| Should this contact have access to: | | | |
| Online Billing and Reporting | | Yes | No |
| Online Eligibility Maintenance (List Billed customers only) | | Yes | No |

Additional Contact

Contact For:
Premium/Billing
Claims
Administration
Renewal Census
(Self-administered only)
EOI

| | | | |
|---|--|-----|----|
| Contact Name | | | |
| Address (if different than above) | | | |
| City, State, Zip | | | |
| Contact Phone & Fax | | | |
| Contact Email | | | |
| If above Contact Email is not specific to you please provide a unique email for accessing our employer website here: | | | |
| Should this contact have access to: | | | |
| Online Billing and Reporting | | Yes | No |
| Online Eligibility Maintenance (List Billed customers only) | | Yes | No |

POLICY ADMINISTRATION



BILLING INFORMATION

1. **Billing Assumptions:** All bills will be sent to the primary contact indicated in the Contact Information section above. Unless otherwise agreed to, or stated in the Group Insurance Proposal, billing statements will be issued on a monthly basis. Premium is due on the first day of the month. The group policy will include a premium grace period provision.

2. **Billing Type:** Select the type of bill you prefer:

List Bill (*mandatory for Dental, Vision and Groups under 50 covered employees*)

Are confirmation statements of Voluntary Term Life coverage necessary for each employee? Yes No

Self – Administration Bill (*mandatory for Stand Alone AD&D, Stand Alone VAD&D, Business Travel*)



We recommend that all groups under 200 covered employees be set up with the List Bill option that provides you with a monthly-itemized bill. This option provides you online access to the following:

- Enrollment Data Administration- Adds, Terminations and Changes
- Management Reports: Standard and On Demand formats
- Real-Time reporting access to Evidence of Insurability member status
- Administrative Invoice Verification Tool

3. **Enrollment Method** (*required for List Billing only*): Indicate what method your billing should be based on:

Excel census Enrollment forms Both

Specify which method takes precedence in the event of conflicting information

Excel census Enrollment forms

4. **Payroll Deduction Frequency:** Indicate payroll deduction frequency for any voluntary and/or contributory coverages: Select one option.

Monthly
(Standard)

Weekly
(52/yr)

Bi-Weekly
(26/yr)

Semi-Monthly
(24/yr)

9thly

10thly

13thly

Specify first payroll date following the effective date (mm/dd/yyyy):

5. **Billing Format:** If you have multiple locations, we can include a location name and number on your billing statement or send a separate bill to each location. Select the billing format you prefer:

One bill for all locations/divisions sent to Primary Contact (Standard)

One bill itemized by location/division codes sent to Primary Contact (*available for List Billed customers only*)

One bill for each location/division sent to the applicable location contacts:

Additional Billing Location

| | | |
|---|--|--|
| Location Name & Number | | |
| Contact Name | | |
| Billing Address | | |
| City, State, Zip | | |
| Contact Phone & Fax | | |
| Contact Email | | |
| Should this contact have access to: | | |
| Online Billing and Reporting Yes No | | |
| Online Eligibility Maintenance (<i>List Billed customers only</i>) Yes No | | |

For additional locations, provide information on a separate sheet of paper.

POLICY ADMINISTRATION



ELIGIBILITY INFORMATION

Unless otherwise noted in the Group Insurance Proposal, the policy will be issued with the following provisions.

- Eligibility Rules:** A clear definition of eligibility rules by class is necessary to properly administer your plan. Complete the table below to clarify whether or not any classes have varying eligibility criteria by product (*include all variations*). If eligibility does not vary by class or product, only complete the first row of the below chart.

- **Class Description** - How the employees class should be described in the policy
- **Minimum Hours** - Minimum number of hours an employee must work to be eligible for coverage
- **Waiting Period** - Days, months, years an employee must be employed full-time before becoming eligible for coverage
- **Effective Date** - Day on which coverage begins after employees satisfy the waiting period
- **Termination Date** - Day on which coverage terminates once an employee is no longer eligible

| MINIMUM HOURS | COVERAGE WAITING PERIOD | COVERAGE EFFECTIVE DATE | COVERAGE TERMINATION DATE | APPLIES TO WHICH PRODUCTS | |
|--------------------|-------------------------|--|--|---------------------------|---------------|
| Class Description: | | | | | |
| _____ Hours | _____ Days | on the day ¹ first day of month coinciding with policy ² first day of month following ³ | on the day- <i>(Required for disability)</i> last day of month <i>(Required for critical illness)</i> <i>(Required for accident)</i> | Life | Vol. Life |
| Week | _____ Months | | | STD | Vol. STD |
| Month | _____ Years | | | LTD | Vol. LTD |
| Quarter | | | | Dental | Vol. Dental |
| Year | | | | Crit Illness | Vol. Crit Ill |
| | | Accident | Vol. Acc | | |
| | | Stand Alone AD&D | Busn Travel | | |
| | | Stand Alone VAD&D | Vol. Vision | | |
| | | Vision | | | |
| Class Description: | | | | | |
| _____ Hours | _____ Days | on the day ¹ first day of month coinciding with policy ² first day of month following ³ | on the day- <i>(Required for disability)</i> last day of month <i>(Required for critical illness)</i> <i>(Required for accident)</i> | Life | Vol. Life |
| Week | _____ Months | | | STD | Vol. STD |
| Month | _____ Years | | | LTD | Vol. LTD |
| Quarter | | | | Dental | Vol. Dental |
| Year | | | | Crit Illness | Vol. Crit Ill |
| | | Accident | Vol. Acc | | |
| | | Stand Alone AD&D | Busn Travel | | |
| | | Stand Alone VAD&D | Vol. Vis | | |
| | | Vision | | | |
| Class Description: | | | | | |
| _____ Hours | _____ Days | on the day ¹ first day of month coinciding with policy ² first day of month following ³ | on the day- <i>(Required for disability)</i> last day of month <i>(Required for critical illness)</i> <i>(Required for accident)</i> | Life | Vol. Life |
| Week | _____ Months | | | STD | Vol. STD |
| Month | _____ Years | | | LTD | Vol. LTD |
| Quarter | | | | Dental | Vol. Dental |
| Year | | | | Crit Illness | Vol. Crit Ill |
| | | Accident | Vol. Acc | | |
| | | Stand Alone AD&D | Busn Travel | | |
| | | Stand Alone VAD&D | Vol. Vis | | |
| | | Vision | | | |

Note: All of the following examples assume a standard enrollment period of 31 days.

¹ **"on the day"** means insurance is effective on the day after satisfaction of the waiting period (if applicable), or on the day the enrollment form is signed (if applicable), whichever is later.

With no waiting period:

- Noncontributory Plan – Insurance for an employee with a hire date of April 15 would begin on April 15.
- Contributory Plan – Insurance for an employee with a hire date of April 15 that signs the enrollment form on or before May 16 would begin on the day the form is signed.

² **"first day of month coinciding with policy"** means insurance is effective on the first day of the month that coincides or follows satisfaction of the waiting period (if applicable), or on the *first day of the month coinciding with or following the day the enrollment form is signed* (if applicable), whichever is later.

With no waiting period:

- Noncontributory Plan – Insurance for an employee with a hire date of April 15 would begin on May 1. Insurance for an employee with a hire date of May 1 would also begin on May 1.
- Contributory or Voluntary Plan – Insurance for an employee with a hire date of April 15 that signs the enrollment form before May 1 would begin on May 1. Insurance for an employee with a hire date of May 1 that signs form on May 1 would begin on May 1. For either hire date, if the form is signed after May 1 but on or before May 16, insurance would begin on June 1.

³ **"first day of month following"** means insurance is effective on the first day of the month that follows satisfaction of the waiting period (if applicable), or on the *first day of the month following the day the enrollment form is signed* (if applicable), whichever is later.

With no waiting period:

- Noncontributory Plan – Insurance for an employee with a hire date of April 15 would begin on May 1.
- Contributory or Voluntary Plan – Insurance for an employee with a hire date of April 15 that signs the enrollment form before May 1 would begin on May 1. If the form is signed on or after May 1 but on or before May 16, insurance would begin on June 1.

2. Eligibility Assumptions

a. Rehire/Reinstatement

- The Policyholder can elect to include a rehire/reinstatement provision in their coverage.
- The standard rehire/reinstatement period for Leave of Absence for employer groups is 90 days for life, critical illness, accident, vision and dental coverages (basic and voluntary).
 - Rehire/reinstatement for Leave of Absence is **not available** for disability coverages.
 - Rehire/reinstatement for Leave of Absence is **not available** for non-employer groups.

b. Continuation of Coverage

- The Policyholder can elect to include a continuation provision in their coverage.
- For Life, Critical Illness and Accident coverages, the standard Continuation period of Temporary Layoff or Personal Leave is 12 weeks.
- For Disability coverages, Continuation for Temporary Layoff or Personal Leave is not standardly included.
- For Dental and Vision coverage, the standard Continuation is until the end of the month.
- Continuation is **not available** for non-employer groups.

NOTE: Changes from standard may affect premium rates. Contact your Implementation Manager for Information.

3. **Domestic Partner:** Are Domestic Partners covered? Yes No

4. **Enrollment: Short Term Disability, Long Term Disability, Life and AD&D**

Insurance may only be selected or increased through completion of the Evidence of Insurability health underwriting process for the covered participant(s), except for new covered participant(s) or those experiencing a life event according to the policy.

5. **Open Enrollment: Voluntary Term Life with AD&D**

Mutual of Omaha has agreed to a one-time open enrollment to occur for a period of up to 90 days prior to the effective date of the policy, subject to the enrollment strategy requirements.

If open enrollment period differs, indicate dates here: (mm/dd) _____ through _____

During this one-time period, the covered participant(s) may elect insurance for the first time or request increased insurance up to the policy Guarantee Issue Amount for the covered participant(s) without providing health information. After this one-time period, insurance may only be elected or increased through completion of the Evidence of Insurability health underwriting process for the covered participant(s) except for new covered participant(s) or those experiencing a life event according to the policy. Any subsequent open enrollments are not allowed, unless approved in writing in advance of the enrollment by an authorized representative from Mutual of Omaha's home office.

POLICY ADMINISTRATION



EARNINGS DEFINITION

Insurable earnings: All employees' insurable earnings must be clearly defined so that premiums and claim payments are correctly calculated. Specify Class Description and Definition of Earnings for each class of employees.

Check this box if the Earnings Definition applies to all Class Descriptions and only complete Class 1.

| | Class 1 | | | Class 2 | | | Class 3 | | |
|--------------------------------------|---------|---------------------------|----|---------|---------------------------|----|---------|---------------------------|--|
| Class Description | | | | | | | | | |
| Current Calendar Year ¹ | | | | | | | | | |
| Overtime | | | | | | | | | |
| Differentials | | | | | | | | | |
| Other Extra Compensation | | | | | | | | | |
| Commissions | | Number of Months Averaged | | | Number of Months Averaged | | | Number of Months Averaged | |
| Bonuses ² | | 12 | 24 | 36 | | 12 | 24 | 36 | |
| Prior Year W-2 ³ | | | | | | | | | |
| Prior Calendar Year Average Earnings | | | | | | | | | |

¹Earnings will be determined on the last day worked. Salary shall not exceed payroll records or premium paid.

²Additional approval may be necessary

³Bonuses, Commissions and Overtime are included

If the Earnings Definition you select here is different from what is shown on the Sold Proposal or if you do not see the Earnings Definition you want, please contact your Implementation Manager.

PREMIUM CONTRIBUTIONS

Key

- A. **Non-Contributory** - 100% Employ^{ER} funded.
- B. **Contributory** - Employ^{ER} & Employ^{EE} funded.
- C. **Voluntary** - 100% Employ^{EE} funded with post-tax dollars. The Employ^{ER} is not grossing up employee wages or indirectly funding the program.
- D. **Gross-Up** - 100% Employ^{EE} funded with post-tax dollars. The Employ^{ER} grosses up the employee wages.
- E. **Tax Choice (IRS Revenue Ruling 2004-55)** - 100% Employ^{ER} funded. Employ^{EE}s are offered the choice of whether to have the premium included in their taxable income.
- F. **Core / Buy-Up** - Core plan is fully funded by the Employ^{ER}. The Buy-Up plan is fully funded by the Employ^{EE}.
- G. **Section 125** - Employ^{EE} or Employ^{ER} funded.

Please take a minute to review the Group Insurance Proposal and verify the proposed plan's premium contributions and participation levels are accurate.

1. For Contributory coverage, indicate the percentage of premium paid by both the Employ^{ER} and Employ^{EE}.

| | Life | Dep. Life | LTD | STD | Dental (EE) | Dental (DEP) | CI | CI (SP) | ACC | Stand Alone AD&D | VIS (EE) | VIS (DEP) |
|------------------|------|-----------|-----|-----|-------------|--------------|-----|---------|-----|------------------|----------|-----------|
| ER % | | | | | | | | | | | | |
| EE % | | | | | | | | | | | | |
| Pre-Tax | | | | | | | Yes | | Yes | | | |
| Post-Tax | | | | | | | Yes | | Yes | | | |
| Section 125 Plan | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

If any benefits are offered under a Section 125 plan, please indicate your subsequent enrollment period (mm/dd): _____

2. If Disability coverage is being applied for, it is important to know how premiums are funded as this will affect the tax treatment of benefit payments. Please select how Disability premiums will be funded.

| Type (See Above Key) | Contribution | STD | LTD |
|----------------------|---------------------|-----|-----|
| A. Non-Contributory | 100% EmployER | Yes | Yes |
| B. Contributory | EmployER / EmployEE | Yes | Yes |
| C. Voluntary | 100% EmployEE | Yes | Yes |
| D. Gross-Up | 100% EmployEE | Yes | Yes |
| E. Tax-Choice | EmployER | Yes | Yes |
| F. Core / Buy-Up | EmployER / EmployEE | Yes | Yes |
| G. Section 125 | EmployER / EmployEE | Yes | Yes |

POLICY INFORMATION

Active at work requirement: We will issue our standard and approved policy language.

Will all proposed insureds meet the Active Work requirement?

Yes All employees listed on the census will meet the Active Work requirement and will appear on the billing statement.

No Not all employees meet the Active Work requirement.

For Life, Dental, Vision, Accident, and Critical Illness coverage, if employees are not “actively at work”, continuity of coverage options may apply. Employees who will not meet the Active Work requirement, or who are not eligible under Mutual of Omaha’s continuity of coverage provisions, will be covered once they return to active work and will be added to the billing statement at that time.

Continuity of Coverage Information:

If the Mutual of Omaha policy replaces a prior plan that contained a provision allowing for continuation of coverage, the Mutual of Omaha policy will provide coverage subject to all of the conditions below for an employee who:

- was insured under the prior plan on the day prior to the Mutual of Omaha policy effective date
- is otherwise eligible under the Mutual of Omaha policy, but is not actively working on the policy’s effective date due to injury or sickness or a leave of absence under federal or state law that allows for continuation of insurance
- is not eligible for benefits or continuation of insurance under any provision of the prior plan (i.e. waiver of premium, conversion, portability)
- is not a retired employee (unless the policy provides coverage for retired employees)
- **is not totally disabled** on the Mutual of Omaha policy’s effective date (applies to continuity of **Life** coverage only)

PLEASE NOTE:

- Insurance is subject to uninterrupted payment of premium to us when due.
- Collection of premium does not guarantee payment of a claim. For **Life** claims, if it is determined at the time of claim that the insured was totally disabled as of the policy effective date, the claim will not be paid.
- For **Life, Accident and Critical Illness** coverage, if the insured has not returned to active work with the Policyholder by the end of the Continuity of Coverage provision, the Policyholder is responsible for providing the insured with conversion rights within 31 days of coverage ending.

For Disability coverage, employees who will not meet the Active Work requirement will be covered once they return to active work.

Extraterritorial States

The states listed below have enacted legislation that requires insurers to provide specific coverage for people residing in their states. If you have employees residing in any of these states, please select the states that would apply.

| | | | |
|----------------------|------------------|-------------------|----------------|
| APO/FPO Americas | Foreign | Mississippi | Pennsylvania |
| APO/FPO Europe | Georgia | Missouri | Puerto Rico |
| APO/FPO Pacific | Guam | Montana | Rhode Island |
| Alabama | Hawaii | N Mariana Islands | South Carolina |
| Alaska | Idaho | Nebraska | South Dakota |
| American Samoa | Illinois | Nevada | Tennessee |
| Arizona | Indiana | New Hampshire | Texas |
| Arkansas | Iowa | New Jersey | Utah |
| BR Virgin Isl | Kansas | New Mexico | Vermont |
| CANAL Zone | Kentucky | New York | Virgin Islands |
| California | Louisiana | North Carolina | Virginia |
| Colorado | Maine | North Dakota | Washington |
| Connecticut | Marshall Islands | Ohio | West Virginia |
| Delaware | Maryland | Oklahoma | Wisconsin |
| District of Columbia | Massachusetts | Oregon | Wyoming |
| Fed St of Micronesia | Michigan | Palau | |
| Florida | Minnesota | Panama | |

ERISA

Employee Retirement Income Security Act of 1974 (ERISA) is the federal law that sets minimum standards for most employer-sponsored benefits plans. For more information on ERISA, visit the U.S. Department of Labor (DOL) website at <https://www.dol.gov/dol/topic/health-plans/erisa.htm>.

1. Are your benefit plan(s) subject to ERISA?

Nearly 90% of our clients are ERISA plans. Corporations, partnerships, sole proprietorships, and non-profit organizations are covered, **but governmental employers and churches are not**, and are exempt from the application of ERISA.

Yes No

If yes, you must complete numbers 2-4 on this page.

2. Provide the ERISA plan administrator contact information below. This person is employed at your company and will receive information for annual reporting to the DOL.

| | |
|-----------------|--|
| Name | |
| Email Address | |
| Mailing Address | |
| Phone | |

3. In the boxes below, please provide the three-digit Plan Number (beginning with a '5'), Plan Year and type of coverage. This information can be found on your welfare benefit plan Form 5500.

| | | | | | | |
|--------------------------|---|---|---|---|---|---|
| Plan Number | 5 | 5 | 5 | 5 | 5 | 5 |
| Plan Anniversary (mm/dd) | / | / | / | / | / | / |
| Type of Coverage | | | | | | |

Summary Plan Document (SPD) materials include ERISA plan numbers and anniversary dates. Plan anniversary dates also indicate when you need information for your annual 5500 Schedule A DOL filing.

4. Would you like your ERISA information included in your Certificate booklet(s)?

This relates to ERISA SPD requirements.

Yes No

Note: The employer is ultimately responsible under ERISA for the benefits it agrees to provide its employees.

POLICY ADMINISTRATION



W-2 AND FICA TAX REPORTING SERVICES

- Employee:** Mutual of Omaha will withhold the employee portion of any (a) federal income tax; and (b) applicable Federal Insurance Contributions Act (FICA) tax. Mutual of Omaha will deposit withheld amounts with the IRS and will provide you with monthly reports that show the gross benefit paid and taxes withheld for each claimant.
- Federal Insurance Contributions ACT (FICA):**
Accountability for W-2 preparation and payment of the employer's portion of FICA in the event of a disability claim is outlined in the 'ADDITIONAL BENEFITS' section of your Group Insurance Proposal. These are the options you have selected:

Mutual of Omaha to prepare W-2 and pay employer's share of FICA tax without reimbursement - This option is intended to reduce the administrative burden associated with FICA handling. Your share of the FICA tax will be included in your premium rate, and you will not be billed separately. We will provide you a monthly report reflecting gross benefits paid and taxes withheld for each beneficiary. (LTD)

Mutual of Omaha to prepare W-2. Employer will pay own share of FICA tax, if applicable - With this option, Mutual of Omaha prepares IRS Form W-2 for each employee who receives benefits under the policy. The employer will deposit their portion of any applicable FICA tax with the IRS. We will provide you daily and monthly reports reflecting gross benefits paid and taxes withheld for each beneficiary. (STD)
- For Other Taxes:** You will determine and deposit with appropriate agencies the applicable amount of federal and state unemployment taxes, including FUTA taxes, state disability insurance taxes, state or local occupations taxes, workers' compensation taxes and other taxes applicable to STD and/or LTD benefits. You will timely submit Form 940 or Form 940EZ to the IRS, using your name, address and EIN. You will be responsible for any federal, state and local tax obligations not set forth as Mutual's obligations herein, including, with limitation, reporting, disclosure, deposit and payment of taxes.
- FICA Contact Information:** If Premium Billing Primary Contact is also your FICA contact, check this box
Otherwise, please specify your FICA Contact:

| | | | |
|------------------|--|--|--|
| Contact Name | | | |
| Address | | | |
| City, State, Zip | | | |
| Phone & Fax | | | |
| Email | | | |

List any additional location to which FICA information should be sent:

| | | | |
|------------------------|--|--|--|
| Location Name & Number | | | |
| Contact Name | | | |
| Address | | | |
| City, State, Zip | | | |
| Phone & Fax | | | |
| Email | | | |

Provide the above information for any additional contacts or locations on a separate attachment.

POLICY ADMINISTRATION



ACCEPTANCE OF TERMS AND CONDITIONS

I confirm that I have reviewed and completed all appropriate sections of the Group Insurance Application and the Policy Administration document included in this Guide.

I agree to and accept the terms and conditions of the Group Insurance Proposal, the Group Insurance Application, and eligibility, benefit, cost details and other information provided in this Guide.

Company Name: _____

Printed name of Authorized Company Representative: _____

Signature of Authorized Company Representative: _____

Title: _____ Date: _____

An implementation call will take place during the setup of your new coverage. Who should be contacted in this call?

Primary Contact Producer Other _____

Name: _____

Phone: _____