

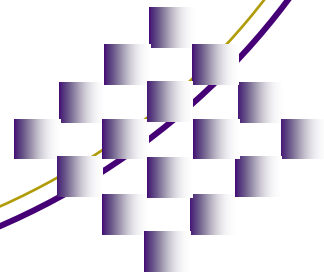


USABLE

**Voluntary Accidental Death & Dismemberment
Product Manual**

Includes:

Brochure
Field Reference Manual
Specimen Policy
Forms



GROUP INSURANCE
SERVICES



Voluntary Accidental Death & Dismemberment

In a world where "accidents happen," US Able Life is here to help with Voluntary Accidental Death & Dismemberment (VAD&D) insurance. VAD&D allows you to select accidental death and dismemberment benefits that protect your income in the event you suffer an unexpected loss due to accidental death or bodily injury. VAD&D provides full 24-hour protection against accidents anywhere in the world. Through the ease of payroll deduction, you can now pay for this affordable protection. Voluntary Accidental Death & Dismemberment...your peace of mind.

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

Maximum Benefit \$300,000

Minimum Benefit \$10,000

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 their 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.*

Covered Losses

- Loss of life - 100%
- Loss of two or more members - 100%
- Loss of one member - 50% of the loss of life benefit
- Loss of thumb & index finger (same hand) - 25% of the loss of life benefit

If the insured person sustains more than one of the above losses as the result of any one accident, we will pay only the one largest amount to which the insured person is entitled.

A member means hand, foot, eyesight, speech, or hearing.

Additional Benefits

- Seat Belt Accidental Death - 10% of loss of life benefit, not to exceed \$25,000
- Air Bag Accidental Death - 10% of loss of life benefit, not to exceed \$10,000
- Special Education Benefit for Spouse and Children - up to \$2,500 for 4 years

Other benefits may be available upon request.

Reductions

If you are still actively at work on a full-time basis, VAD&D 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. VAD&D 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 Accidental Death & Dismemberment 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.

Definition **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.

Exclusions No benefits will be paid for loss resulting from:

- Intentionally self-inflicted injuries, or any attempt thereat, while sane or insane.
- Declared or undeclared war or act of war.
- Accident which occurs while the insured person is serving on full-time active duty for more than 30 days in any armed forces.
- Travel or flight (including getting in or out, on or off) in any aircraft or device which can fly above the earth's surface, if:
 - a. the aircraft or device is being used:
 - 1) for test or experimental purposes;
 - 2) by or for any military authority, except aircraft flown by the U.S. Military Airlift Command are not excluded;
 - 3) for travel or is designed for travel, beyond the earth's atmosphere; or
 - 4) by or for your employer or any of its subsidiaries or affiliates whether the aircraft or device is owned, leased, operated or controlled (chartered aircraft as defined in the policy are not excluded).
 - b. the insured person is serving as pilot or crew member or student taking flying lessons and is not riding as a passenger.
- Hang gliding.
- Parachuting, except when the person has to make a parachute jump for self-preservation.
- The commission of a felony by the insured person.
- Sickness, disease, or bodily infirmity. (Bacterial infection which results from an accident cut or wound or accidental ingestion of a poisonous food substance are not excluded.)

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.


USABLE Life
You'll Choose Us For Life

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 ACCIDENTAL DEATH & DISMEMBERMENT (VAD&D)

Voluntary AD&D pays a benefit in the event of death or dismemberment within 365* days of the date of a covered accident. Acceptance for Voluntary AD&D coverage is guaranteed. The benefit will be paid as follows:

**may vary by State of issue*

For:

- Loss of Life
- Loss of two or more members
- Loss of one member
- Loss of thumb and index finger of the same hand

Benefit Payable:

- Full Benefit Amount
- Full Benefit Amount
- One-Half Benefit Amount
- One-Fourth Benefit Amount

Loss of hand or foot means severance at or above the ankle. Loss of sight means the total and irrevocable loss of sight of the eye.

AD&D benefits for accidental death are payable to the employee's named beneficiary. All other AD&D benefits, including proceeds on the life of a covered spouse and dependent children will be payable to the covered employee.

Amount of Benefits

Employee	Spouse	Children
Available in \$10,000 units Minimum: \$10,000 Maximum : \$300,000*	Available in \$10,000 units Minimum: \$10,000 Maximum : \$300,000*	Either \$5,000 or \$10,000

**May vary by policy form or state*

VAD&D is guaranteed issue. It can be sold on a stand alone basis (the group does not have the VGTL) or in different amounts from the VGTL if requested by an individual employee.

VAD&D Riders

Speech and Hearing Benefit

- Loss of Speech and Hearing pays the full VAD&D amount
- Loss of Speech or Hearing pays one-half of the full VAD&D amount

Seat Belt Accidental Death – 10% of loss of life benefit, not to exceed \$25,000

Air Bag Accidental Death – 10% of loss of life benefit, not to exceed \$10,000

Special Education Benefit for Spouse and Children – up to \$2,500 for 4 years

Other benefits may be available upon request.

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (VAD&D)

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.

Employees may not increase coverage once age 70 has been attained. Voluntary AD&D does not contain a conversion or waiver of premium feature.

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

Enrollment Steps:

1. The employee and/or the spouse decide what benefits they want, complete the application in full, 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.

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.

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (VAD&D)

Limitations (may vary by State of issue)

We will not pay a benefit for loss caused directly or indirectly by:

- intentionally self-inflicted injury, whether sane or insane;
- war or any act of war, declared or undeclared;
- accident which occurs while the insured person is serving on full-time active duty for more than 30 days in any armed forces, includes Reserve or National Guard active duty training;
- travel or flight (including getting in or out, on or off) in any aircraft or device which can fly above the earth's surface, if:
 - a) the aircraft or device is being used:
 - (1) for test or experimental purposes;
 - (2) by or for any military authority (Aircraft flown by the U.S. Military Airlift Command (MAC) or a similar service of another country are not excluded);
 - (3) for travel, or is designed for travel, beyond the earth's atmosphere; or
 - (4) by or for the policyholder or any of its subsidiaries or affiliates (This exclusion applies whether the aircraft or device is owned, leased, operated or controlled, as defined. Chartered aircraft, as defined, are not excluded); or
 - b) the insured person is:
 - (1) serving as pilot or crew member (or student taking a flying lesson) and is not riding as a passenger; or
 - (2) hang gliding; or
 - (3) parachuting, except when the insured person has to make a parachute jump for self-preservation.
- The commission of a felony by the insured person
- Sickness, disease, or bodily infirmity. (Bacterial infection which results from an accidental cut or wound or accidental ingestion of a poisonous food substance are not excluded.)

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 ACCIDENTAL DEATH & DISMEMBERMENT POLICY

POLICYHOLDER:

[TN VADD2 Test Case]

PREMIUM DUE DATE:

[First Day of Each Policy Month]

GROUP POLICY NUMBER:

[100056701-VA2]

RENEWAL DATE:

[May 01 2007 and Each Succeeding
May 01]

EFFECTIVE DATE:

[May 01, 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 Accidental Death and Dismemberment 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: [TN VADD2 Test Case]
Group Policy Number: [100056701-VA2]
Group Effective Date: [May 01, 2006]

[Any eligible employee may select up to the following amounts of Voluntary Accidental Death and Dismemberment Insurance in units (multiples) of \$10,000 by completing an enrollment form during the enrollment period, 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 Accidental Death & Dismemberment: 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% Terminates at: _____

Dependent Voluntary Accidental Death & Dismemberment: 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.]

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 rate for the employee, the spouse or dependent children coverage is [\$0.03 per \$1,000.]

Change in Monthly Premium Rates

Initial monthly premium rates are guaranteed until [May 01, 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 amount 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 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 two (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 has authority to 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, as shown on the application of the policyholder or that which is currently on file in our Home Office.

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 US Able Life)

Voluntary Accidental Death & Dismemberment Certificate of Insurance

Policyholder Name : [TN VADD2 Test Case]
Policyholder Number: [100056701]-VA2
Policy Effective Date: [May 01, 2006]
Beneficiary: Beneficiary on file

Schedule of Benefits

[The full Voluntary AD&D benefit amount is the amount selected by you for each insured person as shown on the attached Enrollment Form. This certificate is not valid unless accompanied by a copy of your signed Enrollment Form.]

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% 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 US Able Life has issued and delivered the Voluntary Accidental Death and Dismemberment 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 certificate. This certificate is a part of the policy.

This certificate replaces any other that US Able Life may have issued to the policyholder to give to you under the group insurance policy specified herein.

Signed for US Able 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 the policy which is the direct cause of the loss, independent of disease, sickness or bodily infirmity or any other cause.

Active Work or Actively at Work You are working for your employer:

1. in the usual course of your employer's business and at your usual place of employment; and
2. are able to perform all of the duties of your regular occupation for the entire normal work day; and
3. for which you are paid regular earnings.

If you are an employee of a school or other educational institution which observes regularly scheduled paid break and vacation periods, you are actively at work if:

1. you were in active employment on your last regular working day;
2. you are not disabled;
3. your contract of employment remains active;
4. you are not on an unapproved, administrative or disciplinary leave; and

you return to active work at the end of the paid break or vacation period.

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 the contract.

Employee	<p>A person who is:</p> <ol style="list-style-type: none"> 1. directly employed in the normal business of the employer; and 2. paid for services by the employer; and 3. actively at work for the employer, or any subsidiary or affiliate covered under the 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, and b. depends upon you for more than 50% of his support; or] 3. a handicapped child, as defined in the Continuation of Insurance for a Handicapped Dependent Child section, over [24] years of age, who was insured under the policy before reaching age [24]. <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 USABLE 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 the 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 insurance 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**

1. You are totally disabled if you are completely unable to perform all of the material duties of your regular occupation at your customary place of work and are under the regular care of a physician.
2. 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.

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 USABLE Life.

You or Your

The person listed as the employee on the Enrollment Form.

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 the policy;
2. the end of the specified waiting period;
3. the date the 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 plan 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.

[Your insurance will be effective at 12:01 a.m.:

1. if you make application within 31 days after the date you first became eligible, on the first day of the policy month following your eligibility date; or
2. if you do not apply for insurance within 31 days after the date you first became eligible, or you have previously terminated your insurance while in an eligible class; the effective date will be the first day of the policy month following the date your application is approved by us. If there is a specified enrollment period, you will have to wait until the next enrollment period to apply.]

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 plan 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.

Your dependent insurance will be effective at 12:01 a.m.:

1. if you make application within 31 days after the date you first became eligible, on the first day of the policy month following your eligibility date for dependent coverage; or
2. if you do not apply for dependent insurance within 31 days after the date you first became eligible, or you have previously terminated your dependent insurance while in an eligible class; the effective date will be the first day of the policy month following the date your application is approved by us. If there is a specified enrollment period, you will have to wait until the next enrollment period to apply.

Dependents will not be insured until you are insured.

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.

Newborn Child Coverage (including children placed for adoption)

Any child of yours born while this benefit is in force will be immediately covered as an insured dependent from the moment of birth for 90 days. Any newly adopted child or child placed for adoption will be immediately covered from the moment of placement for 90 days. In order for coverage to continue beyond 90 days we must receive: (1) written notice of the birth of the newborn child or the date of placement for adoption; and (2) payment of any required additional premium within 31 days of our notifying the policyholder of the amount. Additional premium, if any, will begin on the premium due date following the child's date of birth or date of placement, if later.

Written notice should include the child's name, date of birth, and, if applicable, date placed for adoption. We must receive this notice by the end of the 90-day period following the date

of birth or adoption placement. Notice is NOT required if you are already paying the premium for children's coverage.

If the required written notice is not received by us during the 90-day period, a newborn child or child placed for adoption may be covered after this date only if the following conditions are met: (1) your written application for coverage is approved by us; and (2) the payment of any required premium is made.

Section III – Termination of Insurance

Termination of Employee Insurance

Your insurance will terminate at 12:01 a.m. 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 the 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.

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.

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 12:01 a.m. 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 the 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, but not later than one (1) year from the time notice is required. 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 plan, written proof of loss must be given to us at our Home Office in Little Rock, Arkansas, as listed on the front of this certificate, 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 plan will be payable immediately upon receipt of due written proof of such loss.

Dismemberment benefits and Dependent Accidental Death benefits (if applicable) will be paid to you. Employee Accidental Death benefits will be paid to the beneficiary(ies) 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 Accidental Death 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; or (2) your surviving children in equal shares; or (3) your mother and/or father; or (4) your brother and/or sister; or (5) your estate.

Assignment

You have all ownership rights of accidental death 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.

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.

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.

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 72203-1650.

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 Age

If the age of the insured person has been misstated, all amounts payable under this certificate shall be such as the premium paid would have purchased at the correct age.

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 (2) 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 Accidental Death & Dismemberment (AD&D)

Scope of Coverage

We will pay benefits for loss from injuries:

1. caused by an accident which happens while a person is insured under this benefit; and
2. which directly, and from no other cause, result in a covered loss.

We will not pay benefits if the loss was caused by:

1. sickness, disease or bodily infirmity; or
2. any of the exclusions shown in Section VII.

Benefits for Accidental Loss of Life, Limb or Sight

If, within 365 days from the date of accident covered by the policy, bodily injuries result in any of the following losses and proof of loss is provided as required, we will pay the benefit set opposite such loss; provided, however, that if the insured person sustains more than one such loss as the result of any one accident, we will pay only the one largest amount to which the insured person is entitled. This amount will not exceed the Voluntary AD&D amount elected by the insured employee.

Loss of Life	The Full Voluntary AD&D Amount
Loss of Two or More Members	The Full Voluntary AD&D Amount
Loss of One Member	One-Half the Voluntary AD&D Amount
Loss of Thumb and Index Finger of the Same Hand	One-Fourth the Voluntary AD&D Amount

The full Voluntary AD&D amount is the amount selected by you for each insured person as shown on the attached copy of your signed Enrollment Form.

“Member” means hand, foot or eye.

“Loss” means with regard to hand or foot complete severance through or above the wrist or ankle joint; loss of an eye means total and irrecoverable loss of sight; loss of thumb and index finger means severance of each through or above the joint closest to the wrist.

Section VII – Exclusions

No benefits will be paid for loss resulting from:

1. Intentionally self-inflicted injuries, or any attempt thereat, while sane or insane.
2. Declared or undeclared war or act of war.
3. Accident which occurs while the insured person is serving on full-time active duty for more than 30 days in any armed forces. (Send us proof of service. We will refund any premium paid for this time.) (Reserve or National Guard active duty for training is not excluded.)
4. Travel or flight (including getting in or out, on or off) in any aircraft or device which can fly above the earth’s surface, if:
 - A. the aircraft or device is being used:
 - i. for test or experimental purposes;
 - ii. by or for any military authority (Aircraft flown by the U.S. Military Airlift Command (MAC) or a similar service of another country are not excluded);
 - iii. for travel, or is designed for travel, beyond the earth’s atmosphere; or
 - iv. by or for the policyholder or any of its subsidiaries or affiliates (This exclusion applies whether the aircraft or device is owned, leased, operated or controlled, as defined. Chartered aircraft, as defined, are not excluded); or
 - B. the insured person is:
 - i. serving as pilot or crew member (or student taking a flying lesson) and is not riding as a passenger; or
 - ii. hang gliding; or
 - iii. parachuting, except when the insured person has to make a parachute jump for self-preservation.
5. The commission of a felony by the insured person.
6. Sickness, disease, or bodily infirmity. (Bacterial infection which results from an accidental cut or wound or accidental ingestion of a poisonous food substance are not excluded.)

Definitions

“Owned aircraft” means one to which the policyholder holds legal or equitable title. It may use, alter or sell its property as it wishes.

“Leased aircraft” means one the policyholder does not own. It may use the aircraft as it wishes for the term of the written lease. The time will be longer than a few days or one or two trips. It may not alter or sell the aircraft without the consent of the owner.

“Operated or controlled aircraft” means one the policyholder does not own. It will be leased, rented or borrowed for more than 10 straight days. The policyholder may use it as it wishes. It may not alter or sell the aircraft without consent of the owner.

“Chartered aircraft” means one the policyholder does not own. It will be hired for one purpose or one trip or for general use. The time the policyholder has it may not exceed 10 straight days, nor more than 15 days in any one year. One or more aircraft hired on a regular or frequent basis are not chartered.

“War” means declared or undeclared war or a conflict involving the armed forces of any country, group of countries, governments, or international organization.

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.
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#	
3. Type of Company: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> PC <input type="checkbox"/> S-Corp <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Government			
4. Mailing Address of Policyholder		City	State Zip+4
5. Street Address of Policyholder (if different from above)		City	State Zip+4
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
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
13. Changes in Benefits will Become Effective on: <input type="checkbox"/> First day of the following month <input type="checkbox"/> The next anniversary date <input type="checkbox"/> The date of change			
14. Do you allow Domestic Partner Coverage under the existing Blue Cross Blue Shield Medical Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. Eligibility Waiting Period (<i>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.</i>) <input type="checkbox"/> First of Policy Month following: (a) <input type="checkbox"/> completion of _____ days of continuous active work, or (b) <input type="checkbox"/> hire date <input type="checkbox"/> Day following: (a) <input type="checkbox"/> completion of _____ days of continuous active work, or (b) <input type="checkbox"/> hire date Does Waiting Period apply to employees rehired within 12 months of their termination date? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____	
18. Annual Enrollment date for Voluntary Coverage: _____			
19. Class Definitions (if more than one class, definitions must be specific) (<i>The insurer reserves the right to review and terminate all classes insured under this policy if any class ceases to be covered.</i>)			
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.

	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"/>			N/A
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
 Activities of Daily Living
 Accidental Dismemberment
 _____ # of Adjustments _____%

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 #:
--	--	--	-----------------

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.

SECTION II. VOLUNTARY AD&D	Add New	Delete	Increase Existing	Decrease Existing	Total Amount of Coverage Applied for	Premium (Completed by Employer)
Voluntary AD&D: Employee	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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"/>		

Do you intend to replace existing coverage with this policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you actively at work on the date of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

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			

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 purposes of defrauding the company or other person. Penalties may include imprisonment, fines, and a 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 AD&D: \$100,000 on yourself; \$50,000 on your spouse, \$5,000 on your children

SECTION II. VOLUNTARY COVERAGE(S)				Add New	Delete	Increase Existing	Decrease Existing	Total Amount of Coverage	Premium (Completed by Employer)
A. Voluntary AD&D:	Employee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$100,000	
	Spouse	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50,000	
	Children	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$5,000	

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 AD&D: \$100,000 on yourself only and \$50,000 on your spouse

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

- Voluntary AD&D: \$150,000 on yourself (increase) and no coverage on your spouse (delete)

SECTION II. VOLUNTARY COVERAGE(S)				Add New	Delete	Increase Existing	Decrease Existing	Total Amount of Coverage	Premium (Completed by Employer)
A. Voluntary AD&D:	Employee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$150,000	
	Spouse	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Children	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



Attention: Claims Department
P.O. Box 1650
Little Rock, AR 72203-1650
Telephone (800) 370-5856
Fax (501)235-8416

Statement of Claim Group Accident Insurance

Please type or print in blue or black ink.

For H.O. Use Only	
Eff	_____
PTD	_____
Benefits	_____

Important: Read Carefully
This form should be completed by the attending physician and by the claimant upon the death or loss by an insured employee or dependent and should be forwarded to USABLE Life. It will be necessary to furnish a copy of the investigating officer's report for loss due to suicide, homicide or motor vehicle accident. An official Certified Death Certificate is also required for loss of life claims. By furnishing this form and investigating this claim, USABLE Life shall not be held to admit the validity of any claim or to waive or breach any condition of the policy.

CLAIMANT'S STATEMENT

Name of Insured		Social Security #	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address (Number and Street) (City, State) (Zip)		Daytime Telephone Number ()		
Name of Person Suffering Loss of Life, Limb or Sight	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Relation to Insured	
Home Address (Number and Street) (City, State) (Zip)				
Loss Suffered <input type="checkbox"/> Loss of Life (attach Certificate of Death) <input type="checkbox"/> Loss of Limb <input type="checkbox"/> Loss of Sight <input type="checkbox"/> Loss of Thumb & Index Finger				
Name of Claimant	Date of Birth	Relation to Insured	Claimant Is: <input type="checkbox"/> Beneficiary <input type="checkbox"/> Insured <input type="checkbox"/> Other	
Home Address (Number and Street) (City, State) (Zip)		Daytime Telephone Number ()		
Where Injury Happened (Street, City, State)	When Injury Happened (Date and Time)		Date of Death (if applicable)	
How Injury Happened				
Other Accidental Death or Dismemberment Ins. <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurance Company	Address (City, State)	Policy No.	Amount of Insurance

Authorization to Obtain Information

I hereby authorize any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, health maintenance organization, the Medical Information Bureau (MIB), government entity (federal, state, or local), reinsurer, or other organization, institution or person that has information, records or knowledge of me or my health, past or present, to furnish such information to USABLE Life (the "Company"), or its agents. I understand that the Company may disclose the information to MIB, other insurance carriers, reinsurers, claim management/investigation firms, agents, employees and others who have a legitimate business interest in obtaining the information in connection with underwriting or claim processing. A photostatic copy of this Authorization shall be as valid as the original.

FRAUD WARNING: Except as noted in separate Fraud notice, 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, and denial of insurance benefits in accordance with applicable state law.

Date: _____ Signature of Claimant _____
(Parent/Guardian if Minor)

EMPLOYER'S STATEMENT

Full Name of Insured		Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status	Certificate No.	Policy No.
Name of Person Suffering Loss of Life, Limb or Sight		Occupation	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status	
Date Insurance Became Effective on Such Person	Amount of Insurance in Force on Such Person	Was Loss Due to an Occupational Accident?	Date of Death or Dismemberment	Was Insurance in Effect on Date of Accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Beneficiary (if death claim)		Social Security #	Date of Birth	Relationship to Deceased		
Is Beneficiary a Minor? If So, Give Full Name and Address of Guardian. (Certified copy of court order appointing guardian must be attached.)						

The following line is to be completed ONLY if the employee is the person suffering loss.

Date Hired	Date Employee last worked	Reason for Stopping Work <input type="checkbox"/> Illness <input type="checkbox"/> Layoff <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Retired <input type="checkbox"/> Other (explain)	Date Employment Terminated	Was Employee <input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried
Name of Policyholder/Employer		Address		Telephone
Name of Authorized Representative (Please Print)		Signature		Date Signed

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ATTENDING PHYSICIAN'S STATEMENT

Section I - Please complete this section if claim is for loss of life. If loss of sight/dismemberment, complete Section II below.

Name of Deceased		Age at Death	
Residence at Time of Death (Number and Street)		(City, State)	(Zip)
Date of Death	Place (if in hospital or institution, give name)		
Immediate Cause of Death (Include ICD Codes)			
Was Death Due To <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Illness <input type="checkbox"/> Accidental Bodily Injury			
If Injury, Give Details and Date			
Were there any contributing causes of death? Give the dates and duration of each as closely as you can.			
Was there an autopsy, inquest, or post mortem examination? By whom?			
I certify that the answers I have made to the foregoing questions are both complete and true to the best of my knowledge and belief.			
Physician's Signature			Date
Physician's Name			Degree
Address			Telephone ()
City	State	Zip	Fax ()

Section II - This portion is to be completed if the claim is for loss of sight or dismemberment.

Name of Patient		Date of Birth	
Home Address (Number and Street)		(City, State)	(Zip)
Nature of Injury (Include ICD Codes)		When Did It Occur?	
If loss of limb, was it through or above wrist or ankle joint? <input type="checkbox"/> Yes <input type="checkbox"/> No	If loss of thumb and index finger, is it above the metacarpophalangeal joint? <input type="checkbox"/> Yes <input type="checkbox"/> No	If loss of sight, is it entire and irrecoverable? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, on what date did it become so?
Was the loss of sight or dismemberment solely due to accidental bodily injury without other causes? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:			
Were any surgical procedures involved? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Describe:			Date Performed
I certify that the answers I have made to the foregoing questions are both complete and true to the best of my knowledge and belief.			
Physician's Signature			Date
Physician's Name			Degree
Address			Telephone ()
City	State	Zip	Fax ()

FRAUD NOTICE

For your protection, the laws of some states may require us to furnish you with the following notice:

Except as otherwise noted below, 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.

Arizona

Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

New Jersey

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Retain for your records.