



USABLE

Voluntary Group Term Life Product Manual

Includes:

Brochure
Field Reference Manual
Specimen Policy
Forms



GROUP INSURANCE
SERVICES



Voluntary Group Term Life

with optional Continuation of Insurance Benefit

USABLE Life has been helping employees protect their income with group term life insurance for over 25 years. Voluntary Group Term Life (VGTL) allows you to select group life benefits that protect your family in the event of a loss of life. VGTL will give you the peace of mind that you will be able to continue making payments on your home and giving your family financial stability should loss occur. Through the ease of payroll deduction, you can now pay for this affordable protection. Voluntary Group Term Life...your peace of mind.

Insurance Schedule You may purchase coverage in increments of \$10,000.

Maximum Benefit \$300,000

Minimum Benefit \$10,000

Accelerated Benefit This benefit applies to those employees who have a terminal illness, as defined in the terms and provisions of the group policy. The benefit allows a covered person to receive part of his or her insurance while still living. The amount payable to the insured can be as much as 50% of the life insurance amount.

Eligibility Requirements

- Actively at work, at least 20 hours per week for your employer;
- Under age 70 on the effective date of your coverage; and
- Satisfy the waiting period set by your employer, of not less than 30 days.

No director or officer of the employer will be considered to be an employee unless he meets the above conditions. Retirees, non-employee directors, or seasonal employees are not eligible for coverage. If you are not actively at work on the date your insurance, or any increase in insurance is scheduled to take effect, it will be effective on the date you return to work. The effective date will also be delayed for your spouse or child if totally disabled on the date the insurance, or any increase in insurance is scheduled to take effect.

Family Coverage

Spouse - you may purchase coverage in \$10,000 increments to a maximum of \$300,000.*
Children - you may purchase coverage for either \$5,000 or \$10,000 for all eligible dependent children.

** Amounts of coverage allowed may vary depending on state of issue.*

In some states the spouse and dependent children may be insured if the employee's application is declined by USABLE Life.

Waiver of Premium

If you terminate your employment before age 60 because of your total disability, which continues for at least 6 months during which time premiums are paid, your life insurance may be continued while you are totally disabled without payment of premiums to age 65.

Reductions

If you are still actively at work on a full-time basis, VGTL benefits for you reduce 33 $\frac{1}{3}$ % of the pre-age 65 amount at ages 65 and 70 and terminate at retirement. Spouse coverage terminates on the earlier of the date your spouse is no longer eligible for coverage, the date he reaches age 65, or the date your employment with the group policyholder terminates. VGTL coverage for eligible dependents terminates on the earlier of the date they are no longer an eligible dependent or the date your employment with the group policyholder terminates, whichever occurs first.



Voluntary Group Term Life Insurance is being offered to you by your employer and USABLE Life as a convenient and flexible way for you to protect you and your family with solid, affordable insurance coverage.

Definitions **Dependent Child***

Unmarried child less than 19 or less than 23 years of age if a full-time student in an accredited school; not working on a full-time basis; and dependent on you for more than 50% of his support.

** Definition may vary by state of residence.*

Continuation of Insurance

You may continue your and your spouse's coverage if your employer has chosen the portability benefit option and if on the date your employment terminates:

- you have been covered for a minimum of 12 months; and
- you are not disabled; and
- you are either:
 - a) not retired; or
 - b) are retired and are under age 65.

Dependent children are not eligible for the portability benefit option, but their coverage may be converted to an individual policy when they are no longer eligible for coverage.

Suicide Limitation

In the event of suicide during the first year of initial or increased coverage, benefits will be limited to return of premiums paid.

When your application is approved, your employer will be furnished a certificate of coverage for distribution, which will further explain your benefits. If you do not receive your certificate, please contact our Customer Service Department at 1-800-370-5856.

Benefits and exclusions may vary based on the state of issue. Read your certificate carefully. This brochure briefly describes the main provisions of the contract and is for informational purposes only. All statements are limited by the terms of the Master Policy.



PO Box 1650 • Little Rock, Arkansas 72203 • (800) 648-0271 • (501) 375-7200 • FAX (501) 378-3333 • www.usablelife.com

A Rating and Analysis from the A.M. Best Rating Company represents an independent opinion from the leading provider of insurer ratings of a company's financial strength and ability to meet its obligations to policyholders. Upon completion of evaluations, A.M. Best assigns the following Best's Ratings: A++ and A+ (Superior); A and A- (Excellent); B++ and B+ (Very Good); B and B- (Fair); C++ and C+ (Marginal); C and C- (Weak); D (Poor); E (Under Regulatory Supervision); F (In Liquidation); S (Rating Suspended). **Based on this analysis, USABLE Life is rated "A" (Excellent).**

Standard & Poor's Insurer Financial Strength Ratings provide powerful decision-making tools for anyone interested in buying insurance. Standard & Poor's ratings are prospective evaluations of an insurer's financial security to its policyholders. Standard & Poor's Insurer Financial Strength Ratings range from "AAA" to "CC". An insurer rated "BBB" and higher ("A", "AA", "AAA") is regarded as having financial security characteristics that outweigh any vulnerabilities and is highly likely to have the ability to meet financial commitments. An insurer rated "BB" or lower is in the "vulnerable" range and is regarded as having vulnerable characteristics that may outweigh its strengths. "BB" indicates the least degree of vulnerability within the range. "CC" the highest degree of vulnerability. **Based on this analysis, USABLE Life is rated "A" (Strong).**

For more information, or if you have questions concerning this product, contact your Employee Benefits Department or call USABLE Life at (501) 375-7200 or 1-800-648-0271.



Voluntary Product Information

VOLUNTARY BENEFITS

Voluntary Portable Term Life

- Two lives minimum participation requirement \$10,000 up to \$300,000 available.
- Same amounts available on spouse (spouse may purchase more than employee).
- Dependent children coverage available at \$5,000 and \$10,000 levels.
- Portability option.
- Accidental death & dismemberment: \$10,000 up to \$300,000 coverage available (Spouse and Child benefits also available).
- Guaranteed issue available for groups with six (6) or more employees and at least 25% participation (minimum of six enrolled).

Voluntary Cancer Plan

- Minimum of three applicants and \$50 monthly premiums.
- Three levels of inpatient and outpatient benefits.
- Coverage for wellness benefit: Up to \$75 per year, per insured for specific preventative diagnostic tests.
- Covers family lodging and transportation, Hospice, bone marrow donor, radiation treatment, and chemotherapy.
- Age does not increase premium levels.

Voluntary Short Term Disability

- Available down to two (2) lives.
- **Guarantee issue:** No underwriting required.
- Pre-existing limitation 12/12.
- With census can provide personalized illustration.
- Protect up to 70% of weekly paycheck.
- Benefit periods available: 13, 26, or 52 weeks. Benefit begins: 1st day of accident and 8th day of sickness, 8th day of accident and 8th day of sickness, 15th day of accident and 15th day of sickness or 30th day of accident and 30th day of sickness.
- Pregnancies payable as any other illness.

Voluntary Long Term Disability

- Limited plan benefits available down to ten (10) lives. For groups of 10 or more enrolled with 15% participation, benefit to age 65 available.
- **Guarantee issue:** No underwriting required.
- Pre-existing limitation 12/6/24.
- Protect up to 60% of paycheck (max. \$5,000/month).
- 90 day and 180 day elimination periods available.
- Benefits up to age 65 available for accident or sickness.

Voluntary Dental Plan

- Minimum participation is only two (2) enrolled employees.
- Benefit: Prime Plan - 100/80/50 (full Major Services) and Choice Plan - 100/80/50 (limited Major Services).
- Deductible: \$100 per person lifetime
- Annual maximum: \$1,000 calendar year, \$500 calendar year.
- Orthodontics: \$1,000 lifetime benefit available for dependent children under age 19.
- No network restrictions. Employee can choose their own dentist.
- Dentemax network may be used to reduce out of pocket expenses.
- EPIC Hearing Service Plan

Voluntary Vision Plan

- Minimum participation is only five (5) enrolled employees.
- Plan Options: 12/12/12 and 12/12/24
- Exam Copay Options: \$0 and \$20
- Broad Provider Network
- Provides coverage for Exam, Eyeglass Lenses, Contact Lenses and Frames.
- No census required unless there are out-of-state employees.

Limited Medical

- Minimum group size is five (5) enrolled employees or 10% of eligible employees whichever is greater.
- Group must have a minimum of 5 W-2 employees to be a viable company. (not required to participate)
- 2-year rate guarantee with 15% participation
- Target groups are employers with part-time or seasonal employees.
- Perfect for hotels, restaurants, retail, employment agencies, etc.
- 6 standard plans based on monthly or hourly premiums.
- Customizable plans available
- No cost to employers
- Online enrollment available to groups with 100 or more eligible.
- Requires submission 6 weeks prior to effective date.
- Employer can select from payroll deduction or direct bill to employees home.
- GAP Plans available for use with BCBST Comprehensive Medical Plans.

Accident

- Available with 3 or more applicants
- Benefits payable covering losses as a result of an accidental death or dismemberment
- Coverage includes a lump sum payment in addition to hospital confinement, physical therapy & family lodging
- Coverage available for employee and family members

Critical Illness

- Available with 3 or more applicants
- Lump sum payments for specified critical illnesses including heart attack and stroke
- Policy face amount available in \$5,000 increments up to \$100,000
- Coverage available for employee and family members

Long Term Care

- Minimum group size is 2 eligible employees
- Groups 500 or more eligible, participating employees, coverage modified guaranteed issue, one medical question to determine eligibility.
- Groups between 50 - 500 eligible, participating employees, coverage can be written on a simplified issue basis, four medical questions.
- Groups between 2 - 50 eligible employees fully underwritten on an individual basis.
- Enrollment support provided for meeting of 30 or more employees.

Need Sales Support or Customer Support Assistance?

Toll-Free:

1-888-350-GISI (4474)

Internal Ext:

5221

Email Address:

GISProposalRequests @GISBenefits.com



**GROUP INSURANCE
SERVICES**

Making sure your benefits measure up

Group Insurance Services, Inc. • 1 Cameron Hill Circle • Chattanooga, Tennessee 37402-2555

(09/09)



GROUP PRODUCT GUIDE



USABLE LIFE

- Who We Are -

LICENSED

USable Life is currently admitted in 48 states and the District of Columbia.

RATED

The Company is rated A (Excellent) by the A.M. Best Company and A (Strong) by Standard and Poor's.

HOME OFFICE

Our Home Office is located at 320 West Capitol Avenue, Little Rock, Arkansas 72203. The following toll-free phone numbers are available for the convenience of our policyholders:

USable Life Direct Number: 1-800-648-0271
Customer Service Call Center 1-800-370-5856 or 501-378-5856
E-Mail Address: CustServ@usablelife.com
USable Local Number: 1-501-375-7200

USable Life's Customer Service Call Center is available to answer employer and employee administrative questions between the hours of 8:00 a.m. to 4:30 p.m., Central Time.

WEBSITE

USable Life's website can be accessed at www.usablelife.com. We invite you to visit the website for more information about the company. There is also a section for frequently asked Questions and Answers (FAQ's).

GENERAL INFORMATION

Employee Eligibility

All full-time employees who work the minimum number of hours, as stated on the group master application, are eligible for benefits. In the event that an employee is not actively at work on the day coverage or an increase in coverage should begin, the benefits or increase will begin on the date he returns to active full-time employment. Part-time employees may be covered with prior approval by USABLE Life.

Enrollment

Once the employer decides to offer benefits to the employees, he must complete the group application, and choose an effective date and enrollment period. The employer must then:

- Distribute enrollment material to employees; and
- Collect and return enrollment & evidence of insurability forms to USABLE Life; and
- Payroll deduct appropriate premiums (if applicable)

The effective date of the group's coverage should be the first of the month.

Billing True Group Products

Self-Billing: USABLE Life offers Self-Billing for the Group Policyholder. Upon completion of the initial enrollment, the group will submit a group application and complete employee census, including name, date of birth, class and salary, if applicable, and all enrollment materials. Enrollment forms will be retained by the Policyholder unless otherwise instructed. USABLE Life will prepare the initial premium statement and forward it, along with an administration kit to the group administrator or affiliate. The administration kit includes administrative instructions and a supply of forms. If initial premium statements are to be forwarded to the broker, it must be indicated with the initial enrollment.

Self-Billing allows for two different billing options:

- A summary premium invoice by line of business; or
- E-billing

Self-Billing requires the benefit administrator to maintain all records regarding employee enrollment, the original enrollment applications and any subsequent changes. USABLE Life will require a copy of the original enrollment application and any subsequent changes if a claim is filed.

List Billing: USABLE Life offers List Billing for the Group Policyholder. Upon completion of the initial enrollment, the group will submit a group application and an individual application for each participating employee. Enrollment forms will be retained by USABLE Life. USABLE Life will prepare the initial premium statement and forward it, along with an administration kit to the group administrator or affiliate. The administration kit includes administrative instructions and a supply of forms. If initial premium statements are to be forwarded to the broker, it must be indicated with the initial enrollment. Groups which are list billed by the insurer will reflect premium increases due to the insured's birth date on the first of the month following the birthday. Reductions, if applicable, will occur on the

insured's birth date. It is not required but encouraged that the group keep a copy of enrollment forms and changes in the employee file.

Contribution

Employer Contribution - If the employer chooses to pay the entire cost of benefits, 100% of all eligible employees must enroll in the plan. This is known as a "Non-Contributory" plan.

Employee Contribution - If the employee contributes to the cost of benefits, at least 75% of the eligible employees must enroll. This is known as a "Contributory" plan.

(This does not apply to Supplemental Life or Voluntary payroll deducted products).

Conformity with State Statutes

The policy will comply with the statutory requirements of the state in which the policy is issued.

Schedule of Insurance

Classes may be determined according to job classification, annual salary, or a flat amount for all employees. Life and Accidental Death & Dismemberment (AD&D) benefits are subject to age reductions and termination at retirement, in most cases. Some schedules may be determined discriminatory under federal regulations. If the employer has questions, it is recommended that he seek the advice of legal counsel. No class may have a benefit of more than 2 1/2 times the next lower class without Home Office approval.

Evidence of Insurability

The completion of a medical evidence of insurability form is required for:

1. amounts of insurance in excess of the guarantee issue amount for that group;
or
2. late enrollees under a contributory plan; or
3. enrollees under a supplemental life program which does not meet minimum participation requirements.

W-2 Issuance

USable Life will maintain records for FICA and federal income taxes. Employers have the option of receiving a report to prepare W-2's or USable Life can provide completed W-2 forms. In order for USable Life to provide W-2 forms the employer must complete and sign a W-2 Agreement form.

Form 5500 Schedule A

The Employment Retirement Income Security Act of 1974 (ERISA) requires all employers to report certain data about their employees pension and /or welfare plans to the Internal Revenue Service and the United States Department of Labor. USable Life will provide information to complete Schedule "A" of form 5500 to the Employer within 120 days after the end of the plan year period. All required forms, schedules and attachments must be filed by the last day of the 7th calendar month after the end of the plan year.

Renewals

Renewal rates for true group products are calculated at the end of the first policy period and annually thereafter, based on current enrollment and utilization data. The employer receives notification of renewal rates within 45 to 60 days prior to the policy anniversary date. Voluntary benefits are designed to be a “shelf” product with standard rates being charged to all eligible groups. However, USAble reserves the right to revise rates when necessary on individual cases.

VOLUNTARY GROUP TERM LIFE (VGTL)

The Voluntary Group Term Life Insurance Program underwritten by US Able Life allows the employee to select the benefit amounts needed for his or her own situation and makes the benefits available at a competitive cost. This benefit is offered to groups that currently do not have a supplemental life insurance program in place. It is available to active employees, their spouses and children.

Payroll deduction provides easy premium payments for the insureds, and there are no contribution requirements for the employer.

Insurance benefits will not be payable for a loss which is caused by suicide or attempted suicide within one year from the insured's effective date of coverage. In the case of suicide within 1 year, all premiums paid will be refunded.

Eligibility

- Employees who work at least 20 hours per week are eligible for Voluntary Group Term Life insurance.
- The Voluntary Group Term Life program is also available to spouses and unmarried children who are between 15 days and 19 or 23 if the child is a full-time student, unmarried and dependent on the employee for 50% of their support (may vary in some states), and are not in active military service.
- In addition to naturally born, stepchildren and foster children, and legally adopted children, the word "child" includes any child who resides in the employee's household and is dependent on the employee for at least 50% financial support. A handicapped child as defined in the Continuation of Insurance for a Handicapped Child section of the policy, over 19 years of age, who was insured under this policy before reaching age 19. (may vary based on state of issue)
- Newborn children are automatically covered if the policyholder currently carries the Child Rider, an additional application is not required.
- No eligible person may be covered more than once under this plan. If a husband and wife are covered as employees, they cannot also be covered as a spouse or dependent child. If both the husband and wife are enrolled, only one may enroll for life insurance coverage for dependent children.

Enrollment

Once the employer decides to offer the benefit to the employees, he must complete an Employer Application, and choose an effective date and enrollment period. The employer must then:

- Distribute enrollment material to all eligible employees
- Collect and return employee applications
- Payroll deduct appropriate premiums once voluntary group term life is approved.

To allow sufficient time for underwriting and notification to the benefit administrator, the effective date of the group's coverage should be the first of the month and at least 30 days after the receipt of the initial enrollment material. Most groups prefer to payroll deduct the premium in the month preceding the premium due date.

VOLUNTARY GROUP TERM LIFE (VGTL)

The Benefit: The Voluntary Group Term Life program offers the employee and spouse their choice of coverage amounts, ranging from \$10,000 to \$300,000*, in \$10,000 increments. Coverage for eligible dependent children may be purchased for either \$5,000 or \$10,000.

Employee life insurance proceeds will be paid to the employee's designated beneficiary. Life insurance proceeds on the life of a covered spouse or dependent child will be paid to the employee.

Reductions

Benefits reduce 33 1/3 % of the pre-age 65 amount at ages 65 and 70 and terminate at retirement. Spouse coverage terminates at spouse's age 65 or date in which employee terminates from the group. Coverage for eligible dependents terminates on the earlier of the date they are no longer an eligible dependent or the date in which the employee terminates from the group.

Enrollment Steps:

1. The employee and/or the spouse decide what benefits they want, complete the application in full (including the medical questionnaire), and return it within the enrollment period.
2. The group will submit all enrollment materials to USABLE Life. During the 30 days following the initial enrollment period, USABLE Life will notify the group of approved employees and dependents and the amount to payroll deduct.

Billing Methods

List Billed: A list bill will be provided each month by USABLE Life. The initial premium statement for a list billed group will be prepared by USABLE Life and forwarded, along with an administration kit, to the group administrator. Groups which are list billed by the insurer will reflect premium increases if an employee attains an age that qualifies him/her to be in the next higher age bracket of the age-rated premium chart. The effective date of the rate increase will be the next anniversary date corresponding with or next following the attainment of the age. The month before the change is effective USABLE Life will send the employer a roster listing each employee whose premium is changing with both the old and new changed premiums.

EBilling Solutions: If EBilling is preferred USABLE Life will send an email notification each month when the group's statement is ready to view and finalize. EBilling will enable the group to access, make changes and authorize payments of their bills.

A comprehensive online manual is available for your use as well as an EBilling Solutions demonstration.

****may vary by policy form or state***

VOLUNTARY GROUP TERM LIFE (VGTL)

Participation and Guaranteed Issue Requirements: The group must meet the minimum number of applications in order to be eligible for VGTL. This may vary by state, please refer to the Issue and Participation Guidelines for your state. The guaranteed issue amount will depend on the size of the group and participation requirements will apply based on the table below:

The table below for Guaranteed Issue assumes the group’s enrollment has the greater of 6 applications or 25% of employees enrolled.

<u>PARTICIPATION</u>	<u>AGE</u>	<u>ELIGIBLE LIVES</u>				
		<u>6 - 24</u>	<u>25-49</u>	<u>50 – 99</u>	<u>100 - 299</u>	<u>300 +</u>
<u>GUARANTEED AMOUNT</u>						
<u>25%</u>	Through Age 59	\$ 40,000	\$ 60,000	\$ 80,000	\$ 100,000	\$ 130,000
	Age 60 - 69	\$ 20,000	\$ 20,000	\$ 20,000	\$ 20,000	\$ 20,000

**No Guaranteed Issue over age 70.*

With 25% employee participation, Guaranteed Issue of \$30,000 is available to spouses up to the spouse’s age 64. Spouse applications do not count toward participation for Guaranteed Issue. Current participants may have Guaranteed Issue of an increase in coverage of **\$10,000**. Total may not exceed the amount of Guaranteed Issue for which their group qualified, and **ONLY IF** they apply during their group’s annual enrollment.

Effective Date(s)

In no event will coverage become effective prior to the group effective date. The effective date will be the first day of the policy month following the date the employee’s application is approved by US Able Life.

Delayed Effective Date(s)

If an employee is not actively at work on the date his insurance or any increase in insurance is scheduled to take effect, it will take effect on the day he returns to active work. If the employee’s insurance is scheduled to take effect on a non-working day, his active work status will be based on the last working day before the scheduled effective date of his insurance.

Coverage for any dependent who is totally disabled on the date dependent insurance is scheduled to take effect will not become effective until the dependent has fully recovered from the condition(s) causing the disability.

Insurance Features

Extended life Insurance (Waiver of Premium) is available to covered employees who become totally disabled prior to age 60. If approved, life insurance coverage will continue without further premium payment until the insured is no longer totally disabled or reaches age 65, whichever occurs first. Benefits will be subject to the policy’s reductions applicable to non-disabled employees. Waiver of premium is part of the life insurance benefit for spouse or dependent children only when the covered employee is disabled.

VOLUNTARY GROUP TERM LIFE (VGTL)

Portability (Continuation of Insurance Benefit)

The insured employee may continue his and his spouse's voluntary group life insurance if on the date his employment terminates, he is not disabled and he has been continuously covered under the policy for 12 months. This provision is also available to employees who retire prior to age 65.

A spouse's coverage may be continued or "ported" up to the amount in effect, if the employee also continues coverage. Dependent children are not eligible for the Portability provision; however, the dependent children's coverage may be converted under the "Conversion Privilege" in the policy.

Premiums for ported coverage are based on affordable group rates, and are billed directly by USABLE Life on a quarterly, semi-annual, or annual basis.

Portable coverage will continue as long as premiums are paid and the covered person remains eligible.

Industry Classification

Please see the SIC Industry Classification Index on page 47.

UNDERWRITING VOLUNTARY GROUP TERM LIFE

US Able Life requires that the applicant (and his/her spouse if applicable) complete the health questionnaire on an evidence of insurability form. Information requested includes dates of medical consultations, diagnoses, treatments (if any), and names and addresses of all attending physicians. This will permit the underwriting staff to expedite most cases. The standard turnaround time for underwriting is 48 hours, unless additional medical information or requirements are needed.

Attending Physician Statements will be necessary in cases where the applicant's knowledge of his/her medical condition is insufficient for a proper underwriting decision.

Since Voluntary Group Term Life insurance can only be approved at the standard rate, certain medical conditions/histories preclude approval of the Voluntary Group Term Life insurance benefit. On the following pages, is a list of uninsurable conditions, as well as a table of maximum weights and heights that will be used as a guideline to determine acceptance, provided there is no other physical disorder or impairment.

The following chart has been prepared to help you understand our underwriting requirements for insurance amounts over the Guaranteed Issue amount, in addition to cases issued on a Simplified Issue Basis.

Medical Requirements

Amount	Ages 0-30	Ages 31-40	Ages 41-50	Ages 51-55	Ages 56-64
0 to \$50,000	VGL-APP	VGL-APP	VGL-APP	VGL-APP	VGL-APP
\$50,001 to \$100,000	VGL-APP	VGL-APP	VGL-APP	VGL-APP	Paramedical with urine specimen
\$100,001 to \$300,000	SMA 24 blood test to include HIV	SMA 24 blood test to include HIV	SMA 24 blood test to include HIV	SMA 24 blood test to include HIV	Paramedical with urine and SMA 24 to include HIV

Important Note: If Guaranteed Issue has been approved, no Medical Requirements are necessary for the Guaranteed Issue (GI) amounts. Use the chart above for coverage amounts applied for above the (GI) limit. Any amounts applied for which exceeds the Guaranteed Issue amount by more than \$100,000 may require some testing.

Example: If a male age 45 applies for a total of \$160,000 and \$50,000 has been approved for GI, you would go to age column Ages 41-50 and check requirements for \$110,000 coverage (the amount over \$50,000). US Able Life would need an SMA 24 blood test to include the HIV test.

VOLUNTARY GROUP TERM LIFE (VGTL)

MEDICAL IMPAIRMENT GUIDE

The following guide is not intended to be a comprehensive list of conditions which will be unacceptable; however, it will provide you with a quick reference of conditions generally considered unacceptable within the pricing of VGTL.

While many impairments, when combined with others, are more significant than the individual impairment, the following are considered impairments which will be declined if encountered alone.

Actinomycosis, disseminated
Afibrinogenemia, congenital or acquired with malignancy
Alcoholic Dementia
Alcoholic Hallucinosiis
Alcoholic Psychosis
Alzheimer's disease (Presenile Dementia)
Amyotrophic Lateral Sclerosis
Aneurysm, unoperated BPRF
Angina Pectoris
Aortic Insufficiency, under age 50
Aortic Stenosis, under age 60 or with enlarged heart or with history of Rheumatic Fever
Aortic Valve Replacement
Atrial Fibrillation, present or chronic
Benti's Disease
Cancer of Malignancy with metastasis to lymph nodes within 10 years
Cerebral Hemorrhage, within 5 years or with residuals
Cirrhosis of the Liver
Congestive Heart Failure (CHF)
Cystic Fibrosis
Delirium Tremens
Diabetes Mellitus, age 25 or under
Down's syndrome, under age 20
Ebstein's Anomaly of the Heart
Epilepsy, Grand Mal, age 15 or under
Faciocapulohumeral Muscular Dystrophy
Fragilitas Ossium
Friedreich's Ataxia
Hereditary Hemorrhagic Telangiectasis
Hereditary Muscular Atrophy
Hunnington's Chorea, age 55 or under
Hyperadrenalism
Infantile Spinal Progressive Muscular Atrophy
Kidney Dialysis
Kimmelstiel Wilson Syndrome
Korsakoff's syndrome, due to alcohol
Lupus Erythematosus (Systemic or Disseminated)

VGTL MEDICAL IMPAIRMENT GUIDE -cont'd.

Marie-Sanger-Brown (Marie's) Ataxia
Mitral Insufficiency with history of Rheumatic Fever
Mitral Stenosis, under age 50
Mitral Valve Replacement
Myocardial Infarction
Myositis Febrilis
Myotonic Muscular Dystrophy
Paraplegia, with bladder/bowel involvement
Polyarteritis
Polycystic Kidneys
Pseudohypertrophic Muscular Dystrophy
Quadraplegia
Scleroderma (Systemic) within 10 years
Sickle Cell Anemia, under age 60
Suicidal Gesture Attempts, within 5 years
Syphilis, active
Tetralogy of Fallot, operated or unoperated
Thalassemia Major

VOLUNTARY GROUP TERM LIFE (VGTL)

TABLE FOR MAXIMUM ACCEPTABLE

HEIGHT AND WEIGHT

Provided there is no other physical disorder or impairment

HEIGHT		MAXIMUM WEIGHT
Feet	Inches	Male and Female
4	8	190
4	9	195
4	10	200
4	11	205
5	0	205
5	1	210
5	2	215
5	3	220
5	4	225
5	5	235
5	6	240
5	7	245
5	8	250
5	9	260
5	10	265
5	11	275
6	0	280
6	1	290
6	2	300
6	3	305
6	4	315
6	5	320
6	6	330
6	7	335
6	8	345
6	9	350
6	10	360
6	11	370

Guaranteed Issue Guidelines			
	VIP	VLTD	VGTL
New Groups	All eligible participants for new groups may be issued Guaranteed Issue up to the amount for which they qualify* during the initial enrollment. The initial enrollment must be completed within 30 days following the Issue Date of the Group Policy.		
New Hires	Applying within their Eligibility Period (31 days following their employer's Waiting Period) may be issued Guaranteed Issue up to the GI amount for which their group qualifies according to the rules on the previous pages.		
Late Entrants	May have Guaranteed Issue up to the amount for which they qualify, ONLY IF they apply during their group's annual enrollment, as defined below.	May have Guaranteed Issue, up to the amount for which their group qualified, ONLY IF they apply during their group's annual enrollment, as defined below AND IF their date of hire is less than 12 months from the date of their application and they did not apply when first eligible.	May have Guaranteed Issue, up to the amount for which their group qualified, ONLY IF they apply during their group's annual enrollment, as defined below AND IF their date of hire is less than 12 months from the date of their application.
Lapse In Coverage	The employee may re-apply subject to the conditions for Late Entrants.		
Current Participants	May have Guaranteed Issue on an increase in coverage up to the amount for which they qualify, ONLY IF they apply during their group's annual enrollment, as defined below.	May have Guaranteed Issue on an increase in coverage of one unit (\$100) , total may not exceed the amount for which they qualify, and ONLY IF they apply during their group's annual enrollment.	May have Guaranteed Issue on an increase in coverage of \$10,000 , total may not exceed the amount of Guaranteed Issue for which their group qualified, and ONLY IF they apply during their group's annual enrollment.
Annual Enrollment	Defined as the 60 days before to the 30 days after the Group Policy Anniversary. Any exceptions to this enrollment period must be approved by USable Life.		
Note	12/12 pre-existing limitation applies to all new coverage AND the amount of an increase in coverage.	Although there is 12/6/24 Pre-Ex* on VLTD, the coverage amounts and benefit durations are so much higher than VIP that we don't allow GI to Late Entrants.	VGTL is group life insurance. Therefore, there is no pre-existing limitation and rules regarding guaranteed issue will be strictly adhered to.

*VLTD 12/6/24 Pre-Ex may vary to meet requirements of the State of issue

SIC Industry Classification Index (VGTL and VADD)

SIC Code	Category	VGTL Class	VAD&D Class
0110 - 0190	Agriculture Production - Crops	D	Eligible
0210 - 0290	Agricultural Productions - Livestock and Animal Specialties	D	Eligible
0710 - 0780	Agricultural Services	D	Eligible
0810 - 0970	Forestry, Fishing, Hunting, and Trapping	Home Office	Home Office
1010 - 1095	Metal Mining	Home Office	Home Office
1222 - 1245	Coal Mining	Home Office	Home Office
1310 - 1380	Oil & Gas Extraction	Home Office	Home Office
1410 - 1499	Mining & Quarrying of Nonmetallic Mineral, except Fuels	Home Office	Home Office
1520 - 1540	Building Construction--General Contractors and Operative Builders (Residential and Non Residential)	C	Eligible
1610 - 1620	Heavy Construction other than Building Construction--Contractors	E	Eligible
1710 - 1790	Construction--Special Trade Contractors	E	Eligible
2010	Manufacturing--Food and Kindred Products - Meat Products	D	Eligible
2020 - 2090	Manufacturing--Food and Kindred Products	C	Eligible
2110 - 2140	Manufacturing--Tobacco Products	E	Eligible
2210 - 2290	Manufacturing--Textile Mill Products	C	Eligible
2310 - 2390	Manufacturing--Apparel and Other Finished Products (Fabric and Similar)	C	Eligible
2410 - 2490	Manufacturing--Lumber and Wood Products, Except Furniture	D	Eligible
2510 - 2590	Manufacturing--Furniture and Fixtures	C	Eligible
2610 - 2670	Manufacturing--Paper and Allied Products	E	Eligible
2710 - 2790	Manufacturing--Printing, Publishing and Allied Industries	D	Eligible
2810 - 2870	Manufacturing--Chemical and Allied Products	C	Eligible
2890	Manufacturing--Chemical and Allied Products (Miscellaneous Chemical Products)	E	Eligible
2910 - 2990	Manufacturing--Petroleum Refining and Related Industries	E	Eligible
3010 - 3080	Manufacturing--Rubber and Miscellaneous Plastics Products	E	Eligible
3110 - 3190	Manufacturing--Leather and Leather Products	C	Eligible
3210 - 3280	Manufacturing--Stone, Clay, Glass and Concrete Products	E	Eligible
3290	Manufacturing--Stone, Clay, Glass and Concrete Products (Abrasive, Asbestos, Miscellaneous Nonmetallic)	Home Office	Home Office
3310 - 3390	Manufacturing--Primary Metal Industries	Home Office	Home Office
3410 - 3490	Manufacturing--Fabricated Metal Products (Except Machinery, Transportation)	E	Eligible
3510 - 3590	Manufacturing--Industrial and Commercial Machinery and Computer Equipment	D	Eligible
3610 - 3660	Manufacturing--Electronic and Other Electrical Equipment (Except Computer)	B	Eligible
3670 - 3690	Manufacturing--Electronic and Other Electrical Equipment (Except Computer)	C	Eligible
3710 - 3790	Manufacturing--Transportation Equipment	C	Eligible
3810 - 3870	Manufacturing--Instruments; Photographic, Medical, Optical Goods; Watches	B	Eligible
3910 - 3990	Manufacturing--Miscellaneous Manufacturing Industries	C	Eligible
4010	Railroad Transportation	C	Eligible
4110 - 4170	Local and Suburban transit; Interurban Highway Passenger Transportation	E	Eligible
4210 - 4230	Motor Freight Transportation and Warehousing	E	Eligible
4310	United States Postal Service	Home Office	Home Office

SIC Code	Category	VGTL Class	VAD&D Class
4410 - 4490	Water Transportation	E	Eligible
4510	Air Transportation (Scheduled and Air Courier Services)	Home Office	Home Office
4520 - 4580	Air Transportation (Air Transportation, Nonscheduled)	E	Eligible
4610	Pipelines, Except Natural Gas	E	Eligible
4720 - 4780	Transportation Services	C	Eligible
4810 - 4890	Communications	B	Eligible
4910, 4930 - 4970	Electric, Gas and Sanitary Services	C	Eligible
4920	Electric, Gas and Sanitary Services (Gas Production and Distribution)	E	Eligible
5010 - 5093	Wholesale Trade--Durable Goods	C	Eligible
5110 - 5170	Wholesale Trade--Nondurable Goods	B	Eligible
5180	Wholesale Trade--Nondurable Goods (Alcoholic Beverages)	E	Eligible
5190	Wholesale Trade--Nondurable Goods (Miscellaneous Nondurable Goods)	B	Eligible
5210 - 5260	Retail Trade--Building Materials, Hardware, Garden Supply	C	Eligible
5270	Retail Trade--Mobile Home Dealers	D	Eligible
5310 - 5390	Retail Trade--General Merchandise Stores	B	Eligible
5410 - 5490	Retail Trade--Food Stores	D	Eligible
5510 - 5590	Retail Trade--Automotive Dealers and Gasoline Service Stations	C	Eligible
5610 - 5690	Retail Trade--Apparel and Accessory Stores	D	Eligible
5710 - 5730	Retail Trade--Home Furniture, Furnishings and Equipment Stores	C	Eligible
5810	Retail Trade--Eating and Drinking Places	D	Eligible
5910 - 5920	Retail Trade--Miscellaneous Retail	E	Eligible
5930	Retail Trade--Miscellaneous Retail (Used Merchandise Stores)	D	Eligible
5940 - 5990	Retail Trade--Miscellaneous Retail	E	Eligible
6010 - 6090	Depository Institutions	A	Eligible
6110 - 6160	Nondepository Credit Institutions	B	Eligible
6210 - 6280	Security and Commodity Brokers, Dealers, Exchanges, and Services	A	Eligible
6310 - 6390	Insurance Carriers	B	Eligible
6410	Insurance Agents, Brokers and Service	B	Eligible
6510 - 6550	Real Estate	C	Eligible
6710 - 6790	Holding and Other Investment Offices	B	Eligible
7010 - 7040	Services--Hotels, Rooming Houses, Camps, Other Lodging Places	D	Eligible
7210 - 7360	Services--Personal Services	E	Eligible
7370	Services--Business Services	A	Eligible
7380	Services--Business Services (Miscellaneous)	E	Eligible
7381	Services--Business Services	Home Office	Home Office
7510	Services--Automotive Rental	D	Eligible
7520	Services--Automotive Parking	E	Eligible
7530	Services--Automotive Repair	D	Eligible
7540	Services--Automotive Services	E	Eligible
7620 - 7690	Services--Miscellaneous Repair Services	C	Eligible
7810 - 7840	Services--Motion Pictures	E	Eligible
7910 - 7990	Services--Amusement and Recreation Services	E	Eligible
8010 - 8090	Services--Health Services	B	Eligible
8110	Services--Legal Services	B	Eligible
8210 - 8240	Services--Educational Services (Elementary, Secondary Schools, Colleges, Universities, Libraries, Vocational Schools)	A	Eligible

SIC Code	Category	VGTL Class	VAD&D Class
8290	Services--Educational Services (Other Schools)	C	Eligible
8320 - 8390	Services--Social Services	E	Eligible
8410 - 8420	Services--Museums, Art Galleries, and Botanical and Zoological Gardens	C	Eligible
8610 - 8690	Services--Membership Organizations	B	Eligible
8710 - 8740	Services--Engineering, Accounting, Research, Management and Related Services	B	Eligible
8810	Services--Private Households	Home Office	Home Office
8990	Services--Not Elsewhere Classified	C	Eligible
9110 - 9190	Public Administration--Executive, Legislative, and General Government	D	Eligible
9210	Public Administration--Justice	E	Eligible
9220 - 9224	Public Administration--Public Order and Safety, Fire Protection	Home Office	Home Office
9310	Public Administration--Public Finance, Taxation, and Monetary Policy	D	Eligible
9410 - 9440	Public Administration--Human Resource Programs	D	Eligible
9450	Public Administration--Human Resource Programs (Veteran's Affairs except Health and Insurance)	E	Eligible
9510 - 9530	Public Administration--Environmental Quality and Housing	D	Eligible
9610	Public Administration--General Economic Programs	D	Eligible
9620	Public Administration--Transportation	E	Eligible
9630	Public Administration--Communications, Electric, Gas, Utilities	D	Eligible
9640	Public Administration--Agricultural Marketing and Commodities	D	Eligible
9650	Public Administration--Economic Programs (Miscellaneous)	E	Eligible
9660	Public Administration--Economic Programs (Space Research and Technology)	D	Eligible
9710 - 9720	Public Administration--National Security, International Affairs	Home Office	Home Office
9990	Nonclassifiable Establishments	Home Office	Home Office



320 W. Capitol • P.O. Box 1650 • Little Rock, AR 72203-1650
(501) 375-7200 • (800) 648-0271
(A stock insurance company, herein called US Able Life)

VOLUNTARY GROUP TERM LIFE INSURANCE POLICY

POLICYHOLDER:

[NASHVILLE NEWS]

PREMIUM DUE DATE:

[First Day of Each Policy Month]

GROUP POLICY NUMBER:

[10005725]-VG

RENEWAL DATE:

[April 1, 2007 and Each Succeeding
April 1]

EFFECTIVE DATE:

[April 1, 2006]

STATE OF DELIVERY:

[Tennessee]

US Able Life (referred to as "we," "our," and "us") agrees with the policyholder to make available to eligible persons Voluntary Group Term Life Insurance provided by this policy. This policy is issued in consideration of the application of the policyholder, and the payment of the first premium. The first premium is due and payable on the effective date of the policy. Subject to the policy's grace period provision, all premiums after the first must be paid when or before they are due.

This policy is a legal contract between the policyholder and US Able Life. PLEASE READ THIS POLICY CAREFULLY.

Signed for US Able Life:

Assistant Secretary

President

Nonparticipating
Renewable

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SCHEDULE OF BENEFITS

Group Policyholder: [NASHVILLE NEWS]
Group Policy Number: [10005725]-VG
Group Effective Date: [April 1, 2006]

[Any eligible employee may select up to the following amounts of Term Life Insurance in units (multiples) of \$10,000 by completing an enrollment form, providing evidence of insurability satisfactory to us if necessary, and paying the required premium:

1. For Employees: not more than \$300,000
2. For Spouse: not more than \$300,000
3. For Dependent Children: \$5,000 or \$10,000

Reduced Benefits For Children Less Than Age One Year will be:

- a. \$1,000 for children ages 15 days to 6 months; or
- b. \$2,500 for children ages 6 months to one year.

Reductions, Termination, and Special Provisions

Employee Voluntary Group Term Life: Benefits reduce by the following percentages of the pre-age 65 amount and terminate at retirement unless an earlier age is shown:

At age 65: 33 1/3% At age 70: 33 1/3% At age 75: _____ Terminates at : _____

Dependent Voluntary Group Term Life: Coverage for the dependent spouse terminates at the spouse's age 65. Coverage for dependent children terminates on the date the employee's coverage terminates or the date as defined under Termination of Dependent Insurance.

Underwriting Requirements: All employee and spouse coverage in excess of the Guaranteed Issue amount is subject to Home Office approval.]

AFFILIATED OR SUBSIDIARY ORGANIZATIONS

We will insure the eligible employees of the policyholder's affiliates or subsidiaries listed on the Group Insurance Application.

Newly Acquired Organizations

The policy applies only to the policyholder as composed on the effective date of the policy or as thereafter amended.

New employees acquired through merger, stock purchase, exchange of stock, or otherwise may be covered under the policy. Their coverage is subject to the following conditions:

- that the policyholder pay the correct additional premium; and
- that the policyholder report to us the name of the newly acquired organization along with any underwriting data we may need to determine the correct premium.

Coverage will start in accordance with provisions entitled "Section II - Eligibility and Effective Date" in the certificate. In no case, however, will coverage continue for more than 60 days unless:

- the required report has been made; and
- the additional premium has been agreed on and paid.

The policyholder must pay for any period in which coverage is in effect.

INCORPORATION PROVISION

Certificate

The certificate(s), and the endorsements or riders enclosed therein, are hereby incorporated in, and made a part of, this policy.

The terms found in the certificate(s) will control:

- the benefit plan provisions;
- the eligibility and effective date of insurance rules;
- the termination of insurance rules;
- exclusions; and
- other general policy provisions pertaining to state insurance law requirements.

PREMIUMS

Initial Monthly Premium Rates

The initial monthly premium rates for the employee or the spouse are as follows:

Age of Insured	Rate per \$10,000
29 or under	[\$0.68
30 through 34	\$1.02
35 through 39	\$1.36
40 through 44	\$2.22
45 through 49	\$3.58
50 through 54	\$5.78
55 through 59	\$9.86
60 through 64	\$14.12
65 through 69	\$22.78
70 through 74	\$37.40
75 and over	\$62.22]

The initial monthly premium rate for Dependent Children coverage is [\$0.30 per \$1,000.]

Change in Monthly Premium Rates

Initial Monthly Premium rates are guaranteed until [April 1 2007].

Subject to the Rate Guarantee period shown above, we have the right to change premium rates on any premium due date if:

- written notice is delivered to the policyholder's last address on record; and
- the change is effective at least 60 days after the date of notice.

Calculation

Premiums may be calculated by multiplying the rate times the applicable number of units of coverage.

[If any insurance is added, increased or becomes effective after the policy is in force, the premium charges will begin:

- the day the coverage is effective, if it is also the first day of a policy month; or if not
- the first day of the next policy month.]

For insurance which is terminated, premium charges will stop as of the first day of the next policy month.

Premiums may be calculated by any other method which both USABLE Life and the Policyholder agree to in writing.

Premium Payments

Premium payments are due and payable in full to a place designated by USABLE Life or, with respect to the initial premium payment, premium payments may be made to an authorized agent of USABLE Life.

Payment of premiums for a period before it is due will not guarantee the insurance for that period.

POLICY PROVISIONS

Entire Contract

The contract between the parties consists of:

- the policy;
- the application of the policyholder, a copy of which is attached to and made a part of the policy when issued; and
- the certificates, and the endorsements or riders enclosed therein; and
- the enrollment forms, if any, of each insured person.

All statements made by the policyholder, participant employers, and persons insured under the policy will be deemed representations and not warranties. No statement will be used in any contest unless it is in writing and a copy of it is given to the person who made it, or to his beneficiary.

Incontestability

Except for non-payment of premium, the insurance provided by the policy cannot be contested after a period of 2 years from the date of issue of such insurance.

Change in the Policy

This policy may be amended with our consent and the consent of the policyholder. No amendment will affect any loss incurred prior to the amendment's effective date. No change or waiver of any provision of this policy is valid unless made in writing. It must be signed

by our President, a Vice President, Secretary or Assistant Secretary and be requested or accepted by the policyholder. The change must be endorsed on or attached to this policy. No agent may change or waive any provision of this policy.

Right to Amend

Notwithstanding the above, after the policy has been in force for 12 months, USABLE Life may change any or all of the provisions of this contract by notifying the policyholder. USABLE Life must give the policyholder at least 60 days advance written notice of any change.

Grace Period

USABLE Life will allow the policyholder a 31 day grace period for the payment of all premiums after the first. During this 31 day period, the policy will stay in force. If the owed premium is not paid by the 31st day, the policy will automatically terminate. If the policyholder gives USABLE Life written advance notice of an earlier cancellation date, the policy will terminate on the earlier date. Premium is due for each day the policy is in force.

Termination of Policy

USABLE Life may terminate the policy on any premium due date by giving the policyholder written notice at least 60 days in advance. We may not terminate the policy prior to the first anniversary date of the effective date of the policy except for non-payment of premium or failure to meet USABLE Life's continued underwriting standards.

Certificate

USABLE Life will give the policyholder an individual certificate for delivery to each insured employee. The certificate is part of the policy, and will explain the important features of the policy.

Data To Be Furnished

The policyholder will give USABLE Life all information USABLE Life needs regarding matters pertaining to the insurance. At any reasonable time while the policy is in force and for one (1) year after the policy cancels, USABLE Life may inspect any of the policyholder's documents, books, or records which may affect the insurance or premiums of this policy.

If the policyholder gives USABLE Life any incorrect information, the relevant facts will be determined to establish if insurance is in effect and in what amount.

No person will be deprived of insurance to which he is otherwise entitled or have insurance to which he is not entitled, because of any misstatement of fact by the policyholder. Any required adjustment may be made in premiums or benefits.

Time Period

All periods begin and end at 12:01 A.M., standard time, at the policyholder's address.

Jurisdiction

The laws of the state where it is delivered govern this policy.

IMPORTANT NOTICE

To comply with Tennessee Insurance Rule 0780-1-57, the following information is provided to assist you in answering any questions you might have. Our Policyholder Service Office is:

USAble Life
320 W. Capitol, Suite 700
P. O. Box 1650
Little Rock, AR 72203-1650
Phone (501) 375-7200
Toll free 800-648-0271

We appreciate the opportunity to serve your insurance needs.



320 W. Capitol • P.O. Box 1650 • Little Rock, AR 72203-1650
 (501) 375-7200 • (800) 648-0271
 (A stock insurance company, herein called USAble Life)

Voluntary Group Term Life Certificate of Insurance

Policyholder Name : [NASHVILLE NEWS]
Policyholder Number: [10005725]-VG
Policy Effective Date: [April 1, 2006]
Beneficiary: Beneficiary on file

Schedule of Benefits

[The amount selected by you as shown on the attached Enrollment Form. This certificate is not valid unless accompanied by a copy of your signed Enrollment Form which, if satisfactory Evidence of Insurability is required, has been approved by us.]

Reductions, Terminations & Special Provisions

[Employee benefits reduce by the following percentages of the pre-age 65 amount and terminate at retirement unless an earlier age is shown:

At age 65: 33 1/3% At age 70: 33 1/3% At age 75: _____ Terminates at : _____

The dependent spouse benefit terminates at the spouse's age 65. Reduced benefits for children, if included, are (age at death): 15 days to 6 months - \$1,000; 6 months to one year - \$2,500. Coverage for dependent children terminates on the date the employee's coverage terminates.]

This is to certify that USAble Life has issued and delivered the Voluntary Group Term Life Insurance Policy to the Policyholder. The policy insures the employees of the Policyholder who are eligible for the insurance, become insured, and continue to be insured according to the terms of the policy.

The terms of the policy that affect your insurance are contained in the following pages. This Certificate of Insurance and the following pages will become your Booklet-certificate. This Booklet-certificate is a part of the policy.

This Booklet-certificate replaces any other that USAble Life may have issued to the Policyholder to give to you under the Group Insurance Policy specified herein.

Signed for USAble Life:

Assistant Secretary

President

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Any extra benefits provided by riders are described in the riders attached at the back of this certificate.

Section I - Definitions

Accident or Injury	Accidental bodily injury sustained by the insured person while covered under this policy which is the direct cause of the loss, independent of disease or bodily infirmity or any other cause.
Active Work or Actively at Work	You report for work at your usual place of employment and are able to perform all the duties of your regular occupation for the entire normal work day.
Annual Salary	[Your annual base rate of pay, excluding any overtime pay, bonuses, or other extra pay. If your pay is from commissions, your annual salary will be based on your average commissions for the prior 12 months.]
Contributory Insurance	Insurance for which you must apply and agree to make the required premium contributions.
Employer	The policyholder of this contract.
Employee	<p>A person who is:</p> <ol style="list-style-type: none">1. directly employed in the normal business of the employer; and2. paid for services by the employer; and3. actively at work for the employer, or any subsidiary or affiliate covered under this policy. <p>No director, officer, consultant or other person not actively at work on behalf of the employer will be considered an employee unless he meets the above conditions.</p>
Dependent	<p>The term "Dependent" will include:</p> <ol style="list-style-type: none">1. your spouse, if not legally separated from you;2. any unmarried child less than [24] years of age, who is:<ol style="list-style-type: none">a. not working on a full-time basis, andb. depends upon you for more than 50% of his support; or3. a handicapped child, as defined in the Continuation of Insurance for a Handicapped Child section, over [19] years of age, who was insured under this policy before reaching age [19.] <p>The term "child" also includes a legally adopted child, stepchild, foster child, or any child who lives with you, and depends on you for more than 50% of his support.</p>
Gender	The use of the male pronoun also includes the female.

Home Office	The principal office of US Able Life in Little Rock, Arkansas.
Insured Person	You and your dependents, whose insurance has become and remains effective under all the conditions and provisions of this policy.
Physician	<p>A person who is acting within the scope of his or her license; and is either:</p> <ol style="list-style-type: none"> 1. licensed in the United States or its territories to practice medicine and prescribe and administer drugs or to perform surgery; or is 2. legally qualified as a medical practitioner and is required to be recognized, according to the insurance statutes or the insurance regulations of the governing jurisdiction. <p>It does not include the insured person receiving treatment or his spouse, daughter, son, step-child, father, mother, step-parent, sister, brother, step-sister, step-brother, grandchild, grandparent, father-in-law, mother-in-law, or spouses, as applicable, of any of these.</p>
Plan	The group master policy on file with your employer and this certificate of insurance.
Plan Administrator	Your employer, which sponsors the Plan for the benefit of its employees and their eligible dependents.
Sickness	A disease or illness, including pregnancy.
Total Disability or Totally Disabled	<p>You are totally disabled if, [during the first 12 months of disability,] [you are unable to perform all of the material and substantial duties of your occupation for your entire normal workday because of a disability:</p> <ol style="list-style-type: none"> 1. caused by injury or sickness; 2. that started while insured under this plan.] <p>[After 12 months of total disability, you will be totally disabled if] [you are unable to perform with reasonable continuity all of the material and substantial duties of your own or any other occupation for which you are or become reasonably fitted by training, education, experience, age, and physical and mental capacity.]</p> <p>A dependent is totally disabled if he is unable to engage in any of the usual and customary duties and activities of a person of like age and sex who is free of any physical or mental disease or disorder.</p>
Waiting Period	The period of time which must pass before you are eligible to enroll in this insurance program.
We, Our, or Us	These terms refer to US Able Life.

Section II – Eligibility and Effective Date

Employee Eligibility

If you are working on a full-time basis for the employer, you are eligible for insurance after completion of the required waiting period, provided you are in a class of employees that is included. You will be considered to work on a full-time basis if you customarily work at [least the minimum number of hours shown in the group insurance application.]

You will become eligible for insurance on the latest of the following dates:

1. the effective date of this policy;
2. the end of the specified waiting period;
3. the date this policy is changed to include the employee's class; or
4. the date you become a member of a class eligible for insurance; or
5. during the enrollment period specified by USABLE Life.

[If you were insured under this policy and your insurance terminated due to termination of employment or eligibility, and you again become an eligible employee within 12 months, there is no waiting period.]

Effective Date of Employee Insurance

You must use the enrollment forms provided by us when applying for insurance. [No insurance will become effective until you provide satisfactory evidence of insurability and we approve your application. Any additional medical information required will be at your expense.

The effective date will be the first day of the policy month following the date your application is approved by us.]

If you are not actively at work on the date your insurance or any increase in insurance is scheduled to take effect, it will take effect on the day you return to active work. If your insurance is scheduled to take effect on a non-working day, your active work status will be based on the last working day before the scheduled effective date of your insurance.

Dependent Eligibility

Dependents are eligible for insurance on the latest of the following dates:

1. the date you become eligible for dependent insurance;
2. the date a person becomes a dependent; or
3. during the enrollment period specified by USABLE Life.

[Your spouse or child will not be eligible for dependent insurance if they are eligible for insurance under this policy as an employee.]

[If both you and your spouse are insured as employees, your eligible children may be insured as dependents of only one of you.]

Effective Date of Dependent Insurance

You must use the enrollment forms provided by us when applying for dependent insurance. [No insurance will become effective until you provide satisfactory evidence of insurability

and we approve your application. Any additional medical information required will be at your expense.

The effective date will be the first day of the policy month following the date the application is approved by us.]

Coverage for any dependent who is totally disabled on the date dependent insurance is scheduled to take effect will not become effective until the dependent has fully recovered from the condition(s) causing the disability.

Section III – Termination of Insurance

Termination of Employee Insurance

Your insurance will terminate at 12:00 midnight on the earliest of the following dates:

1. the last day of the period for which a premium payment is made, if the next payment is not made;
2. the date this policy terminates, or the date a specified benefit terminates;
3. the date you cease to be a member of a class eligible for insurance; or
4. the date you cease to be actively at work.

(See “Conversion Privilege,” in Section VII.)

However, your insurance may be continued for the period shown below until the employer notifies us of the date that insurance is to be terminated. The employer must act so as not to discriminate unfairly among employees in similar situations.

1. [If you stop active work due to layoff or leave of absence, your insurance may be continued for up to 3 months.]
2. If you stop active work due to total disability, your insurance may be continued up to 6 months while you remain totally disabled. (See “Waiver of Premium” in Section VIII.)

Premiums for continuation of coverage must be paid by or through the employer. Coverage will also terminate on the date determined by 1 through 3 above.

Termination of Dependent Insurance

Insurance on a dependent will terminate at 12:00 midnight in the state where this policy was delivered on the earliest of the following dates:

1. the date he ceases to be a dependent as defined in the Definition section;
2. the date you cease to be an eligible employee;
3. the last day of the period for which a required dependent premium payment is made, if the next payment is not made; or
4. the date this policy terminates, or a specific benefit terminates.

Continuation of Insurance for a Handicapped Dependent Child

If an unmarried dependent child is not capable of self-sustaining employment due to mental or physical handicap, his insurance will not terminate at age [24]. The insurance will continue as long as the child remains handicapped, unless coverage terminates as described in the Termination of Dependent Insurance section, if you give us proof that the child is:

-
1. incapable of self-sustaining employment; and
 2. chiefly dependent on you for support and maintenance.

To keep this coverage in force, we may require proof at our expense of the child's incapacity and dependence. We may require proof from time to time, but not more than once a year after the 2 years that follow the date the child reaches age [24].

Section IV – Claims Provisions

Notice of Loss

Written notice of claim must be given to us at our Home Office within 30 days after a loss occurs or begins, or as soon after the loss as is reasonably possible to do so. The notice should identify the insured person and the nature of the loss. When we receive written notice of claim, we will furnish proof of loss forms within 15 days.

Proof of Loss

For any loss covered by this policy, written proof of loss must be given to us within 90 days after the date of loss. Failure to furnish proof within such time shall not invalidate nor reduce any claim if it was not reasonably possible to furnish proof within such time. Such proof must be furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one (1) year from the time proof was otherwise required.

Physical Examination and Autopsy

We have the right to have a physician of our choice examine the insured person as often as necessary while the claim is pending. We may also have an autopsy made in case of death, unless not allowed by law. We will pay the cost of the exam and autopsy.

Payment of Claims

All benefits payable under this policy will be payable immediately upon receipt of due written proof of such loss.

Dependent Term Life benefits will be paid to you. Employee Term Life benefits will be paid to the person(s) named by you to receive them.

If you failed to name a beneficiary or if no named beneficiary is living at your death, refer to the following "Beneficiary" provision. At our option, an amount up to the maximum allowable by the state laws of the covered person's state of residence may be paid to any person who incurred funeral or other expenses related to the last illness or death of the insured person.

Beneficiary

Your beneficiary will be the person(s) you name in writing to receive any amount of insurance payable due to your death. The beneficiary's name is on record in our Home Office, or in the policyholder's office if the group is self-administered. You are the beneficiary of the dependent term life insurance if you are living. If you and your dependent die in the same accident, the dependent benefit will be paid to your estate.

You may name or change a beneficiary by giving us written notice at our Home Office (or by giving the policyholder written notice if the group is self-administered) on a form acceptable to us. When we receive the notice, it will be effective on the date made, subject to any payment we may have made before we receive it.

If you name more than one beneficiary, those who survive will share equally unless you specify otherwise. If there is no named beneficiary living at your death, we may pay, at our discretion, any amount due to one of the following classes of survivors: (1) your spouse; (2) your surviving children in equal shares; (3) your mother and/or father; (4) your brother and/or sister; or (5) your estate.

Settlement Options

Instead of a single payment, you may choose to have all or part of the Term Life Insurance paid under one of the settlement options we have available. We will give you full information about the options upon request.

If you have chosen an option, no one can change it unless you consent in writing. Your beneficiary may choose an option within 60 days after your death if one has not been chosen.

Assignment

You have all ownership rights of life insurance. You may transfer the rights to someone else by assignment. An assignment will affect us only if it is in writing on a form acceptable to us, and is received at our Home Office. When we record it, the assignment will take effect as of the date you made it. The assignment will be subject to any action we may have taken before we record it. We take no responsibility for the validity of any assignment.

Claim Review

If a claim is denied, you will be given written notice of:

1. the reason for the denial; and
2. the policy provision that relates to the denial; and
3. your right to ask for a review of your claim; and
4. any additional information that might allow us to change our decision.

The following applies only when the interpretation of the Policy is governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 *et seq.*:

USABLE Life shall have authority and full discretion to determine all questions arising in connection with the Plan benefits, including but not limited to eligibility, beneficiaries, interpretation of Plan language, and findings of fact with regard to any such questions. The actions, determinations, and interpretations of USABLE Life with respect to all such matters shall be conclusive and binding. This means that should there be any question concerning how the Plan applies:

1. to any claim for benefits;
2. concerning an employee's eligibility for Plan benefits;
3. concerning the determination of beneficiaries; or
4. to any other question or issue, whether one of fact or one of Plan interpretation;

USABLE Life is deemed to have the exclusive right and authority to resolve all such questions in the exercise of USABLE Life's sole discretion. If you do not agree with our interpretation, you still have a right to legal action as described in the Legal Actions provision below.

You may, upon written request, read any reports that are not confidential. For a small fee, we will make copies of those reports for your use.

Appeals Procedure

Prior to filing any lawsuit and no later than 60 days after notice of denial of your claim, you or your beneficiary should appeal any denial of benefits under the policy by making a written request for review of the denial, directed to "Appeals Coordinator," at our Home Office, USAble Life, P.O. Box 1650, Little Rock, Arkansas 72203.

Legal Actions

You or your beneficiary may not bring suit to recover until 60 days after written proof of loss is furnished. No suit may be brought more than five years after the date a loss covered under the policy occurs.

Insurance Fraud

Warning: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information may be guilty of insurance fraud and prosecuted.

We may terminate your coverage if you have filed a fraudulent claim or statement with us. We may terminate the group policy if the policyholder or his administrator has filed or assisted with the filing of a fraudulent claim with us.

Section V – General Provisions

Entire Contract and Changes

This certificate is furnished in accordance with and subject to the terms of the policy. The entire contract consists of the policy, which includes the application, and any attached papers; and this certificate, your enrollment form and any riders or endorsements. No change in the policy will be effective until approved by one of our officers. This approval can only be in writing and must be noted on or attached to the policy. No agent has authority to change the policy or certificate or to waive any of their provisions.

Misstatement of Facts or Age

If material facts about you were not stated accurately:

1. your premium may be adjusted; and
2. the true facts will be used to determine if and for what amount, coverage should have been in force.

Incontestability

In the absence of fraud, all statements made by you or the policyholder or any insured person shall be deemed representations and not warranties. No statement made by you relating to your insurability will be used to contest the insurance for which the statement was made after the insurance has been in force for two years during Your lifetime. In order to be used, the statement must be in writing and signed by you, and a copy of the written statement must be furnished to you, your beneficiary, or your representative.

Grace Period

A grace period will apply to payment of premiums (except the initial premium.) This grace period means that if you pay your premiums within 31 days after they are due, your certificate remains continuously in force. If you do not, your certificate is terminated as of the date the premiums were payable.

Unpaid Premium

We may deduct any unpaid premium then due from the payment of a claim under this certificate.

Refund of Premium

On the death of the insured person, proceeds payable hereunder shall include the amount of unearned premium paid beyond the end of the month in which death occurred. Payment shall be made in one lump sum no later than 30 days after proof of the insured person's death has been furnished to us.

Conformity with State Statutes

If the provisions of this certificate do not conform with the laws of the state in which you reside on the certificate effective date, they are hereby amended to conform with the minimum requirements of the statutes of that state.

Section VI – Voluntary Group Term Life Benefit

Death Benefit

The Death Benefit is the amount selected by you and approved by us as shown on the copy of your attached enrollment form. We will pay the amount of insurance in force on the date of death when we receive proof of the insured employee's or dependent's death.

Suicide

If you or your insured dependent, whether sane or insane, dies by suicide within one year of your original effective date of insurance, the death benefit will be limited to the amount of premiums paid for this insurance.

After having been insured for one year, if you or your insured dependent, whether sane or insane, dies by suicide within one year of the effective date of an increase in coverage, the death benefit will be limited to the amount of insurance in effect prior to the increase in coverage, plus the amount of premiums paid for the increase in coverage.

Section VII – Conversion Privilege

Conversion upon Termination of Employment or Eligibility

For Employees

You may convert all or part of your term life insurance to an individual policy of life insurance, other than Term,

1. if all or part of it stops for any reason; unless
2. it stops because you did not pay any required premiums.

The amount you may apply for may not be more than:

1. the term life amount then in force; or
2. that part of the term life amount which has stopped, whichever is less.

For Dependents

Your insured dependent spouse or child may convert all or part of his term life insurance to an individual life policy, other than Term, if the insurance on his life ends because:

1. you stopped working full-time for your employer; or
2. you ceased to be a member of a class eligible for insurance; or
3. the dependent ceased to be an eligible family member; or
4. of your death.

Conversion Upon Termination or Amendment of Group Policy

Any insured person may convert a limited amount of term life insurance if he has been continuously insured under this policy for not less than five years and his insurance ends due to termination or amendment of this policy.

The amount you may convert in this case is the smaller of the following:

1. the amount of term life insurance which terminates, less the amount you became eligible for under any group policy within 31 days after this insurance terminated; or
2. \$10,000.

Conversion Coverage

Any insured person may convert his term life insurance to any policy we are issuing for the purpose of conversions other than Term. The conversion policy will not have disability or other supplementary benefits. No evidence of insurability will be required. The premium will be based on the amount and the form of the conversion policy, and on the insured person's class of risk and age on the date the conversion takes effect.

A conversion policy is in lieu of all other benefits under this policy. If you qualify for the Extended Insurance Benefit, any conversion policy issued will be canceled. Premiums paid for the converted policy will be returned.

The conversion policy will take effect on the 32nd day after the insurance terminates.

Notice and Application Required

Written application and the first premium payment for the conversion policy must be received in our Home Office within 31 days after the insured person's insurance terminates. If you are not given notice of the right to convert by the 16th day of the 31 day conversion period, you will have an additional period in which to apply for conversion. The additional period will end 15 days after you are given notice, but not more than 61 days after the date the insurance under this policy ended.

Nothing in this policy will continue coverage for more than 31 days following the date coverage ends under this policy. Written notice, contained in this certificate of insurance and given to you at any time, or mailed by the policyholder to your last known address will be considered sufficient written notice to you. It is the responsibility of the policyholder to give such notice to you.

Conversion Period Death Benefit

If the insured person dies within the 31 days allowed for making application to convert, we will pay the amount he was entitled to convert. We will do this whether or not application was made.

Section VIII – Waiver of Premium

Extended Insurance Benefit (Waiver of Premium)

We will continue the voluntary group term life insurance in force on you and your insured dependents without premium payment if you become totally disabled provided:

1. you are insured under this plan and are actively at work on or after the effective date of the plan; and
2. your total disability begins before age 60; and
3. total disability has continued without interruption for at least six (6) months during which time premiums have been paid; and
4. you provide us with proof of total disability as required; and
5. you are still totally disabled when you submit the proof of disability.

Dependent premiums will only be waived if the employee is also covered and his premiums are waived.

Amount of Term Life Insurance

The amount of insurance continued will be the amount in force on the date you became totally disabled. This amount will be reduced or terminated based on the Schedule of Benefits in effect on the date of total disability. This amount will not be increased while you remain totally disabled.

Proof of Total Disability

Upon receipt of Notice of Loss, we will provide forms which you must use when giving us proof of total disability. (See "Notice of Loss," in Section IV.) You must give us proof, at your own expense, no later than 12 months after the date you became totally disabled. We may at

any time require proof that total disability continues. You must give us proof of continuing disability within 60 days after our request. After you have been totally disabled for more than two years from the date of total disability, we will not request proof more than once a year. We may require that you be examined at our expense by a physician of our choice.

Death While Totally Disabled

If you or your insured dependent die while your term life insurance is being continued under this provision, we will pay the amount of insurance if we receive proof:

1. of your or your insured dependent's death; and
2. that total disability was continuous from the date it began to the date of your or your insured dependent's death.

Termination of the Extended Insurance Benefit for the Insured Employee

You will no longer be eligible for the Extended Insurance Benefit and your and your insured dependents' voluntary group term life insurance will terminate on the earliest of the following dates:

1. the date you cease to be totally disabled. But, if you are still eligible for term life insurance when you return to active work, your term life insurance may be continued in force if premium payments are resumed; or
2. the last day of the 60 day period following our request for proof of total disability, if you do not give us proof or you refuse to take a medical exam; or
3. the date you attain age [65].

If your insurance terminates while you are covered under this provision, you will be eligible to convert that coverage as of the termination date. You may convert no more than the amount of term life insurance that was in force on you on that date. (See "Conversion Privilege," in Section VII.)

Termination of the Extended Insurance Benefit for the Insured Dependent

Your insured dependent will no longer be eligible for the Extended Insurance Benefit and the dependent's term life insurance will terminate on the earliest of the following dates:

1. the date the dependent ceases to be a dependent as defined in the Definition section; or
2. the date you cease to be eligible for coverage under this provision. But, if the dependent is still eligible for dependent term life insurance when you return to active work, the dependent term life insurance may be continued in force if premium payments are resumed; [or
3. [12 months] from the date your total disability began.]

An insured dependent whose insurance terminates while covered under this provision will be eligible to convert that coverage as of the termination date. He may convert no more than the amount of dependent term life insurance that was in force on that date. (See "Conversion Privilege" in Section VII.)

[Section IX – Portability

Continuation of Insurance Benefit (Portability)

You may continue your and your spouse's group term life insurance if you meet the following requirements on the date your employment terminates:

1. you have been covered under this certificate for a minimum of 12 months; and
2. you are not disabled; and
3. you either:
 - a. are not retired and are under age [70]; or
 - b. are retired and are under age [65].

Coverage will be continued under a Voluntary Group Term Life Trust policy designated for the use of employees who elect continuation of coverage under this portability provision.

[Your spouse's term life insurance may not be continued if your term life insurance is not continued.] [Dependent children are not eligible for the Portability provision; however, the dependent children's coverage may be converted under the "Conversion Privilege" provisions of this Group Policy.]

"Retired" means you are a former employee who has begun receiving one of the following:

1. retirement pension benefits under any plan of a federal, state, county or municipal retirement system, if such pension benefits include any credit for employment with the policyholder;
2. retirement pension benefits under any plan which the policyholder sponsors or makes or has made contributions; or
3. retirement benefits under the United States Social Security Act of 1935, as amended, or under any similar plan or act.

Application and Premium Payment

You must apply for portability in writing to US Able Life within 31 days after the date your employment ends.

You must pay the required premium quarterly, semi-annually, or annually directly to US Able Life. The premium rate will be the rate currently applicable to the Voluntary Group Term Life Trust policy. Any rate changes that become effective for the trust policy will become effective for you on the same date. The first premium payment must be made no later than 31 days after the date the insurance would otherwise terminate under this policy.

Amount of Insurance

The amount of insurance that you [and your spouse] may continue is the amount in effect on the date your employment terminates. The reduction and termination provisions stated in the trust policy will apply to insurance continued under this provision.

When Continuation of Insurance (Portability) Ends

Insurance continued under the trust policy will end automatically on the earliest of the following:

-
1. the date the last period ends for which you made a premium payment;
 2. the premium due date following your attainment of age [70];
 3. if your coverage continued due to your retirement prior to age [65], on the premium due date following your attainment of age [65];
 4. the date you become a full-time member of the armed forces of any country; [or
 5. spouse coverage will end on the premium due date following the date the spouse ceases to be a spouse as defined in the policy, or on the premium due date following the spouse's attainment of age [65], whichever occurs first.]

When your insurance under the trust policy ends, you and your spouse will be eligible to convert the insurance to an individual policy under the "Conversion Privilege" provisions of the trust policy.

Coverage continued under the portability trust policy is in lieu of all other benefits under this policy, including conversion. If you return to work with the employer and again become eligible for Voluntray Group Term Life coverage under this policy, continued coverage under the trust policy will cancel on the date coverage is resumed under this policy.

Group Policy Provisions

The Extended Insurance (Waiver of Premium) provisions will not apply to insurance continued under the Portability provision.

With respect to any notice you are required to provide to the employer under other provisions of the group policy, you must provide such notice to USABLE Life while the insurance is continued.]

ERISA Information

Plan Sponsorship and Administration

The plan was established by the actions of your employer, which continues to act as Plan Sponsor and Plan Administrator. Your employer, as Plan Administrator, performs the functions of distributing Plan notices and information to employees and other Plan participants, coordinates employees' and eligible dependents' enrollment in the Plan, and transmits Plan premium payments.

ERISA Rights

[As a participant in this plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan participants shall be entitled to:

1. Examine, without charge, at the Plan Administrator's office and at other specified locations, all Plan documents including insurance contracts, and copies of all documents filed by the plan with the U.S. Department of Labor, such as detailed annual reports and plan descriptions.

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2. Obtain copies of all Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
 3. In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries.
 4. Neither your employer, nor any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.
 5. If your claim for a benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the Plan review and reconsider your claim. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$100 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator.
 6. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court, provided that you have first followed the Plan's designated appeals procedure before bringing suit.
 7. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees.
 8. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.
 9. If you have any questions about your Plan, you should contact the Plan Administrator.
 10. If you have any questions about this statement or about your rights under ERISA, you should contact the nearest Area Office of the U.S. Labor-Management Services Administration, Department of Labor.]

Important Notice

To comply with Tennessee Insurance Rule 0780-1-57, the following information is provided to assist you in answering any questions you might have. Our Policyholder Service Office is:

USAbLe Life
320 W. Capitol, Suite 700
P. O. Box 1650
Little Rock, AR 72203-1650
Phone (501) 375-7200
Toll free 800-648-0271

We appreciate the opportunity to serve your insurance needs.

GROUP INSURANCE APPLICATION

Type or Print In Black Ink

For Home Office use only

Group #:

SECTION I. GROUP INFORMATION

1. Legal Name of Policyholder	2. Taxpayer ID#
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3. Type of Company: Corporation LLC PC S-Corp Sole Proprietor Partnership Government

4. Mailing Address of Policyholder	City	State	Zip+4
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5. Street Address of Policyholder (if different from above)	City	State	Zip+4
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6. Contact Information at Company:

Benefits Contact Person: _____
Phone Number: _____ Fax Number: _____
Email Address: _____ Web Address: _____

Billing Contact Person: _____
Phone Number: _____ Fax Number: _____
Email Address: _____ Web Address: _____

7. Name of Subsidiary or Affiliate Companies to be Covered	8. Nature of Business	9. SIC Code
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10. Do you have any employees located in states other than the Policyholder's main address? If yes, please list states below. <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Number of eligible Employees	12. Billing Method: <input type="checkbox"/> Self Administration <input type="checkbox"/> Billed by Blue Plan <input type="checkbox"/> Benefit Focus <input type="checkbox"/> List Bill
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13. Changes in Benefits will Become Effective on:
 First day of the following month The next anniversary date The date of change

14. Do you allow Domestic Partner Coverage under the existing Blue Cross Blue Shield Medical Plan? Yes No

15. Eligibility Waiting Period (*Should an employee enter another class, he will not be eligible for any additional benefits until he has completed a 30-day waiting period and has been actively at work one full day in the new class.*)

First of Policy Month following: (a) completion of _____ days of continuous active work, or (b) hire date
 Day following: (a) completion of _____ days of continuous active work, or (b) hire date

Does Waiting Period apply to employees rehired within 12 months of their termination date? Yes No

16. Eligibility Waiting Period Applies to: <input type="checkbox"/> Future Employees only <input type="checkbox"/> Present & Future Employees	17. Minimum hours worked per week to be eligible: Basic benefits: _____ Voluntary benefits: _____
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18. Annual Enrollment date for Voluntary Coverage: _____

19. Class Definitions (if more than one class, definitions must be specific)
(The insurer reserves the right to review and terminate all classes insured under this policy if any class ceases to be covered.)

Class	Description of Class	Waiting Period, if Different
1		
2		
3		
4		

Employees working less than the minimum hours per week are not eligible for coverage unless otherwise noted in class description above and approved by us. If more than four classes, use a separate sheet.

SECTION II. LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT

This application is made for the following coverages. Check only those boxes that apply.

Coverage	Employer Contribution	Enrolled Employees	Effective Date	Renewal Date
<input type="checkbox"/> Basic Life				
<input type="checkbox"/> Basic AD&D*				
<input type="checkbox"/> Supplemental Life*				
<input type="checkbox"/> Supplemental AD&D*				
<input type="checkbox"/> Dependent Life* (Option 1)				
<input type="checkbox"/> Dependent Life* (Option 2)				
<input type="checkbox"/> Voluntary Life				
<input type="checkbox"/> Voluntary AD&D				

*Cannot be purchased as stand alone coverage.

Multiple of salary benefits will be rounded to the nearest lower higher \$ _____, if not already a multiple

SECTION II. LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT CONTINUED

Basic Life and/or AD&D

Class	Flat Amount ■	Multiple of Salary ■	(Complete if Multiple of Salary)	
			Min Amount of Coverage	Max Amount of Coverage
1				
2				
3				
4				

Supplemental Life and/or AD&D

Class	Flat Amount ■	Multiple of Salary ■	Elected in Increments of ■	(Complete if Multiple of Salary or Increments)	
				Min Amount of Coverage	Max Amount of Coverage
1					
2					
3					
4					

Voluntary Life and/or AD&D

Employee and Spouse coverage elected in \$10,000 increments: \$10,000 min \$_____ Max
 Employee coverage elected as multiple of salary schedule: _____ times annual salary \$_____ Maximum.
 Spouse coverage 50% of employee amount.
 Are Voluntary Life rates smoker distinct rates: Yes No Children - \$5,000 and \$10,000 only

Dependent Life

Class	Option 1			Option 2 (if available)		
	Spouse Amount	Child Amount	Reduced Infant Amount	Spouse Amount	Child Amount	Reduced Infant Amount
1						
2						
3						
4						

Infant Ages: from live birth to 6 months from 15 days to 6 months
 Child Ages: 6 months to 25 years 6 months to age _____

AD&D Riders	Reductions & Termination				
	Benefit reduction due to age will be effective on the employee's birthday*				
	Reduction at Age of Employee				
		65	70	75	80
Standard Riders*	<input checked="" type="checkbox"/>				
Special Education	<input type="checkbox"/>	<input type="checkbox"/>	66 2/3%	33 1/3%	N/A
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	65%	50%	N/A
Common Carrier	<input type="checkbox"/>	<input type="checkbox"/>	65%	50%	25%
Felonious Assault	<input type="checkbox"/>	<input type="checkbox"/>			
Child Care Center	<input type="checkbox"/>	*Employee benefits terminate at retirement, unless termination age is noted. Termination age _____. Spouse benefits terminate at employee's retirement or spouse age 65, whichever is earlier. All reductions apply to the pre-age 65 amount.			
Spouse Training	<input type="checkbox"/>				
HIV	<input type="checkbox"/>				

*AD&D Standard Riders: Seat Belt/Air Bag, Coma, Repatriation, Exposure and Disappearance

Portability:

Voluntary Life Basic Life (Underwriting approval and rate adjustment required)

Replacement: Are any of the following a replacement of similar coverage?

Yes	No		If yes, Previous Carrier	Termination Date
<input type="checkbox"/>	<input type="checkbox"/>	Basic Life		
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Life		
<input type="checkbox"/>	<input type="checkbox"/>	Voluntary Life		

If prior coverage, include a copy of the prior carrier's plan.

SECTION III. SHORT TERM DISABILITY

This application is made for the following coverages. Check only those boxes that apply.

	Employer Contribution	Enrolled Employees	Effective Date	Renewal Date
<input type="checkbox"/> Basic/Core STD				
<input type="checkbox"/> Buy Up STD*				
<input type="checkbox"/> Voluntary STD (VIP)				

*Cannot be purchased as stand alone coverage.

SECTION III. SHORT TERM DISABILITY CONTINUED

Basic Short Term Disability

Class	Core/Buy Up	Flat Amount	Percent of Salary	Max. benefit	Benefit Plan*
1	<input type="checkbox"/> Core				
	<input type="checkbox"/> Buy Up				
2	<input type="checkbox"/> Core				
	<input type="checkbox"/> Buy Up				
3	<input type="checkbox"/> Core				
	<input type="checkbox"/> Buy Up				
4	<input type="checkbox"/> Core				
	<input type="checkbox"/> Buy Up				

*Example of a Benefit Plan: 1-8-13; This means disabilities due to accidents begin on the first day. Disabilities due to sickness begin on the eighth day. Benefits will be paid for a 13 week duration.

Voluntary STD Income Protection (VIP)

Amount of insurance selected by the employee in increments of \$10 not to exceed _____% of weekly earnings.

Minimum: \$100 Maximum: \$750 _____

Benefit Plan*: _____ Industry Class: _____

Reduction & Termination: Benefit reduction due to age will be effective on the anniversary following the insured's birthday. Benefits reduce to 66 2/3% at age 65, and terminate at age 70 or upon retirement, whichever occurs first.

Are premiums sheltered under a Section 125 Cafeteria plan? Yes No

*Example of a Benefit Plan: 1-8-13; This means disabilities due to accidents begin on the first day. Disabilities due to sickness begin on the eighth day. Benefits will be paid for a 13 week duration

Replacement: Is VIP a Replacement from Another Carrier? Yes No

Previous Carrier _____ Termination Date _____

If prior coverage, include a copy of the prior carrier's plan.

SECTION IV. LONG TERM DISABILITY

This application is made for the following coverages. Check only those boxes that apply.

	Employer Contribution	Enrolled Employees	Effective Date	Renewal Date
<input type="checkbox"/> Basic LTD				
<input type="checkbox"/> Buy Up LTD*				
<input type="checkbox"/> Voluntary LTD				

*Cannot be purchased as stand alone coverage.

Basic and Buy Up Features

Class	Elimination Period	Own Occupation Monthly Period	Salary Includes		SS Integration		Benefit Calculation	
			Bonuses	Commissions	Primary Only	Primary/Family	Direct	70% all Sources
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Class	Basic		Buy Up	
	% of Salary	Monthly Max	% of Salary	Monthly Max
1				
2				
3				
4				

Maximum Benefit Period	Class			
	1	2	3	4
Reducing Benefit Duration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS Normal Retirement Age (SSNRA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Year benefit (ADEA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Year benefit (ADEA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Year benefit (ADEA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Minimum Monthly Benefit

Flat amount \$ _____; or Flat amount of \$ _____ or 10%, whichever is greater

Optional LTD Riders

Education Benefit Medical and COBRA Premium \$ _____ Cost of Living Adjustment _____ # of Adjustments _____ %
 Activities of Daily Living Accidental Dismemberment

SECTION IV. LONG TERM DISABILITY CONTINUED

Disability Definition: Earnings & Occupation Test Occupation Test Only
 Earnings, Occupation, and Contagious Disease (Only available for Medical Groups)

Pre-Existing Condition Exclusion
 3/3/12 3/6/12 12/6/24 6/12 6/6/12 12/12 _____

Voluntary Long Term Disability (VLTD)
Industry Class: _____ Elimination Period: 90 Days 180 Days
Maximum Benefit Period:
 2 years Sickness or Accident 5 years Sickness or Accident SSNRA Sickness or Accident
a. Amount of Insurance: Selected by the employee in increments of \$100 not to exceed 60% of monthly salary.
b. Pre-existing Condition Exclusion: 12/6/24 (unless state law requires otherwise)
c. The Minimum Monthly Benefit is \$ 50.00 or 10% of the Monthly Disability Benefit, whichever is less (unless state law requires otherwise)
d. Policy Features include: • 24 Month Own Occupation • Three month Survivor Benefit • Waiver of Premium
• 24 Month Special Conditions Limitation • Primary and Family Social Security Integration
e. Are premiums sheltered under a Section 125 Cafeteria plan? Yes No

Replacement: Are any of the following a replacement of similar coverage?

Yes	No		If yes, Previous Carrier	Termination Date
<input type="checkbox"/>	<input type="checkbox"/>	LTD		
<input type="checkbox"/>	<input type="checkbox"/>	VLTD		

If prior coverage, include a copy of the prior carrier's plan.

W-2 Service Options for LTD:
 Option 1: Withhold federal income taxes and the employee's portion of FICA. Prepare and file W-2 Forms.
 Option 2: Withhold federal income taxes and the employee's portion of FICA. Policyholder waives W-2 Forms services.
A detailed description of the W-2 services elected by policyholder pursuant to this application will be sent to the policyholder by mail. Such services will be performed in accordance with the above election and established standard procedures.

SECTION V. AUTHORIZATION

REMARKS OR SPECIAL PROVISIONS:

The undersigned employer and/or authorized representative hereby request that it be approved for insurance coverage through USAble Life and agrees to comply with all terms and provisions of the Group Policy(ies) issued in response to this application.
It is understood and agreed that this application shall be made a part of the policy or policies applied for and that no insurance shall be effective until approved by the Company at its Home Office.
Warning: It is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company or other person. Penalties may include imprisonment, fines or a denial of insurance benefits in accordance with applicable state law.

_____	_____	_____
Dated at (City, State)	Date	Signature of Policyholder and Title
_____	_____	_____
Signature of Marketing Representative	Signature of Marketing Manager	Signature of Broker, if applicable

<input type="checkbox"/> New Enrollee	<input type="checkbox"/> Change	<input type="checkbox"/> Decline coverage	Group #:
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Employer: If Evidence of Insurability (EOI) is required, please submit the Evidence of Insurability form along with this enrollment form to us.

Employer's Name

SECTION I. EMPLOYEE INFORMATION

Employee's Legal Name (First, MI, Last)			Social Security No.	
Home Address	City	State	Zip	Telephone No.
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Salary \$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	
Occupation (Be Exact)		Dept/Location		
Hours Worked Weekly		Date Employed Full-time		

PLAN INFORMATION - Ask your employer for the details about the cost, if any, and whether you will be required to complete Evidence of Insurability (EOI).

SECTION II. VOLUNTARY – SEE INSTRUCTIONS ON REVERSE OR PAGE 2

Complete this Section if applying for these coverages. Evidence of Insurability may be required.

									Premium
									(Completed by Employer)
Voluntary Group Life:	Employee	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Add New	<input type="checkbox"/> Delete	<input type="checkbox"/> Increase Existing	<input type="checkbox"/> Decrease Existing			
	Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Children	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Dependents to be covered	Gender	Relationship	Social Security No.	Date of Birth
	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> M <input type="checkbox"/> F			

Have you or your spouse (if applying for coverage) used tobacco products in the past year? **Employee** Yes No
Spouse Yes No

Are you actively at work on the date of this application? Yes No

SECTION III. EMPLOYEE BENEFICIARY DESIGNATION Check if Change Only

This will revoke any existing beneficiary designations you may have for these benefits.

PRIMARY BENEFICIARY(IES) (Will receive proceeds if living at death of Employee):

Name (Last, First, MI)	Address	SSN	Birthdate	Relationship	Percentage

Total must equal 100% =

CONTINGENT BENEFICIARY(IES) (Will receive proceeds if Primary Beneficiary(ies) are not living):

Name (Last, First, MI)	Address	SSN	Birthdate	Relationship	Percentage

Total must equal 100% =

I represent that the information provided above is true and correct. I understand that if I am not actively at work on the effective date of my coverage, my insurance will not begin until the day I return to work. For coverage I have declined, I understand that if I choose to enroll at a later date, Evidence of Insurability may be required. If the Plan provides that any contributions be made by me, I authorize my employer to deduct them from my pay.

Warning: It is or may be a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company or other person. Penalties may include imprisonment, fines, and denial of insurance benefits in accordance with applicable state law.

Employee's Signature

Date

Date Received - Home Office

INSTRUCTIONS – How to Complete Section II

Initial Enrollment –Adding Coverage:

Check “Yes” by each coverage you want. Check “No” by each coverage you do not want.

If you checked “Yes” by a coverage, check the “Add New” box, and complete the “Total Amount of Coverage” for which you are applying.

For Example, you are applying for:

- Voluntary Group Life: \$50,000 on yourself, \$20,000 on your spouse, and no coverage on your children

SECTION II. VOLUNTARY COVERAGE(S)								
Complete this Section if applying for these coverages. Evidence of Insurability may be required.								
			Add New	Delete	Increase Existing	Decrease Existing	Total Amount of Coverage	Premium (Completed by Employer)
A. Voluntary Group Life:	Employee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50,000	
	Spouse	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$20,000	
	Children	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

How To Change or Delete Coverage:

If you are changing any of your coverage, please complete the information for all of the coverage you have, so that we are sure we have everything correct. Be sure to check the appropriate “Add,” “Delete,” “Increase,” or “Decrease” box.

For Example, you **currently** have:

- Voluntary Group Life: \$60,000 on yourself, \$30,000 on your spouse, and \$10,000 coverage on your children

You want to **change** your coverage to:

- Voluntary Group Life: \$100,000 on yourself (increase), \$20,000 on spouse (decrease), and no coverage for children (delete)

SECTION II. VOLUNTARY COVERAGE(S)								
Complete this Section if applying for these coverages. Evidence of Insurability may be required.								
			Add New	Delete	Increase Existing	Decrease Existing	Total Amount of Coverage	Premium (Completed by Employer)
A. Voluntary Group Life:	Employee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$100,000	
	Spouse	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$20,000	
	Children	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

USAbLe Life

P.O. Box 1650 • Little Rock, Arkansas 72203

EVIDENCE OF INSURABILITY (Please Print)

A completed Enrollment Form must accompany this form.

SECTION 1 – Completed By Employer											
Group Name					Date of Hire		Telephone # (include area code)		Group Number		
Amount of Insurance Applying for: Employee Life: \$ Dependent Life \$ Disability \$ Other:								Employee's Annual Salary			
SECTION 2 – Completed by Employee <input type="checkbox"/> Vol. Group Term Life <input type="checkbox"/> Amount over Guarantee Issue <input type="checkbox"/> Late Enrollee											
Name (First, MI, Last)							Social Security No.				
Home Address				City		State	Zip	County			
Date of Birth	Birth State or Country	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Height (ft-in.)	Weight (lbs.)	Work Phone		Home Phone				
Spouse & Children Information – Complete if Applying for Dependent's Coverage.											
Person Proposed for Insurance Show first, middle, last name		Occupation		Date of Birth & Place				Height	Weight	Marital Status	Sex
				Month	Day	Year	State or Country				
(Spouse)											
(Child)											
(Child)											
(Child)											
(Child)											
Spouse's Social Security No.:					Spouse's Work Telephone #:						
SECTION 3 – Insurability Questionnaire											
										Yes	No
1. Has anyone to be covered used any tobacco products in the past year?										<input type="checkbox"/>	<input type="checkbox"/>
2. Does anyone to be covered have any condition for which consultation or treatment is contemplated or has been advised?										<input type="checkbox"/>	<input type="checkbox"/>
3. Has anyone to be covered been hospitalized for any reason during the past five (5) years?										<input type="checkbox"/>	<input type="checkbox"/>
4. Has anyone to be covered consulted a physician in the past one (1) year for any reason?										<input type="checkbox"/>	<input type="checkbox"/>
5. Has anyone to be covered ever been diagnosed or treated by a member of the medical profession for:											
		Yes No						Yes No			
a. Cancer, cancer related disease or benign tumor?		<input type="checkbox"/> <input type="checkbox"/>		f. Emotional, nervous system, eating disorder, or mental health problems?				<input type="checkbox"/> <input type="checkbox"/>			
b. Disease of the heart or blood vessels, or had a stroke?		<input type="checkbox"/> <input type="checkbox"/>		g. Ulcer, stomach or digestive disorder?				<input type="checkbox"/> <input type="checkbox"/>			
c. Kidney disease or diabetes?		<input type="checkbox"/> <input type="checkbox"/>		h. Arthritis, back, bones or joint disorder?				<input type="checkbox"/> <input type="checkbox"/>			
d. Alcohol or drug abuse?		<input type="checkbox"/> <input type="checkbox"/>		i. Bladder, urinary system or reproductive organs disorder?				<input type="checkbox"/> <input type="checkbox"/>			
e. Lung, asthma, liver or blood disorder?		<input type="checkbox"/> <input type="checkbox"/>									
6. Has anyone to be covered ever been diagnosed or treated by a member of the medical profession for: Acquired Immunodeficiency Syndrome ("AIDS") or AIDS Related Complex, or Human Immunodeficiency Virus ("HIV")?										<input type="checkbox"/>	<input type="checkbox"/>
7. Has anyone to be covered ever been diagnosed or treated by a member of the medical profession for hypertension (high blood pressure) or high cholesterol? If yes, list name of person(s), medications taken, medication dosage, last two blood pressure readings, and/or last two cholesterol readings in Section 4.										<input type="checkbox"/>	<input type="checkbox"/>
8. Is anyone to be covered currently taking medication(s)? If yes, list name of person, reasons, medications and dosage in Section 4.										<input type="checkbox"/>	<input type="checkbox"/>
9. Has anyone to be covered ever had any impairments, diseases or illnesses not covered in questions 2 – 8?										<input type="checkbox"/>	<input type="checkbox"/>
10a. Are you now pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No			10b. Have you ever had an ectopic pregnancy, a problem pregnancy, a miscarriage, a problem delivery, a therapeutic abortion, or a Cesarean section?							<input type="checkbox"/>	<input type="checkbox"/>
11. Are you actively at work on the date of this application and have you been actively at work for the 31 days prior to such date? If No, give full details in Section 4.										<input type="checkbox"/>	<input type="checkbox"/>
12. Names, addresses, and phone numbers of the personal physicians of all applicants:											
SECTION 4 – Give Details to "Yes" answers to questions 2 through 10 include dates of treatment: <input type="checkbox"/> Separate Sheet Attached											
Ques. No. & Individual	Illness/Reason for Checkup or Medication & Dosage or Doctor's Treatment/Consultation				Date & Duration		Full Name, Complete Address and Telephone Number of Doctors & Hospitals				

Be Sure to Read the Important Disclosures and sign on Page 2/Reverse



P.O. Box 1650
Little Rock, AR 72203

NOTICE FOR PROPOSED INSURED

Notice of Insurance Information Practices

In the course of properly underwriting and administering your insurance coverage, we will rely heavily on information provided by you. We may also seek information from others, such as medical professionals who have treated you. In some cases, we may ask a consumer reporting agency to collect information and submit an investigative consumer report to us. You have the right to request to be interviewed in connection with the preparation of that report. You may receive a copy of the report upon request.

You have the right to be told about, and to see and copy if you wish, items of personal information about you which appear in our files, including information contained in investigative consumer reports. You also have the right to seek correction of information you believe to be inaccurate.

THE ABOVE IS A GENERAL DESCRIPTION OF OUR INFORMATION PRACTICES. IF YOU WOULD LIKE TO RECEIVE A MORE DETAILED EXPLANATION OF THOSE PRACTICES, PLEASE SEND YOUR REQUEST TO THE CHIEF UNDERWRITER, P.O. Box 1650, Little Rock, AR 72203

Federal Fair Credit Reporting Act Notice

In connection with your application for insurance, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your family, friends, neighbors, business associates, financial sources, or others with whom you are acquainted. This inquiry includes information as to your character and general reputation. If an investigative consumer report is prepared in connection with your application, you may receive a copy of that report upon written request to the Company.

Medical Information Bureau Disclosure Notice

Information regarding your insurability will be treated as confidential. US Able Life or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, the MIB will arrange disclosure of any information it may have in your file. Please contact MIB at (866) 692-6901 (TTY (866) 346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is: 50 Braintree Hill, Suite 400, Braintree, Massachusetts 02184-8734.

US Able Life or its reinsurers may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.