



Underwritten by  
United of Omaha Life Insurance Company  
A Mutual of Omaha Company

## Group Insurance Proposal

*Presented To:*

**Griswold Community School District**

*Presented By:*

**3E Partners**

*Includes:*

**Basic Term Life and AD&D, Voluntary Term Life and AD&D,  
Voluntary Vision, Long-Term Disability, Voluntary Dental**

**May 4, 2025**

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# BASIC TERM LIFE AND AD&D INSURANCE

**Proposal for:** Griswold Community School District

**Alternate:** 1.01

The following Basic Term Life and AD&D plan is being proposed on a fully-insured basis effective **07/01/25**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit [mutualofomaha.com](http://mutualofomaha.com).

## ELIGIBILITY

<b>CLASS DEFINITION(S)</b>	<b>Class 1:</b> All Eligible Employees
<b>ELIGIBILITY REQUIREMENT</b>	This proposal provides coverage for all actively at work employees on the policy effective date working the minimum number of hours shown below in the United States, unless otherwise approved by Mutual of Omaha. Certain requirements apply.
<b>MINIMUM WORK HOURS</b>	<b>Class 1:</b> 20 or more hours each week

## BENEFIT SUMMARY

<b>EMPLOYEE TERM LIFE BENEFIT AMOUNTS</b>	<b>Benefit</b>	<b>Maximum Benefit</b>	<b>Guarantee Issue Amount</b>	<b>Minimum Benefit</b>
	\$10,000	\$10,000	\$10,000	\$10,000

<b>EMPLOYEE BENEFIT REDUCTION SCHEDULE*</b>	<b>At Age:</b>	<b>Benefits Reduce to:</b>
	70	65%
	75+	50%

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

<b>EMPLOYEE AD&amp;D BENEFIT AMOUNTS</b>	The AD&D Principal Sum amount is equal to the amount of basic term life insurance.
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## PARTICIPATION AND COST SUMMARY

<b>PARTICIPATION ASSUMPTIONS</b>	<b>Minimum Participation</b>	<b>Number of Eligible Employees</b>	<b>Contribution Structure</b>
	100%	98	Non-Contributory

<b>COST SUMMARY</b>	<b>Number of Lives</b>	<b>Total Monthly Volume</b>	<b>Monthly Rate</b>	<b>Total Monthly Premium</b>	<b>Total Annual Premium</b>
Employee Term Life	98	\$968,000	\$0.12/\$1,000	\$116.16	\$1,393.92
Employee AD&D	98	\$968,000	\$0.02/\$1,000	\$19.36	\$232.32
<b>Total</b>	--	--	--	<b>\$135.52</b>	<b>\$1,626.24</b>

<b>PACKAGE PRICING</b>	The rates and benefits for this coverage assume package pricing. The rates and/or benefits are subject to change if one or more coverages included in Option 1 are not selected by the employer.
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<b>RATE GUARANTEE</b>	2 Years
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<b>RATE GUARANTEE DATE</b>	07/01/2027
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## ADDITIONAL BENEFITS

<b>WAIVER OF PREMIUM - DISABILITY</b>	<ul style="list-style-type: none"> <li>▪ <b>Definition of Disability</b> - Any Occupation</li> <li>▪ <b>Elimination Period</b> - 9 months</li> <li>▪ <b>Termination</b> - Age 65</li> </ul>
<b>LIVING CARE BENEFIT</b>	50% to \$5,000
<b>LAYOFF/LEAVE</b>	<ul style="list-style-type: none"> <li>▪ <b>Temporary Layoff</b> - 12 weeks</li> <li>▪ <b>Personal Leave</b> - 12 weeks</li> <li>▪ <b>Furlough</b> - 12 weeks</li> </ul>
<b>CONTINUATION FOR FEDERAL AND STATE LAWS</b>	<p><b>Included</b> – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member. This provision applies to employer and union groups only, subject to certain conditions.</p>
<b>TRAVEL ASSISTANCE</b>	Included
<b>AD&amp;D</b>	24 hour coverage for employees
<b>AD&amp;D BENEFITS</b>	- Seat Belt                                      - Paralysis                                      - Airbag
<b>CONVERSION</b>	Included



# VOLUNTARY TERM LIFE AND AD&D INSURANCE

**Proposal for:** Griswold Community School District

**Alternate:** 1.02

The following Voluntary Term Life and AD&D plan is being proposed on a fully-insured basis effective **07/01/25**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit [mutualofomaha.com](http://mutualofomaha.com).

## ELIGIBILITY

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

## BENEFIT SUMMARY

<b>EMPLOYEE BENEFIT AMOUNTS</b>	<b>Minimum Benefit</b>	<b>Maximum Benefit</b>	<b>Increments</b>	<b>Guarantee Issue Amount*</b>
	\$10,000	5X Annual Salary, up to \$300,000	\$10,000	5X Annual Salary, up to \$100,000

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

### BENEFIT REDUCTION SCHEDULE\*\*

<b>At Age:</b>	<b>Benefits Reduce to:</b>
70	65%
75+	50%

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

### DEPENDENT SPOUSE BENEFIT AMOUNTS\*\*\*

<b>Minimum Benefit</b>	<b>Maximum Benefit</b>	<b>Increments</b>	<b>Guarantee Issue Amount</b>
\$5,000	100% of Employee's Benefit, up to \$50,000	\$5,000	100% of Employee's Benefit, up to \$25,000

\*\*\* Dependent Spouse coverage is only available if the Employee has coverage under this plan. Spouse coverage terminates at age 70.

### DEPENDENT CHILD BENEFIT AMOUNTS \*\*\*\*

<b>Minimum Benefit</b>	<b>Maximum Benefit</b>	<b>Increments</b>	<b>Guarantee Issue Amount</b>
\$5,000	\$10,000	\$5,000	\$10,000

\*\*\*\*Dependent Child coverage is only available if the Employee has coverage under this plan.

### AD&D BENEFIT AMOUNTS

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

## PARTICIPATION AND COST SUMMARY

<b>PARTICIPATION ASSUMPTIONS</b>	<b>Minimum Participation</b>	<b>Number of Eligible Employees</b>	<b>Contribution Structure</b>
	25%	98	100% employee paid

## PARTICIPATION AND COST SUMMARY (CONT'D)

### COST SUMMARY\*

#### Voluntary Term Life

Age Band	Employee & Spouse Rate per \$1,000	All Children Rate per \$1,000
<25	\$0.05	\$0.11
25 - 29	\$0.05	
30 - 34	\$0.05	
35 - 39	\$0.07	
40 - 44	\$0.10	
45 - 49	\$0.17	
50 - 54	\$0.29	
55 - 59	\$0.45	
60 - 64	\$0.70	
65 - 69	\$1.26	
70 - 74	\$2.25	
75 - 79	\$3.71	
80 - 84	\$7.51	
85 - 89	\$7.51	
90 - 100	\$7.51	

\* This plan is rated using the same rates for the employee and spouse. Employee and spouse rates are calculated based on the employee's current age as of the effective date of the plan. Employee and spouse rates are adjusted once each year on the plan anniversary date for employees advancing to the next age band. Spouse coverage terminates when the employee attains age 70 (regardless of the spouse's actual age).

#### Voluntary AD&D

Employee Rate per \$1,000	Spouse Rate per \$1,000	All Children Rate per \$1,000
\$0.02	\$0.02	\$0.04

**RATE GUARANTEE** 2 Years

**RATE GUARANTEE DATE** 07/01/2027

## ADDITIONAL BENEFITS

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

**WAIVER OF PREMIUM - DISABILITY**

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

**ANNUAL INCREASE OPTION** Once annually, the employee/member may increase their insurance amount by up to \$10,000, up to the GI, without providing health information.

**LIVING CARE BENEFIT** 75% to \$225,000

**PORTABILITY** Included

**LAYOFF/LEAVE**

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

**CONTINUATION FOR  
FEDERAL AND STATE  
LAWS**

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

**AD&D**

24 hour coverage for employees and eligible dependents

**AD&D BENEFITS**

- Seat Belt

- Paralysis

- Common Carrier

- Airbag

**CONVERSION**

Included



# LONG-TERM DISABILITY INSURANCE

**Proposal for:** Griswold Community School District

**Alternate:** 3.00

The following Long-Term Disability plan is being proposed on a fully-insured basis effective **07/01/25**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit [mutualofomaha.com](http://mutualofomaha.com).

## ELIGIBILITY

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

## BENEFIT SUMMARY

	<b>Class 1</b>
<b>BENEFIT PERCENTAGE</b>	60%
<b>MAXIMUM BENEFIT</b>	\$7,000
<b>GUARANTEE ISSUE</b>	\$7,000
<b>ELIMINATION PERIOD</b>	90 days
<b>ACCUMULATION PERIOD</b>	180 days
<b>ZERO DAY RESIDUAL</b>	Included
<b>OWN OCC DEFINITION</b>	24 months
<b>BENEFIT DURATION</b>	RBD to SSNRA
<b>INTEGRATION</b>	TRA/PERA - Participation in SS
<b>PRE-EXISTING CONDITION</b>	3/12
<b>MENTAL DISORDERS</b>	24 months - Lifetime
<b>DRUG &amp; ALCOHOL</b>	24 months - Lifetime
<b>MINIMUM BENEFIT</b>	\$50

## PARTIAL DISABILITY

	<b>Class 1</b>
<b>EARNINGS TEST %</b>	99% during the Own Occ period, then 85% thereafter
<b>PARTIAL DISABILITY FORMULA</b>	Mutually Progressive Partial
<b>WORK INCENTIVE</b>	To end of the maximum benefit period

## PARTICIPATION AND COST SUMMARY

<b>PARTICIPATION ASSUMPTIONS</b>	<b>Minimum Participation</b>	<b>Number of Eligible Employees</b>	<b>Contribution Structure</b>
	100%	98	Non-Contributory

<b>COST SUMMARY</b>	<b>Number of Lives</b>	<b>Covered Monthly Payroll</b>	<b>Monthly Rate</b>	<b>Total Monthly Premium</b>	<b>Total Annual Premium</b>
LTD	98	\$329,281	\$0.150 (Per \$100 of Monthly Covered Payroll)	\$493.92	\$5,927.04

<b>PACKAGE PRICING</b>	The rates and benefits for this coverage assume package pricing. The rates and/or benefits are subject to change if one or more coverages included in Option 1 are not selected by the employer.
<b>RATE GUARANTEE</b>	2 Years
<b>RATE GUARANTEE DATE</b>	07/01/2027

## ADDITIONAL BENEFITS

<b>DEFINITION OF MONTHLY EARNINGS</b>	Earnings Just Prior to Disability, Annual Salary
<b>VOC REHAB INCENTIVE</b>	5%
<b>REASONABLE ACCOMMODATION BENEFIT</b>	100%, up to \$5,000
<b>RECURRENT DISABILITY</b>	6 months
<b>SURVIVOR BENEFIT</b>	3 months
<b>LAYOFF/FURLOUGH/LEAVE</b>	<ul style="list-style-type: none"> <li>▪ <b>Temporary Layoff</b> - Not Included</li> <li>▪ <b>Furlough</b> - Not Included</li> <li>▪ <b>Personal Leave</b> - Not Included</li> </ul>
<b>CONTINUATION FOR FEDERAL AND STATE LAWS</b>	<b>Included</b> – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member. This provision applies to employer and union groups only, subject to certain conditions.
<b>WAIVER OF PREMIUM</b>	Included
<b>FICA PAYMENT</b>	If FICA tax is applicable, we will pay the employer's share of the FICA. This optional service has been included in the premium rates.
<b>W-2 PREPARATION</b>	Mutual of Omaha will prepare IRS Form W-2 for each employee who receives benefits under the policy.

# VOLUNTARY DENTAL INSURANCE

**Proposal for:** Griswold Community School District

**Alternate:** 4.01

The following Voluntary Dental plan is being proposed on a fully-insured basis effective **07/01/25**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit [mutualofomaha.com](http://mutualofomaha.com).

## ELIGIBILITY

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

## BENEFIT SUMMARY

<b>POLICY YEAR DEDUCTIBLE</b>	<b>Class 1</b>	
	<b>In-Network</b>	<b>Out-Network</b>
	Waived	Waived
<b>TYPE A</b>		
<b>TYPE B, C</b>		
<b>INDIVIDUAL:</b>	\$50	\$200
<b>FAMILY:</b>	Per Person	Per Person
<b>POLICY YEAR MAXIMUM</b>	<b>Class 1</b>	
	<b>In-Network</b>	<b>Out-Network</b>
	\$1,250	\$1,250
<b>COVERAGE LEVELS</b>	<b>Class 1</b>	
	<b>In-Network</b>	<b>Out-Network</b>
	80%	50%
	60%	30%
	60%	30%

The plan pays the percentage shown after the Policy Year deductible is satisfied.  
The Policy Year deductible and maximum are cumulative for both In-Network and Out-Network Providers.

<b>COBRA</b>	Administered by Policyholder.
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## PARTICIPATION AND COST SUMMARY

### PARTICIPATION ASSUMPTIONS

Minimum Participation	Number of Eligible Employees	Contribution Structure
Greater of 5 lives or 24%	98	100% Employee paid

### COST SUMMARY CLASS 1

Employee Only  
Employee + 1 Dependent  
Employee + 2 or More Dependents  
Total (All Classes)

Assumed Lives	Monthly Rates*	Monthly Premium	Annual Premium Sub-Total
13	\$22.23	\$288.99	\$3,467.88
7	\$43.50	\$304.50	\$3,654.00
3	\$63.79	\$191.37	\$2,296.44
23		<b>\$784.86</b>	<b>\$9,418.32</b>

\*The rates quoted include the cost of state mandated benefits as of the date of this proposal.

**RATE GUARANTEE** 1 Year

**RATE GUARANTEE DATE** 07/01/2026

**POLICY YEAR** Calendar Year

## ADDITIONAL BENEFITS

### NETWORK

- In-Network provider allowances are based on contracted provider fee schedules.
- Out-network provider maximum allowable charge (MAC) is based on In-Network provider allowances
- Charges that exceed the maximum allowance for any covered dental service are not considered.

### CONTINUATION FOR FEDERAL AND STATE LAWS

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

### ANNUAL OPEN ENROLLMENT PERIOD

The plan has an Annual Open Enrollment Period. This period begins 90 days prior to the policy's Anniversary Date and ends on the Anniversary Date.

## COVERED SERVICES

### TYPE A - PREVENTIVE & DIAGNOSTIC

- Exams: 2 services in a 12 month period
- Bitewing X-rays: 4 films in a 12 month period
- Full Mouth Series/Panoramic X-ray: 1 service in a 36 month period
- Fluoride: 2 services in a 12 month period for dependent children to age 14
- Cleaning: 2 services in a 12 month period
- Brush Biopsy/Cancer Screen: 2 services in a 12 month period
- Harmful Habit Appliance: For dependent children to age 14

### TYPE B - BASIC SERVICES

- Other X-rays
- Sealants: For dependent children to age 14
- Space Maintainers: For dependent children to age 14
- Palliative Treatment: Emergency minor procedure
- Periodontal Maintenance: 2 services in a 12 month period
- Fillings: Amalgam and composite/resin fillings. Composite fillings on molars are limited to the amount otherwise payable for an amalgam filling
- Stainless Steel Crowns: For dependent children to age 16
- Simple Extractions
- Surgical Extractions
- Oral Surgery
- General Anesthesia or I.V. Sedation
- Endodontics
- Non-Surgical Periodontics
- Surgical Periodontics

### TYPE C - MAJOR SERVICES

- Dentures (Full or Partial): Replacement once in 10 years
- Repair of Full or Partial Dentures
- Bridges: Replacement once in 10 years
- Repair of Bridges
- Cast Crowns, Inlays, Onlays, Labial Veneers: Replacement once in 10 years
- Repair of Cast Crowns, Inlays, Onlays, Labial Veneers



# VOLUNTARY VISION INSURANCE

**Proposal for:** Griswold Community School District

**Alternate:** 10.00

The following Voluntary Vision plan is being proposed on a fully-insured basis effective **7/01/25**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit [mutualofomaha.com](http://mutualofomaha.com).

## ELIGIBILITY

<b>CLASS DEFINITION(S)</b>	<b>Class 1:</b> All Eligible Employees
<b>ELIGIBILITY REQUIREMENT</b>	<p>An employee must be actively working the minimum number of hours shown below on the policy effective date to be eligible for insurance, unless otherwise approved by Mutual of Omaha. Certain requirements apply.</p> <p>Provided an employee is eligible and insured, the spouse and dependent child(ren) of the employee are eligible for insurance. Certain requirements apply.</p>
<b>MINIMUM WORK HOURS</b>	<b>Class 1:</b> 30 or more hours each week
<b>CHILD ELIGIBILITY AGES</b>	Child coverage begins at birth and terminates at age 26, unless the child is incapacitated.

## BENEFIT SUMMARY

SERVICES & MATERIALS	In-Network Cost	Out-of-Network Reimbursement
<b>Comprehensive Vision Exam</b>		
Exam	\$10 copay	Up to \$37
<b>Exam Options</b>		
Retinal Imaging	Up to \$39	Not Applicable
Standard Contact Lens Fit & Follow-up	Up to \$40	Not Applicable
Premium Contact Lens Fit & Follow-up	10% off retail price	Not Applicable
<b>Frames</b>		
Allowance	\$0 copay \$130 allowance, 20% off balance over allowance	Up to \$58
<b>Standard Plastic Lenses</b>		
Single Vision	\$25 copay	Up to \$20
Bifocal	\$25 copay	Up to \$36
Trifocal	\$25 copay	Up to \$64
Lenticular	\$25 copay	Up to \$64
<b>Contact Lenses (contact lens allowance includes materials only)</b>		
Conventional	\$0 copay \$130 allowance, 15% off balance over allowance	Up to \$89
Disposable	\$0 copay \$130 allowance	Up to \$104
Medically Necessary	\$0 copay; paid in full	Up to \$210
<b>Lens Options</b>		
Standard Progressive Lenses (add on to Bifocal copay)	\$65 copay	Up to \$36

Premium Progressive Lenses (add on to Bifocal copay)	Tier 1: \$85 copay Tier 2: \$95 copay Tier 3: \$110 copay Tier 4: \$65 copay + 80% of charge, less \$120 allowance	Up to \$36
Polycarbonate Lenses (Adults)	\$40	Not Applicable
Polycarbonate Lenses (Children under age 19)	\$40	Not Applicable
UV Treatment	\$15	Not Applicable
Tint	\$15	Not Applicable
Scratch Coating	\$15	Not Applicable
Standard Anti-Reflective	\$45	Not Applicable
Premium Anti-Reflective	Tier 1: \$57 Tier 2: \$68 Tier 3: 20% off retail price	Not Applicable
Photochromic-Transitions	\$75	Not Applicable
Other Add-ons	20% off retail price	Not Applicable
<b>Benefit Frequency</b>		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

## FEATURES

### NETWORK

Mutual of Omaha's affiliation with EyeMed's Insight Network offers access to over 91,000 providers.

### ADDITIONAL PAIRS – EYEGLASSES OR CONTACT LENSES

If plan includes coverage for Frames, Lenses, and Contact Lenses, Employees and any dependent(s) covered under the plan receive up to a 40% discount off an additional complete pair of eyeglasses and up to a 15% discount off conventional contact lenses once the materials funded benefit has been used. These discounts only apply to services received from an in-network provider and may not be combined with any other discounts or promotional offers.

### LASER VISION CORRECTION

Employees and any dependent(s) covered under the plan receive up to a 15% discount off the retail price or up to a 5% discount off the promotional price for LASIK or PRK from a provider in the U.S. Laser Network. These discounts may not be combined with any other discounts or promotional offers.

### ADDED DISCOUNTS

If plan includes coverage for Frames, Lenses, and Contact Lenses, Employees and any dependent(s) covered under the plan receive discounted fixed pricing on lenses and lens options not covered by the plan and up to a 20% discount off other add-ons and services. These discounts only apply to services from an in-network provider and may not be combined with any other discounts or promotional offers.

### ANNUAL OPEN ENROLLMENT

**Included** – An open enrollment is available for a period of up to 90 days each policy year. The first annual enrollment period will occur after the effective date of the policy. During this time, the employee may elect insurance for the first time for the employee and any dependents, if applicable.

### CONTINUATION FOR FEDERAL AND STATE LAWS

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

## PARTICIPATION AND PREMIUM

### PARTICIPATION ASSUMPTIONS

Minimum Participation	Number of Eligible Employees	Contribution Structure
15%	98	100% Employee Paid

### PREMIUM CONTRIBUTIONS

The employee contributes 100% of the premium for the employee and any dependent insurance (if elected).

### VISION PREMIUM RATES CLASS 1

Employee Only  
Employee + Spouse  
Employee + Child(ren)  
Employee + Family

Assumed Lives	Monthly Rates	Monthly Premium	Annual Premium
9	\$7.85	\$70.65	\$847.80
2	\$14.85	\$29.70	\$356.40
2	\$16.17	\$32.34	\$388.08
2	\$20.82	\$41.64	\$499.68

### RATE GUARANTEE

2 Years

### RATE GUARANTEE DATE

7/01/2027



## BASIC TERM LIFE AND AD&D INSURANCE

### DEFINITION OF ANNUAL SALARY

Unless otherwise agreed to by Mutual of Omaha, this proposal assumes annual salary is the employee's gross annual salary received from the employer and in effect immediately prior to the date of loss, as verified by premium we have received in effect immediately prior to the date of loss or by the employee's W-2 Form.

Annual salary excludes:

- Other Extra Compensation
- Contributions to deferred compensation plans
- Overtime
- Differentials
- Commissions
- Bonuses

### ADDITIONAL BENEFITS

The information below is intended to provide more detail about the benefits for basic term life insurance outlined previously in this proposal. Unless otherwise noted, the following plan features apply to the employee's coverage under the basic term life plan.

#### **WAIVER OF PREMIUM - DISABILITY**

Life insurance continues without payment of premium for employees who are disabled and unable to perform the duties of any occupation, provided:

- Disability begins while the employee is insured by Mutual of Omaha
- Disability begins prior to age 60 and terminates at age 65
- Proof of disability is provided to Mutual of Omaha prior to the end of the disability elimination period (first 9 months of disability)
- Proof of continued disability is verified periodically, according to the terms of the contract

#### **LIVING CARE BENEFIT**

For eligible employees with a terminal illness, Mutual of Omaha will pay a sum equal to 50% of the term life insurance benefit, up to a maximum of \$100,000. This amount is subtracted from the term life insurance benefit amount prior to payment of a death benefit.

#### **CONVERSION**

Individuals covered under this plan who cease to be eligible for coverage may convert to an individual policy. The conversion policy:

- Does not require evidence of good health
- May contain limitations
- Must be applied for within 31 days of becoming ineligible
- Can be any of the individual life insurance policies offered by Mutual of Omaha, except term insurance, up to the terminated amount of coverage

Individuals whose life insurance ends because of termination of the policy or termination of a class and have been insured under the policy for at least 5 years, may convert their coverage to an individual policy. The conversion policy:

- Must be applied for within 31 days of becoming ineligible
- Pays the amount of group life insurance an employee is eligible to convert if the employee dies within 31 days after their insurance ends

## ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) BENEFITS

This proposal assumes the AD&D benefits are offered in conjunction with the basic term life plan. The information below is intended to provide detail about the benefits for AD&D included in this proposal. Unless otherwise noted, the following benefit apply to the employees covered under the plan. Employees must have life coverage before they are eligible for any AD&D coverage.

### AD&D BENEFIT SCHEDULE

AD&D enhances the employee benefit offering by providing employees financial support when they've suffered an unexpected loss. The AD&D benefit is paid if an employee (or dependent, if covered) is injured as a result of an accident, and that injury is independent of sickness and all other causes.

Benefits are paid according to the following schedule:

Loss	Benefit
<ul style="list-style-type: none"><li>Life</li><li>Both hands</li><li>Both Feet</li><li>Entire sight of both eyes</li><li>One hand and one foot</li><li>One hand and entire sight of one eye</li><li>One foot and entire sight of one eye</li><li>Speech and hearing (both ears)</li></ul>	Principal Sum
<ul style="list-style-type: none"><li>Entire sight of one eye</li><li>Speech or hearing (both ears)</li><li>One hand or one foot</li></ul>	One-half of the Principal Sum
<ul style="list-style-type: none"><li>Loss of thumb and index finger of same hand</li></ul>	One-fourth of the Principal Sum

### ADDITIONAL AD&D BENEFITS

Additional AD&D benefits provide added security to employees by paying benefits in addition to the basic AD&D benefit. Additional benefits included in this proposal are:

- **Seat Belt Benefit** - If the insured is injured in an automobile accident while wearing a seat belt, and that injury results in death, a benefit is payable.
- **Airbag Benefit** - If the insured is injured in an automobile accident, an airbag is in use and that injury results in death, a benefit is payable.
- **Paralysis Benefit** -Benefits for additional losses:
  - Loss - Quadriplegia / Benefit - Principal Sum
  - Loss - Triplegia / Benefit - Three-quarters of the Principal Sum
  - Loss - Paraplegia or Hemiplegia / Benefit - One-half of the Principal Sum
  - Loss - Uniplegia / Benefit - One-fourth of the Principal Sum

### AD&D EXCLUSIONS

Exclusions and limitations apply to this coverage. Please refer to a sample booklet or contract for additional information, available upon request.



# VOLUNTARY TERM LIFE AND AD&D INSURANCE

## DEFINITION OF ANNUAL SALARY

Unless otherwise agreed to by Mutual of Omaha, this proposal assumes annual salary is the employee's gross annual salary received from the employer and in effect immediately prior to the date of loss, as verified by premium we have received in effect immediately prior to the date of loss or by the employee's W-2 Form.

Annual salary includes:

- Contributions to deferred compensation plans

Annual salary excludes:

- Other Extra Compensation
- Differentials
- Overtime
- Bonuses
- Commissions

## ADDITIONAL BENEFITS

The information below is intended to provide more detail about the benefits for voluntary term life insurance outlined previously in this proposal. Unless otherwise noted, the following plan features apply to the employee's coverage under the voluntary term life plan.

### WAIVER OF PREMIUM - DISABILITY

Life insurance continues without payment of premium for employees who are disabled and unable to perform the duties of any occupation, provided:

- Disability begins while the employee is insured by Mutual of Omaha
- Disability begins prior to age 60 and terminates at age 65
- Proof of disability is provided to Mutual of Omaha prior to the end of the disability elimination period (first 9 months of disability)
- Proof of continued disability is verified periodically, according to the terms of the contract

### LIVING CARE BENEFIT

For eligible employees with a terminal illness, Mutual of Omaha will pay a sum equal to 75% of the term life insurance benefit, up to a maximum of \$250,000. This amount is subtracted from the term life insurance benefit amount prior to payment of a death benefit.

### PORTABILITY

Portability allows employees and their eligible dependents to take their coverage with them when they are no longer insured under the policy. Employees electing to port coverage become responsible for the premium payments.

The claims experience of ported individuals is not charged back to the experience of the group, and there is no additional service waiting period for an employee to be eligible for Portability. Coverage ported by an employee does not terminate when the master policy terminates.

### CONVERSION

Individuals covered under this plan who cease to be eligible for coverage may convert to an individual policy. The conversion policy:

- Does not require evidence of good health
- May contain limitations
- Must be applied for within 31 days of becoming ineligible
- Can be any of the individual life insurance policies offered by Mutual of Omaha, except term insurance, up to the terminated amount of coverage

## ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) BENEFITS

This proposal assumes the AD&D benefits are offered in conjunction with the voluntary term life plan. The information below is intended to provide detail about the benefits for AD&D included in this proposal. Unless otherwise noted, the following benefits apply to the employees covered under the plan. Employees must have life coverage before they are eligible for any AD&D coverage.

### AD&D BENEFIT SCHEDULE

AD&D enhances the employee benefit offering by providing employees financial support when they've suffered an unexpected loss. The AD&D benefit is paid if an employee (or dependent, if covered) is injured as a result of an accident, and that injury is independent of sickness and all other causes.

Benefits are paid according to the following schedule:

Loss	Benefit
<ul style="list-style-type: none"> <li>▪ Life</li> <li>▪ Both hands</li> <li>▪ Both Feet</li> <li>▪ Entire sight of both eyes</li> <li>▪ One hand and one foot</li> <li>▪ One hand and entire sight of one eye</li> <li>▪ One foot and entire sight of one eye</li> <li>▪ Speech and hearing (both ears)</li> </ul>	Principal Sum
<ul style="list-style-type: none"> <li>▪ Entire sight of one eye</li> <li>▪ Speech or hearing (both ears)</li> <li>▪ One hand or one foot</li> </ul>	One-half of the Principal Sum
<ul style="list-style-type: none"> <li>▪ Loss of thumb and index finger of same hand</li> </ul>	One-fourth of the Principal Sum

### ADDITIONAL AD&D BENEFITS

Additional AD&D benefits provide added security to employees by paying benefits in addition to the basic AD&D benefit. Additional benefits included in this proposal are:

- **Seat Belt Benefit** - If the insured is injured in an automobile accident while wearing a seat belt, and that injury results in death, a benefit is payable.
- **Common Carrier Benefit** - If the insured is injured while riding as a fare-paying passenger, and not as an operator or member of the crew, in any public air, land or water conveyance provided by a common carrier primarily for passenger service, and that injury results in death, a benefit is payable equal to 100% of the Principal Sum, up to the lesser of the plan maximum or \$1,000,000.
- **Airbag Benefit** - If the insured is injured in an automobile accident, an airbag is in use and that injury results in death, a benefit is payable.
- **Paralysis Benefit** -Benefits for additional losses:
  - Loss - Quadriplegia / Benefit - Principal Sum
  - Loss - Triplegia / Benefit - Three-quarters of the Principal Sum
  - Loss - Paraplegia or Hemiplegia / Benefit - One-half of the Principal Sum
  - Loss - Uniplegia / Benefit - One-fourth of the Principal Sum

### AD&D EXCLUSIONS

Exclusions and limitations apply to this coverage. Please refer to a sample booklet or contract for additional information, available upon request.

# LONG-TERM DISABILITY INSURANCE

## DEFINITIONS

<b>DEFINITION OF DISABILITY</b>	<p>Disability and disabled mean that because of an injury or illness, a significant change in an employee's mental or physical functional capacity has occurred, in which the employee is:</p> <ul style="list-style-type: none"> <li>▪ Prevented from performing at least one of the material duties of his/her regular occupation during the first 24 months of disability and after 24 months, is unable to perform all of the material duties of any gainful occupation; <b>and</b></li> <li>▪ Is unable to generate current earnings which exceed 99% of monthly earnings in his/her regular occupation or if partially disabled, 85% of monthly earnings in any gainful occupation (Mutually Progressive Partial). The claimant may be totally or partially disabled during the elimination period.</li> </ul>
<b>DEFINITION OF PARTIAL DISABILITY</b>	<p><b>Mutually Progressive Partial/Work Incentive Benefit:</b> The progressive partial work incentive benefit allows an employee to return to work, in any capacity, for the maximum benefit duration. The employee is eligible for partial disability benefits upon suffering a one percent earnings loss. The monthly benefit is equal to the total disability benefit, offset by any other income.</p>
<b>DEFINITION OF MONTHLY EARNINGS</b>	<p>Monthly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 12. Monthly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per month during the 12 month period immediately prior to the date disability begins. If employed for part of the prior 12 month period, monthly earnings is the hourly rate of pay multiplied by the average number of hours worked.</p> <p>Monthly earnings includes:</p> <ul style="list-style-type: none"> <li>▪ Contributions to deferred compensation plans</li> </ul> <p>Monthly earnings excludes:</p> <ul style="list-style-type: none"> <li>▪ Other Extra Compensation</li> <li>▪ Differentials</li> <li>▪ Overtime</li> <li>▪ Bonuses</li> <li>▪ Commissions</li> </ul>

## ADDITIONAL BENEFITS

The information below is intended to provide more detail about the additional benefits for long-term disability insurance outlined previously in this proposal. These additional benefits may vary by class.

<b>VOC REHAB INCENTIVE</b>	<p>When an employee is participating in a rehabilitation plan approved by Mutual of Omaha, the monthly benefit will increase by 5%, subject to certain conditions. Vocational rehabilitation encourages a return to productive employment, focusing on job modification, job placement, re-education/retraining and workplace alteration.</p>
<b>WORKPLACE ALTERATION ASSISTANCE</b>	<p>Mutual of Omaha will provide funding for workplace alteration for employees who could remain at work or return to work with modifications to the worksite environment.</p>
<b>RECURRENT DISABILITY</b>	<p>An employee is eligible for disability benefits without satisfaction of a new elimination period if after returning to work full-time with the Policyholder, disability recurs within 6 months.</p>
<b>SURVIVOR BENEFIT</b>	<p>The benefit pays a survivor or the estate three times the last monthly benefit prior to death when a claimant dies while eligible for benefits.</p>

<b>CONTINUITY OF COVERAGE</b>	Employees will neither gain nor lose coverage solely due to a change in carrier.
<b>COST OF LIVING FREEZE</b>	Once an employee is receiving LTD benefits, those benefits are not reduced by cost of living increases from Social Security or other sources of income.
<b>WAIVER OF PREMIUM</b>	Premiums for this coverage are waived for a disabled employee while receiving LTD benefits under this plan.
<b>MATERNITY COVERAGE</b>	Disability caused by pregnancy or complications with pregnancy are covered on the same basis as a disability caused by any illness.



## TRAVEL ASSISTANCE

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If employees have an emergency while traveling, either abroad or more than 100 miles from home, they can obtain assistance services any time. Provided by AXA Assistance U.S.A., Travel Assistance services are available to employees and their dependents anywhere in the world, offering access to support professionals who can help them access pre-departure information, find quality medical care, support services for hotel arrangements or luggage tracing, and technical assistance.

Travel Assistance services include:

<b>PRE-DEPARTURE INFORMATION</b>	<ul style="list-style-type: none"> <li>▪ Health hazards advisory for worldwide destinations</li> <li>▪ Domestic and international weather information</li> <li>▪ Consulate and Embassy locations</li> <li>▪ Required documentation information (ex. passport or visa)</li> </ul>
<b>EMERGENCY MEDICAL ASSISTANCE</b>	<ul style="list-style-type: none"> <li>▪ Locating medical care</li> <li>▪ Medical insurance coordination</li> <li>▪ Case communications</li> <li>▪ Transportation for a family member</li> <li>▪ Hotel convalescence arrangements</li> <li>▪ Prescription drugs coordination</li> <li>▪ Medically necessary repatriation</li> </ul>
<b>TRAVEL SUPPORT SERVICES</b>	<ul style="list-style-type: none"> <li>▪ Emergency cash coordination</li> <li>▪ Hotel/motel arrangements and information</li> <li>▪ Lost/delayed luggage tracing</li> </ul>
<b>TECHNICAL ASSISTANCE</b>	<ul style="list-style-type: none"> <li>▪ Coordination of credit card, airline ticket, or other documentation replacement</li> <li>▪ Interpreter/translator services</li> <li>▪ Vehicle return service</li> <li>▪ Lawyer referrals</li> <li>▪ Coordination of financial assistance for bonds/bail</li> </ul>
<b>INFORMATIONAL BROCHURES</b>	<p>A convenient tri-fold brochure, which includes detachable wallet cards for easy reference, is available to provide employees information about Travel Assistance. A PDF version of the information is also available, for printing, e-mailing, or internet distribution.</p>

## RATING CRITERIA

Some assumptions have been made in the preparation of this proposal. Changes in these assumptions may impact the rates or fees. These assumptions apply to all coverages included in this proposal unless otherwise noted.

<b>SIC CODE</b>	This proposal assumes the applicable Standard Industry Classification (SIC) code for the group is 8211.
<b>SITUS STATE</b>	This proposal assumes the situs state of the group is IA.
<b>ACCEPTANCE</b>	This proposal is contingent upon Mutual of Omaha Home Office review and acceptance of the completed application for coverage. It is recommended that current coverage is not cancelled or dropped until notification of acceptance from Mutual of Omaha is received.
<b>PACKAGE PRICING</b>	The rates and benefits for each option in this proposal assumes package pricing. The rates and/or benefits for each option are subject to change if one or more coverages are not selected by the employer.
<b>LIMITATIONS &amp; STANDARD CONTRACT NOTICE</b>	<p>This proposal is subject to Mutual of Omaha's standard product terms, limitations, and exclusions. Additionally, this proposal requires use of standard system-compatible benefits and contract provisions. Applicable federal and state mandates are added at issuance.</p> <p>This proposal also assumes that all employees/members reside in the situs state of the group. If any employees/members reside outside of the situs state of the group, we must be notified of the number of employees/members by state during the implementation process so that all applicable state mandates can be accommodated.</p> <p>Please refer to a sample standard contract, certificate booklet and/or subscription agreement documents for additional information and detail, available upon request.</p>
<b>ERISA</b>	Each plan presented in this proposal is considered to be an employer-sponsored ERISA benefit plan. If it is determined that any plan presented in this proposal is not an ERISA benefit plan, Mutual of Omaha reserves the right to re-rate or otherwise adjust the proposed plan(s).
<b>PROPOSAL CONDITIONS</b>	<p>Mutual of Omaha reserves the right to re-rate or withdraw this proposal <i>prior</i> to the effective date if any of the following changes:</p> <ul style="list-style-type: none"> <li>▪ SIC code</li> <li>▪ Employer contributions</li> <li>▪ Information regarding disabled or COBRA participants</li> <li>▪ For groups that are experience rated - risk increases based on review of the current carrier's claims experience, including open or pended claims</li> <li>▪ Demographics (age, gender, occupation, earnings, location and size)</li> <li>▪ Plan participation - increase or decrease of 10% or more lives</li> <li>▪ Laws, regulations, judicial and/or administrative orders and decisions affecting benefits, cost of administration, or cost of health care services</li> <li>▪ If employees are residing in extraterritorial jurisdictions that were not otherwise disclosed</li> <li>▪ Proposed effective date</li> <li>▪ Benefits or eligibility</li> <li>▪ Premium tax</li> </ul> <p>On or after the effective date, Mutual of Omaha reserves the right to change rates or fees if there is a change in any factor listed above. In addition, Mutual of Omaha may change rates or fees any time after the most recent Rate Guarantee Date, provided at least 30 days advance notice of the rate or fee increase has been given to the group.</p>

<b>DENTAL BID QUALIFICATIONS</b>	<p>The rates and benefits quoted are based on preliminary enrollment data and subject to adjustments if final enrollment varies from preliminary enrollment data.</p> <p>If additional Dental quotes are offered, final rates may vary based on plan design, submitted case information and expenses.</p>
<b>PROPOSAL EXPIRATION</b>	<p>This proposal is good for 90 days after 05/04/2025, or the assumed effective date of the plan, whichever comes first.</p>
<b>DENTAL ENROLLMENT</b>	<p>Eligible employees and their dependents may elect coverage during the initial enrollment period or any subsequent enrollment period.</p> <p>This proposal assumes annual enrollments take place 90 days prior to the renewal date of the plan.</p>
<b>DENTAL TAKEOVER</b>	<p><b>Maximum Credits:</b> Current Calendar year maximums are automatically refreshed at takeover.</p> <p><b>Deductible Credits:</b> Deductibles satisfied in the current Policy Year will be recognized provided the policyholder submits a prior carrier deductible file during implementation listing all subscribers and dependents who have satisfied the prior carriers deductible requirement prior to takeover.</p>
<b>DENTAL WORK IN PROGRESS</b>	<p>Standard procedures for work in progress when an account has moved their dental coverage to Mutual of Omaha are:</p> <ul style="list-style-type: none"> <li>▪ Dentures and Bridgework - Covered only if the final impression is taken after the patient becomes eligible.</li> <li>▪ Endodontics - Endodontic work is reimbursed based upon the completed date of service.</li> <li>▪ Crowns, inlays, onlays, and labial veneers - Covered only if the final impression is taken after the patient becomes eligible.</li> </ul>

# ELIGIBILITY CRITERIA

## BASIC TERM LIFE AND AD&D

### ELIGIBLE EMPLOYEES

This proposal provides coverage for all actively at work employees or eligible members on the policy effective date. Employees are required to work the minimum number of hours in the United States as noted prior in the proposal, unless otherwise approved by Mutual of Omaha. For eligible members, the Policyholder's definition of actively eligible must be on file with and approved by an authorized representative in our Home Office. Certain requirements apply. Coverage for most employees insured under the current plan of life insurance begins on the effective date of the plan. Exceptions for new hires are as follows:

### WHEN COVERAGE BEGINS

For employees who are:	Coverage begins:
Confined <ul style="list-style-type: none"> <li>▪ In a hospital</li> <li>▪ In an institution</li> <li>▪ In a care facility</li> <li>▪ At home</li> </ul>	When confinement ends
Not at work due to an injury or sickness	When the employee returns to work

Coverage for employees hired after the effective date of the plan will be covered either on the first day following the completion of any qualifying period or the first of the month following the completion of any qualifying period.

### WHEN COVERAGE BEGINS - DEPENDENTS

Coverage for most dependents insured under the current plan of life insurance begins on the effective date of the plan. Exceptions are as follows:

For dependents who are:	Coverage begins:
Confined <ul style="list-style-type: none"> <li>▪ In a hospital</li> <li>▪ In an institution</li> <li>▪ In a care facility</li> <li>▪ At home</li> </ul>	When confinement ends
Disabled physically or mentally to the extent of being unable to perform normal activities or not able to engage in any work; this will not apply to dependents covered under the employer's current plan of life insurance as long as they are insured under the Mutual of Omaha policy on the effective date	When all normal activities are resumed and/or the dependent has returned to work

### EVIDENCE OF INSURABILITY

Evidence of insurability (evidence of good health) is required:

- If enrollment is received after 31 days of becoming eligible for coverage
- If reinstatement of coverage is applied for after the policy has lapsed
- For coverage amounts in excess of the guarantee issue amount

## VOLUNTARY TERM LIFE AND AD&D

### ELIGIBLE EMPLOYEES

This proposal provides coverage for all actively at work employees or eligible members on the policy effective date. Employees are required to work the minimum number of hours in the United States as noted prior in this proposal, unless otherwise approved by Mutual of Omaha. For eligible members, the Policyholder's definition of actively eligible must be on file with and approved by an authorized representative in our Home Office. Certain requirements apply.

### ELIGIBLE DEPENDENTS

Eligible dependents include:

- Spouse, up to age 70
- Unmarried children from 14 days to age 26 (unless a full-time student)
- Full-time students up to the limiting age of 26 (unless otherwise agreed to by Mutual of Omaha or state regulation requires a different age)
- Stepchildren living in the home
- Foster children, under certain conditions

### WHEN COVERAGE BEGINS

Coverage for most employees insured under the current plan of life insurance begins on the effective date of the plan. Exceptions for new hires are as follows:

For employees who are:	Coverage begins:
Confined <ul style="list-style-type: none"> <li>▪ In a hospital</li> <li>▪ In an institution</li> <li>▪ In a care facility</li> <li>▪ At home</li> </ul>	When confinement ends
Not at work due to an injury or sickness	When the employee returns to work
A late applicant	When the application is approved by Mutual of Omaha

**For benefit amounts *not in excess of the guarantee issue amount*:** Coverage for employees hired after the effective date of the plan will be covered either on the first day following the completion of any qualifying period or the first of the month following the completion of any qualifying period. (If the voluntary term life plan is offered in conjunction with an "Other Group Plan," coverage begins for new hires subject to the qualifying period of that plan.)

**For benefit amounts in excess of the guarantee issue amount:** Coverage begins on the first day of the month following the day Mutual of Omaha approves the application.

To become insured, any new hire must:

- Make a written request for coverage during the required qualifying period (or within the time limit specified by the "Other Group Plan")
- If required, submit evidence of insurability
- Pay the required premium

### WHEN COVERAGE BEGINS - DEPENDENTS

Coverage for most dependents insured under the current plan of life insurance begins on the effective date of the plan. Exceptions are as follows:

For dependents who are:	Coverage begins:
Confined <ul style="list-style-type: none"> <li>▪ In a hospital</li> <li>▪ In an institution</li> <li>▪ In a care facility</li> <li>▪ At home</li> </ul>	When confinement ends
Disabled physically or mentally to the extent of being unable to perform normal activities or not able to engage in any work; this will not apply to dependents covered under the employer's current plan of life insurance as long as they are insured under the Mutual of Omaha policy on the effective date	When all normal activities are resumed and/or the dependent has returned to work

**EVIDENCE OF  
INSURABILITY**

Evidence of insurability (evidence of good health) is required:

- If enrollment is received after 31 days of becoming eligible for coverage
- If reinstatement of coverage is applied for after the policy has lapsed
- For coverage amounts in excess of the guarantee issue amount