

OPTIONS

APL SUPPLEMENTAL INSURANCE

EMPLOYEE NAME _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

SOCIAL SEC # _____ DATE OF HIRE _____

GENDER M F TOBACCO Y N CELL/HOME# _____

BENEFICIARY NAME _____ RELATIONSHIP _____ DATE OF BIRTH _____

SPOUSE NAME _____ DATE OF BIRTH _____ AGE _____

TOBACCO Y N SOCIAL SEC # _____ ACTIVELY WORKING Y N

EMPLOYER _____ JOB TITLE _____

CHILD(REN)

NAME _____ DATE OF BIRTH _____ GENDER M F

NAME _____ DATE OF BIRTH _____ GENDER M F

NAME _____ DATE OF BIRTH _____ GENDER M F

NAME _____ DATE OF BIRTH _____ GENDER M F

NAME _____ DATE OF BIRTH _____ GENDER M F

SIGNATURE: _____ DATE: _____

I DECLINE PARTICIPATION AT THIS TIME.

1. ACCIDENT PLAN – On/Off Job Coverage 24/7

EXAMPLES OF PAYOUTS PER ACCIDENT

| | | |
|----------------------------|------------------------------|-------------------------------------|
| Accidental Death- \$60,000 | Hosp/ICU - \$250-\$500 a day | Fractures – Up to \$15,000 |
| Common Carrier- \$120,000 | Hosp. Admission - \$1,250 | Dislocations – Up to \$15,000 |
| Emergency Room - \$300 | ICU Admission - \$2,500 | Lacerations w/ Stitches-\$125-\$500 |
| Urgent Care - \$150 | Follow Up treatment - \$100 | Major Diagnostic Exam - \$250 |
| Doctor Office - \$150 | X-Ray - \$300 | Telemedicine - \$35 |

PLAN 1 EMPLOYEE \$7.80 EMP+CHILDREN \$13.71 EMP+SPOUSE \$12.07 FAMILY \$18.37

2. CRITICAL ILLNESS W/ CANCER – CANCER, HEART ATTACK, STROKE, MAJOR ORGAN TRANSPLANT, END STAGE RENAL FAILURE, ANY MANY MORE. CHILDREN ARE FREE TO AGE 26. **\$100 WELLNESS INCLUDED******

| <u>AGE</u> | <input type="checkbox"/> <u>\$10,000 LUMP SUM PAYOUT</u> | | <input type="checkbox"/> <u>\$20,000 LUMP SUM PAYOUT</u> | |
|------------|--|--|--|--|
| | <input type="checkbox"/> <u>EMPLOYEE</u> | <input type="checkbox"/> <u>FAMILY</u> | <input type="checkbox"/> <u>EMPLOYEE</u> | <input type="checkbox"/> <u>FAMILY</u> |
| 18-29 | \$3.18 | \$5.77 | \$4.73 | \$8.05 |
| 30-39 | \$5.47 | \$9.41 | \$9.20 | \$14.96 |
| 40-49 | \$9.86 | \$16.10 | \$17.91 | \$28.13 |
| 50-59 | \$16.50 | \$25.98 | \$31.04 | \$47.86 |
| 60-64 | \$21.68 | \$33.60 | \$41.65 | \$63.60 |
| 65-99 | \$33.11 | \$50.70 | \$64.58 | \$97.92 |

3.HOSPITAL CONFINEMENT- \$1500 INITIAL HOSPITAL ADMISSION,

\$100-\$200 A DAY IN HOSPITAL, UP TO \$1000 SURGERY. \$100 ER/UC VISIT, \$50 DR VISIT.

PLAN 1 EMPLOYEE \$11.70 EMP+CHILDREN \$19.59 EMP+SPOUSE \$20.86 FAMILY \$28.08

**** RATES ARE BIWEEKLY ****

4. SHORT TERM DISABILITY – Cover Off job Accidents and On/Off job
Sickness. 7 day Elimination Period and 6 Month Duration. (Circle desired
monthly benefit.)

| MONTHLY BENEFIT | BI-WEEKLY RATES | | |
|--------------------|-----------------|---------|---------|
| | 18-54 | 55-59 | 60+ |
| \$1,000 | \$10.66 | \$13.34 | \$19.94 |
| \$1,100 | \$11.73 | \$14.67 | \$21.93 |
| \$1,200 | \$12.79 | \$16.01 | \$23.93 |
| \$1,300 | \$13.86 | \$17.34 | \$25.92 |
| \$1,400 | \$14.93 | \$18.67 | \$27.91 |
| \$1,500 | \$15.99 | \$20.01 | \$29.91 |
| \$1,600 | \$17.06 | \$21.34 | \$31.90 |
| \$1,700 | \$18.12 | \$22.68 | \$33.90 |
| \$1,800 | \$19.19 | \$24.01 | \$35.89 |
| \$1,900 | \$20.26 | \$25.34 | \$37.88 |
| \$2,000 | \$21.32 | \$26.68 | \$39.88 |
| \$2,100 | \$22.39 | \$28.01 | \$41.87 |
| \$2,200 | \$23.46 | \$29.34 | \$43.86 |
| \$2,300 | \$24.52 | \$30.68 | \$45.86 |
| \$2,400 | \$25.59 | \$32.01 | \$47.85 |
| \$2,500 | \$26.65 | \$33.35 | \$49.85 |
| \$2,600 | \$27.72 | \$34.68 | \$51.84 |
| \$2,700 | \$28.79 | \$36.01 | \$53.83 |
| \$2,800 | \$29.85 | \$37.35 | \$55.83 |
| \$2,900 | \$30.92 | \$38.68 | \$57.82 |
| \$3,000 | \$31.98 | \$40.02 | \$59.82 |
| \$3,100 | \$33.05 | \$41.35 | \$61.81 |
| \$3,200 | \$34.12 | \$42.68 | \$63.80 |
| \$3,300 | \$35.18 | \$44.02 | \$65.80 |
| \$3,400 | \$36.25 | \$45.35 | \$67.79 |
| \$3,500 | \$37.32 | \$46.68 | \$69.78 |
| \$3,600 | \$38.38 | \$48.02 | \$71.78 |
| \$3,700 | \$39.45 | \$49.35 | \$73.77 |
| \$3,800 | \$40.51 | \$50.69 | \$75.77 |
| \$3,900 | \$41.58 | \$52.02 | \$77.76 |
| \$4,000 | \$42.65 | \$53.35 | \$79.75 |
| \$4,500 | \$47.98 | \$60.02 | \$89.72 |
| \$5,000 | \$53.31 | \$66.69 | \$99.69 |

5. LIFE INSURANCE -

30 Year Term Life: Select Amounts for Employee and Dependents

Employee Biweekly Life Rates

| \$10,000 | \$25,000 | \$50,000 | \$75,000 | \$100,000 | \$125,000 | \$150,000 |
|-----------------|-----------------|-----------------|-----------------|------------------|------------------|------------------|
| \$ | \$ | \$ | \$ | \$ | \$ | \$ |

Spouse Biweekly Life Rates

| \$10,000 | \$25,000 | \$50,000 | \$75,000 | \$100,000 | \$125,000 | \$150,000 |
|-----------------|-----------------|-----------------|-----------------|------------------|------------------|------------------|
| \$ | \$ | \$ | \$ | \$ | \$N/A | \$N/A |

Child Biweekly Life Rates

| Volume | \$25,000/ All Children | \$50,000/ All Children |
|---------------|-------------------------------|-------------------------------|
| | \$5.53 | \$11.07 |

Employee can elect up to \$150,000, Spouse can elect up to \$100,000, and Children up to \$50,000. Must elect coverage on self in order to cover spouse or children.

**** RATES ARE BIWEEKLY ****

SUPPLEMENTAL INSURANCE ENROLLMENT

CHECK THE BOX OF PRODUCTS CHOSEN: *RATES ARE BIWEEKLY*

INITIAL ON THE LINE:

- ACCIDENT INSURANCE _____
- CANCER CRITICAL INSURANCE _____
- HOSPITAL INSURANCE _____
- LIFE INSURANCE _____
- SHORT TERM DISABILITY _____
- I DECLINE PARTICIPATION AT THIS TIME _____

I WOULD LIKE TO ENROLL IN THE PLANS SELECTED ABOVE THROUGH MY EMPLOYER. I UNDERSTAND THAT PREMIUMS ARE AN ESTIMATION AND 100% MY RESPONSIBILITY. I AGREE MY EMPLOYER MAY DEDUCT PREMIUMS FROM MY PAYCHECK.

SIGNATURE _____ DATE _____

***If you have any questions please contact Brian
Patureau at (504)239-4520**