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# Proposal to Provide Group Life and Disability

# For: CITY OF FOLEY

- Basic Term Life Insurance
- Basic Accidental Death and Dismemberment Insurance
- Optional Term Life Insurance
- Optional Accidental Death and Dismemberment Insurance
- Dependent Term Life Insurance
- Short Term Disability Insurance
- Long Term Disability Insurance

#### NOTICE REGARDING PRODUCER COMPENSATION

### **External Producers**

# This section applies only if your producer is receiving commission and/or supplemental compensation.

External producers are individuals or entities who represent you, the client, in the solicitation, negotiation or effectuation of the sale of insurance as their producer or consultant of record. The specific functions of external producer's may vary but can include guidance through the proposal process and coordination of the client's data with one or more carriers. External producers are not Prudential employees and may have brokerage relationships with other insurance carriers. Please contact your producer for further information regarding their role during the proposal process and for information about any possible alternative quotes received from other insurance carriers.

Producers who place business with Prudential may be eligible to receive commissions and supplemental compensation unless you advise us otherwise.

Commissions are payable as a percentage of paid premiums or a fixed dollar amount for as long as the producer is recognized as the Producer of Record on your policy.

Under Prudential's Supplemental Commission Program (SCP), supplemental compensation ranges from 0% to 10% of group insurance premium on Critical Illness, Accident, and Voluntary AD&D products and 0% to 7% of group insurance premium on all other products. The actual percentage payable under Prudential's SCP is determined based on the aggregate annual premium due on eligible cases that your producer has inforce with Prudential. The cost of supplemental compensation is not charged directly to policies. As a result, your rates are unaffected whether or not your producer receives supplemental compensation. You or your producer can elect to opt out of Prudential's SCP.

More information about eligibility criteria and payment calculation under Prudential's SCP is available to clients on Prudential's website at www.prudential.com/scp. Questions regarding producer compensation may be e-mailed to grpins@prudential.com. Or, if you would like to speak with someone about producer compensation, contact your Prudential representative or call (888) 778-6639 from 8am to 5pm Eastern time.

# Internal Producers section only applies if your contract is issued in the State of New York.

Internal producers, including without limitation, sales representatives, account executives and other employees providing sales support, are individuals employed by The Prudential Insurance Company of America (Prudential) who are responsible for representing Prudential and our product portfolio during the proposal process. Prudential provides sales compensation to such internal producers when business is placed with our clients. Compensation varies based on the products placed, volume of premium and cases placed with Prudential but generally can be identified as production payments, goal based payments, profitability, and/or direct or indirect compensation related to high achievement. An internal producer - may be entitled to one or all of these types of compensation.

You may obtain information about expected producer compensation, including information about alternative quotes, if any, based in whole or part on the sale and additional information about the specific internal producers involved in this transaction. This additional information regarding internal producer compensation may be requested via e-mail by writing to GICompensation@prudential.com, or by calling 973-548-5100.

GL,2008.148 ED. 11.2014





#### Life Insurance Mode of Settlement

Prudential may make a range of settlement and payment options available to group life insurance beneficiaries. Subject to applicable state law the standard method of settling group life insurance benefits of \$5,000 or more is via a retained asset account, such as Prudential's Alliance Account whereby funds are held with Prudential. When the claim is paid, the full amount of life insurance proceeds payable to the claimant is settled in a single distribution by the establishment of an interest-bearing Alliance Account in the beneficiary's name. Beneficiaries are notified of claim approval resulting in Alliance Account settlement and are mailed a welcome kit containing a personalized draft book with drafts that the beneficiary can use as he/she would use bank checks. Alliance Account kits also contain disclosures explaining the operation of the account. The beneficiary can access all funds immediately, may leave funds in the account as long as desired, and preserves the ability to transfer all or some funds to other settlement options as available. Statements are mailed at least quarterly, or as frequently as monthly based on activity in the account. The Alliance Account has no monthly charges, per check charges or check reorder charges but may incur fees for special services such as stop payment requests, requests for check copies, or requests for priority delivery of additional checks; a complete list of applicable fees is available upon request.

The Alliance Account begins earning interest immediately and continues earning interest until all funds are withdrawn or the account is closed based on any minimum balance requirement, in which event a close-out check is sent to the beneficiary. Interest is accrued daily, compounded daily, and credited monthly. The interest rate may change at any time, subject to a minimum rate applicable for successive 90 day periods, and is adjusted at Prudential's discretion based on variable economic factors and may be more or less than the rate Prudential earns on the funds in the account. Changes in the minimum interest rate, if any, are communicated to Alliance accountholders in advance via their quarterly statements or by calling customer support. Alliance Accounts include dedicated customer support and can obtain information 24-hours a day via an automated system. State law requires that if there is no account activity and we have not had contact with the accountholder after a number of years (which time period varies by state), the account may be considered dormant. If the Alliance Account becomes dormant, the accountholder will be mailed a check for the remaining balance plus interest, at their last address shown on our records. If the accountholder does not timely cash that check, their funds will be transferred to the state as unclaimed property. If the funds are transferred to the state, the accountholder may claim those funds from the state but they may be charged a fee by the state. Once the funds are transferred to the state, we no longer have any liability with respect to the accountholder's Alliance Account.

The Alliance Account is backed by the financial strength of The Prudential Insurance Company of America. All funds are held within Prudential's general account. It is not FDIC insured because it is not a bank product. Funds held in the Alliance Account are guaranteed by State Guaranty Associations. Please contact the National Organization of Life and Health Insurance Guaranty Associations (www.nolhga.com) to learn more about coverage or limitations. State Guaranty Fund coverages are not determined by Prudential. For further information, the State Department of Insurance may also be contacted. Prudential may contract with third parties to provide a check clearing, account servicing and processing support. Alliance is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other

payments. These payments will be paid by check. Beneficiaries may wish to consult a tax advisor regarding interest earned on the account.

Prudential's Alliance Account is a registered trademark of The Prudential Insurance Company of America. Questions about Prudential's Alliance Account can be directed to Alliance Customer Service toll free at 877-255-4262 or by writing to Prudential Alliance Account, PO BOX 41582, Philadelphia, PA 19176.



# **Real Challenges Demand Real Solutions**

#### Competitive Solutions for Your Business

For more than 90 years, business owners have trusted The Prudential Insurance Company of America to help them save money and attract and retain top talent. In today's business climate there is no room for waste. With tighter budgets and leaner workforces, every dollar and every effort counts. That's why our combination of flexible products, competitive pricing, and responsive customer service has made us a top choice among employers of all sizes.

Prudential is financially strong—for our latest ratings, please visit www.investor.prudential.com. The balanced mix of risks and businesses that we've built since becoming a public company in 2001, positions us well to manage through all economic environments. We consistently lead the market with options that both address and anticipate marketplace trends, and business challenges.

#### **Innovative Technology Services**

Prudential offers a wide range of online and Interactive Voice Response (IVR) services that make it easy to enroll employees; provide eligibility information; initiate claims; claim, and payment status; access standard and custom reports; update billing information; and access forms.

#### **Efficient Medical Underwriting Services**

Available in English and Spanish, Prudential's online Evidence of Insurability (EOI) screening provides instant results 60% of the time. When our paper EOI forms are used, our scanning and imaging technology will help speed the process so that coverage begins as quickly as possible.

#### **Prudential's Enrollment Solutions Center (ESC)**

Our Enrollment Solutions Center provides administrative, processing, call center, and reporting services for groups with 250 lives or more at no additional cost. It reduces the administrative burden associated with enrolling for voluntary products and services by providing a single source for both employer and employee support. The ESC supports open enrollments, re-enrollments, and annual enrollments at no additional cost to you or your employees. In addition, our user friendly enrollment website gives employees personalized information about enrollment that they can react to—like coverage choices and premium per pay period.

#### **Knowledgeable Customer Service**

You will work with a team of some of the best in the business—a team you can count on for answers when you need them. Our customer service operations center is your single point of contact. Associates are available to answer questions and resolve issues from 8:00 a.m. to 8:00 p.m. Eastern time, Monday through Friday. Calls made outside normal business hours are returned within 24 hours or on the next business day.

#### **Client-Focused Performance Standards**

Our proprietary system helps ensure fast, accurate claim decisions. In fact, Prudential routinely meets or exceeds our high standards for claims decisions and processes claims with a high level of transactional and financial accuracy. In the 2009 Group Insurance Client Satisfaction Survey, 98% of our clients said that they were satisfied with the value of Prudential's products and services.









# Group Insurance Proposal - Life Prepared for: CITY OF FOLEY

Effective date: April 1, 2016 Proposal Expiration: June 9, 2016

# Life Benefit Summary

	Option 1
Effective Date	April 1, 2016
Benefit Plan Type	Flat \$10,000
Waiver of Premium Provision	Applies, to Age 65
Age Reduction Schedule	35% @ age 65, 50% @ age 70
Guaranteed Issue Amount	\$10,000
Plan Maximum	\$10,000
Accelerated Benefit Option Amount	90% to \$10,000
Accelerated Benefit Option Type	12 month life expectancy
Termination	At Retirement
Portability	Applies
Conversion	Applies
Contribution Status	Non-Contributory
Expected Participation	100% Participation
Definition of Earnings	Not Applicable
Actively At Work Provision	Applies









# Group Insurance Proposal - Life Prepared for: CITY OF FOLEY

Effective date: April 1, 2016 Proposal Expiration: June 9, 2016

# **Life Rate Summary**

	Option 1	
Estimated Lives	263	
Estimated Volume	\$2,595,500	
Monthly Rates	\$0.110	
Rate Basis	Per \$1,000	
Monthly Premium	\$285.50	
Rate Guarantee Period	24 Months	

Class Description
Class 1: All Eligible Full-Time Employees







# Group Insurance Proposal - AD&D Prepared for: CITY OF FOLEY

CITY OF FOLEY

Effective date: April 1, 2016 Proposal Expiration: June 9, 2016

### **AD&D Benefit Summary**

	Option 1
Effective Date	April 1, 2016
Benefit Plan Type	Same As Life
Termination	At Retirement
Portability	Applies
AD&D Coverage Type	24 Hours
AD&D Additional Benefits	Applies
Actively At Work Provision	Applies
Travel Assistance	Applies - \$0.035/Per Employee Per Month fee included in rate
Seat Belt Benefit	Lesser of 10% or \$10,000
Air Bag Benefit	Lesser of 10% or \$10,000
Spouse Tuition Reimbursement	Lesser of 1%, \$2,500 or the Tuition amount
Child Tuition Reimbursement	Lesser of 1%, \$2,500 or the Tuition amount
Day Care Expense Benefit	Lesser of 1%, \$2,000 or the Annual Day Care Fee
Return of Remains	Lesser of \$2,500 or the Actual Covered Funeral Expenses
Felonious Assault Benefit	5% of Payable Amount
Loss Due to Exposure and Disappearance	Benefit Payable After 1 year of Disappearance
Loss Due to Coma	1% of Payable Amount Per Month up to 11 Months

### **AD&D Rate Summary**

	Option 1	
Estimated Lives	263	
Estimated Volume	\$2,595,500	
Monthly Rates	\$0.030	•
Rate Basis	Per \$1,000	
Monthly Premium	\$77.86	
Rate Guarantee Period	24 Months	

**Class Description** 

Class 1: All Eligible Full-Time Employees

Proposal Id: 2016011005 (9) March 1, 2016 Page 8







# Group Insurance Proposal - Optional Life Prepared for: CITY OF FOLEY

Effective date: April 1, 2016 Proposal Expiration: June 9, 2016

# **Optional Life Benefit Summary**

	Option 1
Effective Date	April 1, 2016
Benefit Plan Type	Incremental
Coverage in Increments of	\$10,000
Minimum Amount Available	\$10,000
Maximum Coverage Available	Lesser of 7x Earnings or \$500,000
Guaranteed Issue Amount	\$150,000
Age Reduction Schedule	35% @ age 65, 50% @ age 70
Waiver of Premium Provision	Applies, to Age 65
Termination	At Retirement
Accelerated Benefit Option Amount	90% to \$500,000
Accelerated Benefit Option Type	12 Month life expectancy
Portability	Applies
Actively At Work Provision	Applies
Minimum Participation	Greater of 10 lives or 20%
Annual Increase in coverage without Medical Evidence of Insurability allowed during annual enrollment within plan provision parameters for current Optional Term Life participants only. Employees who do not enroll at the initial enrollment period (Late Entrants) will have to complete a health questionnaire	Yes, Increase 4 increments/salary multiples
Annual Increase without Medical Evidence Maximum (for current Optional Term Life participants only). Employees who do not enroll at the initial enrollment period (Late Entrants) will have to complete a health questionnaire	Lesser of 4 increments/salary multiples and Flat Dollar Amount
Maximum Dollar Amount	\$40,000

Proposal Id: 2016011005 (9) March 1, 2016 Page 9









# Group Insurance Proposal - Optional Life Prepared for: CITY OF FOLEY

Effective date: April 1, 2016 Proposal Expiration: June 9, 2016

# **Optional Life Rate Summary**

	Option 1
Estimated Lives	116
Estimated Volume	\$11,100,000
Monthly Rates	See Step Rates
Rate Basis	Per \$1,000
Estimated Monthly Premium	\$4,128.32
Rate Guarantee Period	24 Months

### **Step Rates**

	Option 1
Age Bracket	Per \$1,000
0 - 19:	\$0.090
20 - 24:	\$0.090
25 - 29:	\$0.090
30 - 34:	\$0.100
35 - 39:	\$0.140
40 - 44:	\$0.220
45 - 49:	\$0.370
50 - 54:	\$0.570
55 - 59:	\$0.960
60 - 64:	\$1.090
65 - 69:	\$2.030
70 - 74:	\$3.330
75 - 79:	\$5.400
80 - 84:	\$5.400
85 +:	\$5.400

**Class Description** 

Class 1: All Eligible Full-Time Employees







# Group Insurance Proposal - Optional AD&D Prepared for: CITY OF FOLEY

Effective date: April 1, 2016 Proposal Expiration: June 9, 2016

# **Optional AD&D Benefit Summary**

	Option 1
Effective Date	April 1, 2016
Benefit Plan Type	Same As Optional Life
Guaranteed Issue Amount	Not Applicable
Waiver of Premium Provision	Does not apply
Termination	At Retirement
Accelerated Benefit Option Type	Does not apply
Accelerated Benefit Option Amount	Does not apply
Opt. AD&D Coverage Type	24 Hours
Portability	Applies
Actively At Work Provision	Applies
Travel Assistance	Does not apply
Seat Belt Benefit	Lesser of 10% or \$10,000
Air Bag Benefit	Lesser of 10% or \$10,000
Spouse Tuition Reimbursement	Lesser of 1%, \$2,500 or the Tuition amount
Child Tuition Reimbursement	Lesser of 1%, \$2,500 or the Tuition amount
Day Care Expense Benefit	Lesser of 1%, \$2,000 or the Annual Day Care Fee
Return of Remains	Lesser of \$2,500 or the Actual Covered Funeral Expenses
Felonious Assault Benefit	5% of Payable Amount
Loss Due to Exposure and Disappearance	Benefit Payable After 1 year of Disappearance
Loss Due to Coma	1% of Payable Amount Per Month up to 11 Months
Common Accident Benefit	Benefit is the difference between the employee's Death Benefit and the Spouse's Death Benefit
Dependent Child Loss Benefit	Equal to Child Benefit
Critical Period Payments Benefit	1/2% of Benefit Amount for 12 Months
Spouse Plan Type	Incremental
Spouse Maximum	\$250,000
Spouse Minimum	\$5,000
Coverage in Increments of Spouse	\$5,000
Spouse Guaranteed Issue Amounts	Does not Apply
Child Plan Type	Incremental



Coverage in Increments of Child	\$2,500
Child Maximum	\$10,000
Child Minimum	\$2,500
Child Minimum Age	Live Birth
Child Age Limit	26 Years of Age/26 If Full Time Student





# Group Insurance Proposal - Optional AD&D Prepared for: CITY OF FOLEY

Effective date: April 1, 2016 Proposal Expiration: June 9, 2016

### **Optional AD&D Rate Summary**

	Option 1
OADD Plan Type	EE plus Spouse/Child
Estimated Lives	116/26/13
Estimated Volume	\$11,100,000/\$3,309,262/\$82,18
Monthly Rates	\$0.040/\$0.040/\$0.040
Rate Basis	Per \$1,000/Per \$1,000/Per \$1,000
Estimated Monthly Premium	\$444.00/\$132.37/\$3.29
Rate Guarantee Period	24 Months

Class Description
Class 1: All Eligible Full-Time Employees

Proposal Id: 2016011005 (9) March 1, 2016 Page 13







# Group Insurance Proposal - Basic Dependent Life Prepared for: CITY OF FOLEY

Effective date: April 1, 2016 Proposal Expiration: June 9, 2016

### **Basic Dependent Life Benefit Summary**

	Option 1
Effective Date	April 1, 2016
Spouse Plan Type	Flat \$5,000
Spouse Maximum	\$5,000
Spouse Max of EE's Amount	100%
Spouse Amount Based On	Basic Life
Coverage in Increments of	Does not apply
Spouse Guaranteed Issue Amount	\$5,000
Domestic Partner Covered	Yes
Child Plan Type	Flat \$2,000
Coverage in Increments of	Does not apply
Child Maximum	\$2,000
Child Max of EE's Amount	100%
Child Amount Based On	Basic Life
Child Minimum Age	Live Birth .
Child Age Limit	26 Years of Age/(26 Years of Age/( If Full Time Student)
Portability	Does not apply
Non Confinement	Applies

### **Basic Dependent Life Rate Summary**

	Option 1 Family	
Estimated Lives	169	
Estimated Volume	\$1,048,813	
Monthly Rates	\$1.180	
Rate Basis	Per Family Unit	
Estimated Monthly Premium	\$199.42	
Rate Guarantee Period	24 Months	

**Class Description** 

Class 1: All Eligible Full-Time Employees (BDGL)







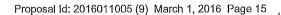


# **Group Insurance Proposal - Optional Dependent Life**Prepared for: CITY OF FOLEY

Effective date: April 1, 2016 Proposal Expiration: June 9, 2016

# **Optional Dependent Life Benefit Summary**

	Option 1
Effective Date	April 1, 2016
Spouse Plan Type	Incremental
Spouse Maximum	\$250,000
Spouse Max of EE's Amount	100%
Spouse Amount Based On	Optional Life
Coverage in Increments of	\$5,000
Spouse Guaranteed Issue Amount	\$30,000
Domestic Partner Covered	Yes
Child Plan Type	Incremental
Coverage in Increments of	\$2,500
Child Maximum	\$10,000
Child Max of EE's Amount	100%
Child Amount Based On	Optional Life
Child Minimum Age	Live Birth
Child Age Limit	26 Years of Age/(26 Years of Age/( If Full Time Student)
Portability	Applies
Non Confinement	Applies









# **Group Insurance Proposal - Optional Dependent Life**

Prepared for:

CITY OF FOLEY

Effective date: April 1, 2016 Proposal Expiration: June 9, 2016

### **Optional Dependent Life Rate Summary**

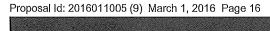
	Option 1 Spouse/Child
Estimated Lives	13/13
Estimated Volume	\$964,475/\$82,319
Monthly Rates	See Step Rates/\$0.160
Rate Basis	Per \$1,000/Per \$1,000
Estimated Monthly Premium	\$398.48/\$13.17
Rate Guarantee Period	24 Months

### Step Rates

	Option 1
Age Bracket	Per \$1,000
0 - 19:	\$0.090
20 - 24:	\$0.090
25 - 29:	\$0.090
30 - 34:	\$0.100
35 - 39:	\$0.140
40 - 44:	\$0.220
45 - 49:	\$0.370
50 - 54:	\$0.570
55 - 59:	\$0.960
60 - 64:	\$1.090
65 - 69:	\$2.030
70 - 74:	\$3.330
75 - 79:	\$5.400
80 - 84:	\$5.400
85 +:	\$5.400

**Class Description** 

Class 1: All Eligible Full-Time Employees







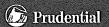
# **Group Insurance Proposal - Short Term Disability**Prepared for: **CITY OF FOLEY**

Effective date: April 1, 2016 Proposal Expiration: June 9, 2016

# **Short Term Disability Benefit Summary**

	Option 1
Effective Date	April 1, 2016
Weekly Benefit Amount	66 2/3%
Weekly Benefit Maximum	\$1,900
Weekly Benefit Minimum	\$25
Accident Waiting Period	29 Days
Sickness Waiting Period	29 Days
Benefit Duration	22 Weeks
Maternity Duration Guideline Pre Partum/Post Partum	2/6-8 (8 week post partum guideline for C-Section)
Definition of Disability	Inability to Perform Reg. Occ. and Loss of Income
EOI Applies	No
Pre-Existing Condition	None
Partial Disability Provision	Included
40 Hour Work Week	Included
Zero Day Residual	Included
Coverage Type	Non Occupational
W-2 Services Only	Included
FICA Match With W2 Services	Not included
Contribution Status	Non-Contributory
Expected Participation	100% Participation
Contribution Type	Pre-Tax
Survivor Benefit	Does not apply
Benefit Taxation	Taxable
Definition of Earnings	Standard
Actively At Work Provision	Applies
Telephonic Claims Submission	Not included









# Group Insurance Proposal - Short Term Disability Prepared for: CITY OF FOLEY

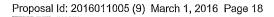
Effective date: April 1, 2016 Proposal Expiration: June 9, 2016

### **Short Term Disability Rate Summary**

	Option 1
Estimated Lives	263
Weekly Benefit Volume	\$151,163
Monthly Rates	\$0.120
Rate Basis	Per \$10 Weekly Benefit
Monthly Premium	\$1,773.14
Rate Guarantee Period	24 Months

**Class Description** 

Class 1: All Eligible Full-Time Employees







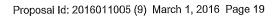


# Group Insurance Proposal - Long Term Disability Prepared for: CITY OF FOLEY

Effective date: April 1, 2016 Proposal Expiration: June 9, 2016

# Long Term Disability Benefit Summary

	Option 1
Effective Date	April 1, 2016
Monthly Benefit Amount	66 2/3% of Monthly Earnings
Elimination Period	180 Days
Benefit Duration	ADEA 1/SSNRA
Maximum Monthly Benefit	\$8,000
Minimum Monthly Benefit	\$100
Regular Occupation Period	24 Months
Reg. Occ. Definition Of Disability	Inability to Perform Reg. Occ. and Loss of Income
Zero Day Residual	Applies
Return to Work Incentive	12 Months
Partial Disability Benefit	80% Reg./60% Gainful
EOI Applies	No
Pre-Existing Condition	3/12 w/o Prudent Person, Exclusion
Disability Social Security	Family Offset
Retirement Social Security	Family Offset
Mental & Nervous	24 Month Limit
Drug & Alcohol	24 Month Limit
Self Reported Symptoms	None
Survivor Benefit	3 x Gross Monthly Benefit
Rehabilitation Requirement	Included
40 Hour Work Week	Included
Third Party Liability Offset	Included
Worksite Modification	Included
Indexing of Pre-Disability	Included
Pension Contribution Benefit	Not Included
Benefit Taxation	Taxable
Contribution Status	Non-Contributory
Expected Participation	100% Participation
Definition of Earnings	Standard
Actively At Work Provision	Applies
Spouse CAT Benefits	Not included
Enhanced Rehabilitation	5% Monthly Benefit to 6 Mo.
Daycare Benefit	\$500 Monthly Benefit to 6 Mo.
Spouse and Eldercare	\$500 Monthly Benefit to 6 Mo.











# Group Insurance Proposal - Long Term Disability Prepared for: CITY OF FOLEY

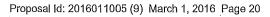
Effective date: April 1, 2016 Proposal Expiration: June 9, 2016

### Long Term Disability Rate Summary

	Option 1
Estimated Lives	263
Monthly Covered Payroll	\$982,575
Monthly Rates	\$0.352
Rate Basis	Per \$100 Mo. Cov. Payroll
Monthly Premium	\$3,459.00
Rate Guarantee Period	24 Months

**Class Description** 

Class 1: All Eligilbe Full-Time Employees









# Group Insurance Proposal

Prepared for:

CITY OF FOLEY

Effective date: April 1, 2016 Proposal Expiration: June 9, 2016

#### Financial Assumptions and Considerations

#### **Common Financial Assumptions and Considerations**

1. The rate for one or more coverage(s) offered under the Group Contract may depend upon support from the rate charged for other coverages under the Group Contract. Premiums paid by the Plan for one coverage may cover some or all of the cost of another Plan coverage. Prudential is quoting this rate on the basis that the employer has reviewed the rate structure as described and will, if accepted, represent and warrant that (i) such arrangement is consistent with the requirement for use of plan assets and its fiduciary responsibilities under the Employee Retirement Income Security Act of 1974, as amended ("ERISA"); (ii) the coverages are being offered to the participants under a single ERISA plan; and (iii) the Plan's rate structure is consistent with Plan documents and related communications to participants.

Since this is your plan decision, and Prudential does not provide tax or legal advice, you are encouraged to consult your own counsel.

- This Offer is based on the information submitted and Plan design outlined. Prudential reserves the right to modify or withdraw the
  Offer in the event that risk characteristics at the time of enrollment are materially different (as determined by Prudential) from
  those assumed here.
- 3. Rates are assumed effective April 1, 2016. Rates are valid for use, unless rescinded, through June 9, 2016. Plans may not be made effective retroactively.
- 4. Alterations to this offer are valid only if approved, in writing, by Prudential.
- 5. All products included in this proposal will be written through a single employer contract. Group is located in AL. SIC code is 9111.
- 6. Funding method is Fully Insured. Coverage is non-participating.
- Actively at work provision applies. No loss/no gain applies. Any and all disableds must be disclosed. Prudential Absorbs the
  medical underwriting expenses for timely entrants only. Not applicable to Statutory Disability.
- 8. Prudential will require full disclosure of all employees not meeting the Actively at Work Provision as of the effective date.
- 9. Employees who are absent from work due to disability, injury, or accident would remain the liability of the current carrier. For all other employees, Prudential assumes a no-loss/no-gain of insurance, meaning that no individual will lose or gain coverage as a result of a change of carriers.
- 10. All plans and provisions are subject to Prudential's standard contract, unless otherwise explicitly identified.
- 11. For Life and Disability, Initial Enrollment and New Hires: Upon Meeting the Actively at Work requirement, EOI is required for amounts over the GI Limit. Late Entrants: EOI required for coverage to become effective. Current Participants: Any increase in coverage subject to EOI.
- 12. The definition of full time employee for the purposes of eligibility is a minimum of 30 hours worked per week.
- 13. This proposal includes online/IVR enrollment. Costs for any customized materials or additional costs due to use of outside vendors may be charged directly to the client.
- 14. For Optional AD&D plans, this proposal assumes that Employee Only plan and Employee Plus Family plan are mutually exclusive.
- 15. For Disability, benefits priced with pre-tax contributions are taxable. If the pre or post tax contributions are different than as assumed in this proposal, Prudential reserves the right to change rates.
- 16. (STD) Generally, uncomplicated maternity claims for sedentary work follow a 2 week pre partum guideline and follow a 6 week post partum guideline for regular delivery, 8 week post partum guideline for c-section delivery.
- 17. Benefit provisions are subject to state and federal mandates. Future mandates will be incorporated into the plan as of the date required by law.
- 18. This proposal assumes all coverages quoted are sold, otherwise rates will increase.
- 19. This proposal assumes no more than 5 claim and or billing branches. Requests for more than 5 branches will result in additional costs to the client.
- 20. This proposal assumes Paper Client, Online Client, or Online Roster billing. If this method is changed to Paper Roster billing, an additional charge to the premium will be assessed.
- 21. This proposal assumes employee certificates distributed in a PDF format, paper certificates will result in additional costs to the client.
- 22. Please be advised that it is an employer's obligation to comply with the federal Age Discrimination in Employment Act (ADEA). Therefore, Prudential can make no representation regarding whether any age reduction schedule that it quotes in connection with an employer's benefit plans will be found compliant with the ADEA by any court or regulatory agency. You may wish to consult your legal or benefits counsel to address any compliance obligations under ADEA.
- 23. Commissions are included at 10.0%.
- 24. As a condition of this proposal, Prudential requires the producer to fully disclose to client all commissions and fees payable to the producer by Prudential in connection with the proposed insurance coverage(s) and services. Prudential further requires that client consent, in writing, to the payment of all such commissions and fees by Prudential to the producer, a copy of which consent must be provided to Prudential at the point of sale.

Proposal Id: 2016011005 (9) March 1, 2016 Page 21









- 25. The optional Travel Assistance benefits are provided by AXA Assistance USA, a third party vendor not affiliated with Prudential. AXA Assistance USA is solely liable for providing these goods and services. Prudential shall not be responsible for providing or failing to provide these optional Travel Assistance services. For a more in-depth description of this benefit, please consult your sales representative.
- 26. This proposal provides a general description of Prudential's group insurance products. Product offerings may not be available in all states and may vary depending on state laws and regulations. Prudential has a website that sets forth state-specific coverage requirements based on the insured's state of residence. The website is located at www.prudential.com/etonline. The access code for this group during the pre-sale period is ET1.
- 27. This proposal is conditioned upon our understanding that you comply with the statutes, regulations, Executive Orders and other programs administered by the Office of Foreign Assets Control (OFAC) of the U.S. Department of the Treasury.
- 28. Final rates will be based on actual enrollment, plan design, participation levels and the effective date of coverage.

#### **Optional Life Financial Assumptions and Considerations**

1. This Proposal requires that Optional Term Life have a minimum participation of the greater of 10 lives or 20% of the eligible population. If minimum participation is not met all current and newly enrolled participants must submit evidence of insurability.

#### Optional AD&D Financial Assumptions and Considerations

1. This Proposal requires that Optional ADD have a minimum participation of the greater of 10 lives or 20% of the eligible population. If minimum participation is not met we reserve the right not to issue coverage.

#### Dependent Life Financial Assumptions and Considerations

1. Employee's must enroll for Optional Term Life in order to elect Dependent Term Life.

#### Other Assumptions and Provisions

The term Domestic Partner, if used, is a person who:

- 1. Satisfies the requirements for being a domestic partner, registered domestic partner or party to a civil union under the law of your jurisdiction of residence; or
- 2. Is a person of the same or opposite sex who satisfies all of the following:
  - a. is age 18 or older; and
  - b. is not related to you by blood or a degree of closeness that would prohibit marriage in the law of the jurisdiction in which you reside: and
  - c. is mentally competent to consent to contract; and
  - d. is not married to another person under statutory or common law nor in a domestic partnership, registered domestic partnership or civil union with another person; and
  - e. is not otherwise a Qualified Dependent under the Program; and
  - f. is in a single dedicated, serious and committed relationship with you; and
  - g. has shared a single permanent residence with you for at least 12 consecutive months; and
  - h. is financially interdependent with you.

Where requested by Prudential, you and/or your Domestic Partner certify that all of the above requirements are satisfied. Such certification shall be in a format satisfactory to Prudential.

Note that if the client's intention is to provide domestic partner coverage only for same sex (and not opposite sex), Prudential will require a signed hold harmless agreement. Any other wording will need to be reviewed by Contracts, who may wish to consult Law.

This proposal is released with the understanding that it will be presented to interested parties only by an appropriately licensed and appointed individual, pursuant with state licensing and appointment rules. Any questions regarding these rules can be addressed to our Broker Administration Unit at 888-778-6639. Any violations will result in commissions being withheld in accordance with state regulations.





