

CITY OF STOCKTON



**REQUEST FOR SEALED BIDS
TO PROVIDE VOLUNTARY BENEFITS
FOR THE CITY OF STOCKTON, CALIFORNIA
(PUR 14-019)**



**BIDS WILL BE RECEIVED UNTIL THE HOUR OF
2:00 O'CLOCK P.M., THURSDAY, SEPTEMBER 11, 2014,
IN THE OFFICE OF THE CITY CLERK,
FIRST FLOOR, CITY HALL, 425 NORTH EL DORADO STREET
STOCKTON, CALIFORNIA 95202-1997**

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NOTICE INVITING SEALED BIDS

NOTICE IS HEREBY GIVEN that sealed bids are invited by the City of Stockton, California to provide **VOLUNTARY BENEFITS (PUR 14-019)** in strict accordance with the specifications.

The City is seeking bids from firms to provide Voluntary Benefits to City employees. Rate bids should be based on current benefits.

The bid specifications and forms can be obtained from the City of Stockton's website at <http://www.stocktongov.com/services/business/bidflash/default.html> and must be delivered to the Office of the City Clerk, City Hall, 425 North El Dorado Street, Stockton, California, 95202, up to but no later than **2:00 p.m., on THURSDAY, SEPTEMBER 11, 2014.**

The City reserves the right to reject any and/or all bids received.

For Information on Technical Data or Bid Process/Clarification, contact:

Tami Matuska, HUMAN RESOURCES, CITY OF STOCKTON
Concepcion Gayotin, PURCHASING, CITY OF STOCKTON
Tom Morrison, SEGAL

via email - Purchasing@stocktongov.com

DISCLAIMER: The City does not assume any liability of responsibility for errors/omissions in any document transmitted electronically.

Dated: August 14, 2014

BONNIE PAIGE
CITY CLERK OF THE CITY OF STOCKTON

BIDDER'S CHECKLIST

CITY OF STOCKTON / PURCHASING DIVISION

Did You:

- * ___ Complete the following bid documents (FROM THIS PACKET ONLY SUBMIT PAGES 15 to 56):
 - * ___ Complete and sign the "Bid to be Submitted" form.
 - * ___ Sign the "Bidder's Agreement" form. **Include (with bid) name and e-mail address for City contact, if different from signatory.**
 - * ___ Sign and notarize by jurat certificate the "Non-Collusion Affidavit" form. An "All-Purpose Acknowledgment" form will not be sufficient.
 - * ___ Recheck your math on each item extension and total column. Do not superimpose numerals on your bid forms. If erasures or interlineations appear on your bid form, they must be initialed by the person preparing the bid.
 - * ___ Answer questionnaire and submit with bid package.
- * ___ Submit one (1) ORIGINAL of all bid documents and one (1) CD with an electronic version of the bid documents to the City. Also, submit a similar courtesy copy to Segal.
- * ___ Review all clarifications/questions/answers on the City's website at <http://www.stocktongov.com/services/business/bidflash/default.html>
- * ___ Deliver sealed bid to City Hall, City Clerk's Office (1st floor), 425 North El Dorado Street, Stockton, CA 95202, before **THURSDAY, SEPTEMBER 11, 2014, at 2:00 p.m.** Sealed bid shall be marked "Bid" and indicate project name, number, and bid opening date.

Please note that some overnight delivery services do not deliver directly to the City Clerk's Office. This could result in the bid arriving in the City Clerk's Office after the bid opening deadline and therefore not being accepted. NOTE: The Stockton City Clerk's office is closed from 12 noon to 1 p.m. for lunch.

 - A) **BID – VOLUNTARY BENEFITS**
 - B) **PUR 14-019**
 - C) **SEPTEMBER 11, 2014**

For Information on Technical Data or Bid Process/Clarification, contact:

Tami Matuska, HUMAN RESOURCES, City of Stockton
Concepcion Gayotin, PURCHASING, City of Stockton
Tom Morrison, SEGAL

via email - Purchasing@stocktongov.com

*If not completed as required, your bid may be voided.

***DISCLAIMER:** The City does not assume any liability or responsibility for errors/omissions in any document transmitted electronically.

*THIS FORM IS FOR YOUR INFORMATION ONLY AND DOES NOT NEED TO BE SUBMITTED WITH YOUR BID.

**REQUEST FOR SEALED BIDS
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1.0 GENERAL INFORMATION

1.1 REQUEST FOR SEALED BID

The purpose of this sealed bid is to request bidders to present their qualifications and capabilities to provide voluntary benefits **(PUR14-019)** for the City of Stockton.

1.2 INVITATION TO SUBMIT A BID

Bids shall be submitted no later than **2:00 p.m., on THURSDAY, SEPTEMBER 11, 2014**, in the office of:

CITY CLERK
CITY OF STOCKTON
425 NORTH EL DORADO STREET
STOCKTON, CA 95202-1997

The bid should be firmly sealed in an envelope which shall be clearly marked on the outside, "VOLUNTARY BENEFITS for the City of Stockton (PUR14-019)". Additionally, submit one (1) CD with an electronic version of the bid documents. Any bid received after the due date and time indicated will not be accepted and will be deemed rejected and returned, unopened, to the bidder.

Also, submit a similar courtesy copy of the bid document and the CD to Segal at:

The Segal Company
c/o Tom Morrison
330 North Brand Blvd., Ste. 1100
Glendale, CA 91203

The timeliness of bid submission and its acceptance will be determined by the City of Stockton. Any portion or documents submitted to Segal, but not submitted to the City of Stockton will not be accepted.

No unsolicited material will be accepted after the submittal date.

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1.3 LOCAL BUSINESS PREFERENCE

Stockton Municipal Code Section 3.68.090 reads as follows:

Preference shall be given to the purchase of supplies, materials, equipment, and contractual services from local merchants, quality and price being equal. Local merchants who have a physical business location within the boundaries of San Joaquin County, and who have applied for and paid a business license tax and registration fee pursuant to Stockton Municipal Code Title 5, Chapter 5.08, License Taxes, shall be granted two (2) percent bid preference. Local merchants who have a physical business location within the boundaries of the City of Stockton, and who have applied for and paid a business license tax and registration fee pursuant to Stockton Municipal Code Title 5, Chapter 5.08, License Taxes, shall be granted five (5) percent bid preference. This section is intended to provide preference in the award of certain City contracts in order to encourage businesses to move into and expand within the City. (Ord. 2014-03-18-1601 C.S. § 1; prior code § 3-106.1)

1.4 CONSEQUENCE OF SUBMISSION OF BID

- A. The City shall not be obligated to respond to any bid submitted nor be legally bound in any manner by the submission of a bid.
- B. Acceptance by the City of a bid obligates the bidder to enter into a contract with the City.
- C. A contract shall not be binding or valid against the City unless or until it is executed by the City and the bidder.
- D. Statistical information contained in these documents is for informational purposes only. The City shall not be responsible for the accuracy of said data. City reserves the right to increase or decrease the project scope.

1.5 EXAMINATION OF BID MATERIALS

The submission of a bid shall be deemed a representation and warranty by the bidder that it has investigated all aspects of the bid, that it is aware of the applicable facts pertaining to the bid process and its procedures and requirements, and that it has read and understands the bid. No request for modification of the provisions of the bid shall be considered after its submission on the grounds the bidder was not fully informed as to any fact or condition. Statistical information which may be contained in the bid or any addendum thereto is for informational purposes only. The City disclaims any responsibility for this information which may subsequently be determined to be incomplete or inaccurate.

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1.6 ADDENDA AND INTERPRETATION

The City will not be responsible for, nor be bound by, any oral instructions, interpretations, or explanations issued by the City or its representatives. Any request for clarifications/questions/answers of a bid shall be made in writing/e-mail and deliverable to:

Tami Matuska, HUMAN RESOURCES, CITY OF STOCKTON
Concepcion Gayotin, PURCHASING, CITY OF STOCKTON
Tom Morrison, SEGAL

email - Purchasing@stocktongov.com

Such request for clarification shall be delivered to the City by August 21, 2014. Any City response to a request for clarifications/questions/answers will be posted on the City's website at <http://www.stocktongov.com/services/business/bidflash/default.html> by August 28, 2014, and will become a part of the bid. The bidder should await responses to inquiries prior to submitting a bid.

1.7 DISQUALIFICATION

Any of the following may be considered cause to disqualify a bidder without further consideration:

- A. Evidence of collusion among bidders;
- B. Any attempt to improperly influence any member of the evaluation panel;
- C. Any attempt to communicate in any manner with a City of Stockton elected official during the bid process will, and shall be, just cause for disqualification/rejection of bidder's bid submittal and considered non-responsive.
- D. A bidder's default in any operation of a contract which resulted in termination of that contract; and/or
- E. Existence of any lawsuit, unresolved contractual claim, or dispute between bidder and the City.
- F. No person, firm, or corporation shall be allowed to make or file or be interested in more than one bid for the same supplies, services, or both; provided, however, that subcontract bids to the principal bidders are excluded from the requirements of this section: Section 3.68.120 of the Municipal Code.

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1.8 INFORMAL BID REJECTED

A bid shall be prepared and submitted in accordance with the provisions of these bid instructions and specifications. Any alteration, omission, addition, variance, or limitation of, from, or to a bid may be sufficient grounds for rejection of the bid. The City has the right to waive any defects in a bid if the City chooses to do so. The City may not accept a bid if:

- A. Any of the bid forms are left blank or are materially altered;
- B. Any document or item necessary for the proper evaluation of the bid is incomplete, improperly executed, indefinite, ambiguous, or missing.

1.9 CONDITIONS TO BE ACCEPTED IF ANY WORK IS SUBCONTRACTED

- A. The bidder assumes full responsibility, including insurance and bonding requirements, for the quality and quantity of all work performed.
- B. If bidder's supplier(s) and/or subcontractor's involvement requires the use of a licensed, patented, or proprietary process, the bidder of the process is responsible for assuring that the subcontractor, supplier, and/or operator have been properly authorized to use the process or for providing another process which is comparable to that which is required prior to submission of a bid.

1.10 LICENSING REQUIREMENTS

Any professional certifications or licenses that may be required will be the sole cost and responsibility of the successful bidder.

A City of Stockton Business license may be required for this project. Please contact the City of Stockton Business License Division at (209) 937-8313.

1.11 INSURANCE REQUIREMENTS

Bidder, at bidder's sole cost and expense and for the full term of the resultant contract or any extension thereof, shall obtain and maintain at least all of the insurance requirements listed in attached Exhibit 1.

Proof of insurance coverage for personal injury and property damage, including commercial, general and automobile liability and contractual liability shall be provided in the amount of not less than \$1,000,000 and in a form acceptable to

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the City. The City of Stockton shall be named an additional insured by separate endorsement. Vendor shall provide notice to the City of any change in or limitation of coverage or of cancellation no less than 30 days prior to the effective date. Proof of worker's compensation coverage pursuant to statutory requirements shall also be provided.

All policies, endorsements, and certificates shall be subject to approval by the Risk Manager of the City to Stockton as to form and content. These requirements are subject to amendment or waiver if so approved in writing by the Risk Manager.

Maintenance of proper insurance coverage is a material element of this contract and that failure to maintain or renew coverage or to provide evidence of renewal may be treated as a material breach of contract.

All coverage shall be provided by a carrier authorized to transact business in California and shall be primary.

The Proponent shall assert that these insurance requirements will be met as part of their proposal response. *Failure to comply with these insurance requirements may result in a proposal being deemed unresponsive.* Proponent shall satisfy these insurance requirements concurrently with the signing of the contract prior to commencement of work. *It is strongly suggested that insurance requirements be reviewed with Proponent's broker to ensure any additional costs are included in the proposal pricing component.*

Any questions pertaining to insurance requirements, please contact City of Stockton Risk Services at (209) 937-5037.

1.12 HOLD HARMLESS DEFENSE CLAUSE

Contractor agrees to indemnify, save, hold harmless, and at City's request, defend the City, its officers, agents, and employees from any and all costs and expenses (including attorney and legal fees), damages, liabilities, claims, and losses occurring or resulting to the City in connection with the performance, or failure to perform, by Contractor, its officers, agents, sub-contractors, employees, or anyone directly or indirectly employed by any of them, or anyone for whose acts any of them may be liable under this Agreement, and from any and all costs and expenses (including attorney and legal fees), damages, liabilities, claims, and losses occurring or resulting to any person, firm, or corporation who may be injured or damaged by the performance, or failure to perform, of Contractor, its officers, agents, or employees under this Agreement. The duty to defend and the duty to indemnify are separate and distinct obligations. The City's acceptance of

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the insurance certificates required under this Agreement does not relieve the Consultant from its obligation under this paragraph. The indemnification obligations of this section shall survive the termination of this agreement.

The proponent shall assert that these indemnification/Hold Harmless provisions will be adhered to as part of their proposal. *Failure to agree with this language may result in a proposal being deemed unresponsive.*

1.13 APPLICABLE LAW

This agreement shall be governed by the laws of the State of California. Venue shall be proper in the Superior Court of the State of California, county of San Joaquin, Stockton Branch, or, for actions brought in Federal Court, the United States District Court for the Eastern District of California, Sacramento Division.

1.14 METHOD OF PAYMENT

Payment will be made within thirty (30) days after invoices are received and accepted by the City Manager or designee. Invoices are to be rendered monthly.

1.15 NOTICE TO OUT-OF-STATE BIDDER

The City of Stockton will pay all applicable sales/use tax directly to the State of California for this purchase.

It is the policy of the City of Stockton to pay all applicable California sales/use tax directly to the State Board of Equalization (BOE) pursuant to California Revenue and Taxation Code 7051.3. The City of Stockton will self-accrue all sales/use tax on purchases made from out-of-state bidders.

Sales and use tax on purchases made by the City of Stockton from all companies located outside California and whose products are shipped from out of state will be remitted to the BOE directly by the City under permit number **SR KHE 28-051174 DP**. **Please do not include sales/use tax on the invoice that you submit to the City of Stockton.**

1.16 TERM

Term of the agreement(s) with selected Contractors will commence July 1, 2015 for three years, with an option to renew the contract for two consecutive one-year terms, upon the mutual consent of both parties.

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1.17 COMPETITIVE PRICING

Bidder warrants and agrees that each of the charges, economic or product terms or warranties granted pursuant to this Contract are comparable to or better than the equivalent charge, economic or product term or warranty being offered to any similarly situated commercial or other government customer of bidder. If bidder enters into any arrangements with another customer of bidder to provide product under more favorable charges, economic or product terms or warranties, bidder shall immediately notify CITY of such change and this Contract shall be deemed amended to incorporate the most favorable charges, economic or product terms or warranties.

1.18 FUNDING

Any contract which results from this bid will terminate without penalty at the end of the fiscal year in the event funds are not appropriated for the next fiscal year.

If funds are appropriated for a portion of the fiscal year, this contract will terminate without penalty, at the end of the term for which funds are appropriated.

1.19 UNCONDITIONAL TERMINATION FOR CONVENIENCE

The City may terminate the resultant contract for convenience by providing a sixty (60) calendar day advance notice unless otherwise stated in writing.

1.20 AUDITING OF CHARGES & SERVICES

The City reserves the right to periodically audit all charges and services made by the bidder to the City for services provided under the contract. Upon request, the bidder agrees to furnish the City with necessary information and assistance.

1.21 AWARD

Upon conclusion of the bid process, a contract may be awarded for VOLUNTARY BENEFITS for the City of Stockton.

The City reserves the right to make an award on any item, quantity of any item, group of items, or in the aggregate to that/those bidder(s) whose bid(s) is/are most responsive to the needs of the City. Further, the City reserves the right to reject any and all bids (or alternate bids), or waive any informality in the bid as is in the City's best interest.

Consideration will be given in comparing bids and awarding a contract, not only to the dollar amount of the bids, but also to:

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- Kind
- Suitability
- Standardization
- Delivery time
- Any other criteria as best suits the City of Stockton
- Compatibility resulting in the lowest ultimate cost; Best value to the City

1.22 CHANGES

The City's Representative has the authority to review and recommend or reject change orders and cost bids submitted by the bidder or as recommended by the bidder's project manager, pursuant to the adopted City of Stockton Standard Specifications.

1.23 OTHER GOVERNMENTAL AGENCIES

If mutually agreeable to all parties, the use of any resultant contract/purchase order may be extended to other political subdivisions, municipalities, or tax supported agencies.

Such participating governmental bodies shall make purchases in their own name, make payment directly to successful bidder and be liable directly to the successful bidder, holding the City of Stockton harmless.

1.24 PRODUCT OWNERSHIP

Any documents, products or systems resulting from the contract will be the property of the City of Stockton.

1.25 CONFIDENTIALITY

If bidder believes that portions of a bid constitute trade secrets or confidential commercial, financial, geological, or geophysical data, then the bidder must so specify by, at a minimum, stamping in bold red letters the term "**CONFIDENTIAL**" on that part of the bid which the bidder believes to be protected from disclosure. The bidder must submit in writing specific detailed reasons, including any relevant legal authority, stating why the bidder believes the material to be confidential or a trade secret. Vague and general claims as to confidentiality will not be accepted. The City will be the sole judge as to whether

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a claim is general and/or vague in nature. All offers and parts of offers that are not marked as confidential may be automatically considered public information after the contract is awarded. **The bidder is hereby put on notice that the City may consider all or parts of the offer public information under applicable law even though marked confidential.**

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2.0 BACKGROUND/GENERAL NATURE OF SERVICE

The City currently offers voluntary insurance products such as Term Life, Permanent Life, Accident Only, Cancer and Specified illness through American Fidelity.

Services

You are asked to provide the same services that are currently in place, with an anticipated effective date of July 1, 2015; however, you will be required to work with City staff prior to the effective date of the contract for transition and open enrollment services. Please refer to **Attachment A – Premium Rate and Benefit Deviations and Attachment B for the plan information**. Complete the fee tables and note any deviations in Attachment A. If no deviations are noted, you are agreeing to duplicate the current coverage exactly.

Current Enrollment Information

VOLUNTARY BENEFITS:

	Current Enrollment
Life	92 policies/83 subscribers
Accident	74
Cancer (to its employees)	53
Specified Illness (to its employees)	3

*Note: A person can have more than one account

Effective Date of Contracts

The contract for all services will be effective July 1, 2015

Commissions

Your bid must exclude commissions

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2.1 SUMMARY OF PROCESS AND REQUIREMENTS

A. Questions

All questions must be submitted via email (Purchasing@stocktongov.com) to the City of Stockton.

Questions will be posted in full, along with the responses on the website.

Inquiries are not to be directed to any individuals affiliated with or employed by Segal. Such unauthorized communication may disqualify the bidder from further consideration. However, Segal reserves the right to discuss any part of any response for the purpose of clarification. Bidders will be given equal access to any communications regarding the bid that take place between Segal and other bidders. All information will be posted in the City of Stockton's Bidflash Page: <http://www.stocktongov.com/services/business/bidflash/default.html>

B. Bid Content

Bids must contain responses to the Questionnaire of this document, as well as the associated fees under Table 1A of the Bid To Be Submitted page.

C. Bid Submittal

1. Bidder must submit the following by 2 PM (Pacific Standard Time), Thursday, SEPTEMBER 11, 2014.

To the City: one (1) CD, one (1) signed original

To Segal: one (1) CD, one (1) complete copy of the bid

Please submit electronic documents in either Word or Excel format if applicable.

2. Bids must be enclosed in a sealed envelope or package and clearly marked as follows:

**BID – VOLUNTARY BENEFITS
PUR 14-019
SEPTEMBER 11, 2014**

- a. Official copy to: CITY CLERK
CITY OF STOCKTON
425 NORTH EL DORADO STREET
STOCKTON, CA 95202-1997

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b. Courtesy copy to: TOM MORRISON
THE SEGAL COMPANY
330 NORTH BRAND BLVD, SUITE 1100
GLENDALE, CA 91203

3. No unsolicited material will be accepted after the submittal date.
4. Bids shall remain confidential until the contract(s), if any, resulting from this process are awarded. Thereafter, all information submitted in response to this bid shall be deemed public record. Please see information under Section 1.25 regarding the submission of confidential or proprietary data.
5. Bidder, by submitting its bid, agrees that any costs incurred by bidder in responding to this bid are to be borne by the bidder and may not be billed to the City of Stockton.
6. The bid due date is subject to change. If the bid due date is changed, all known recipients of the original bid will be notified of the new date. The City reserves the right to reject any or all bids.

D. Duration of Bid

All bids will remain in effect and legally binding for at least 180 days from the submittal date.

E. Additional Requirements

1. Right to Audit – The successful bidder will be required to allow the City the full right to audit.
2. Plan Rules – The bidder agrees to accept any specified eligibility or benefit rules established by the City. Any proposed modifications to the specified eligibility or benefit must be clearly pointed out in the appropriate section of the bid.
3. Transfer of Records – In the event of contract termination, the administrator agrees to transfer to the City (or to a successor administrator) within 30 days of termination notice all data and participant records necessary for the continued administration of the plans. The administrator must agree to continue operations until the transfer of data has been completed.
4. All record documents and data shall be the property of the City and not the administrator.

BID DOCUMENTS

- A) BID – VOLUNTARY BENEFITS
- B) PUR 14-019
- C) SEPTEMBER 11, 2014

COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL: _____

BID TO BE SUBMITTED

PREMIUM QUOTATION FORM

1. Rates shown must be valid for a July 1, 2015 effective date and may not expire prior to the award of contract made by The City.
2. Rates must be guaranteed for the specified contract period on the Fee Quotation Form.
3. Any start-up costs, development of communications materials and any other charges must be included in the base fees.
4. All underwriting rules/restrictions that apply to rates quoted must be listed as an attachment to the rate exhibit. You may not place contingencies on your bid based upon variations in enrollment.
5. You are to assume no changes to the current eligibility rules.
6. Your proposal should be based on administering the current benefits. Please list any benefits that your company cannot administer as requested in Attachment A.
7. If premium/rates are based on an age-basis, please include rates at all age banks.

PREMIUM RATE TABLE

TABLE 1A

Please complete the Premium Rate tables in Attachment A (in Excel format) for each of the five Voluntary Insurance Benefits listed below. If you do not offer one or more of these benefits, please indicate.

- 1. Term Life**
- 2. Permanent Life**
- 3. Accident Only**
- 4. Cancer**
- 5. Specified Illness**

I/We agree to provide policies for the City of Stockton employees, in accordance with the provisions and specifications listed in this Bid.

FIRM

ADDRESS

SIGNATURE OF AUTHORIZED PERSON

TITLE

NAME OF AUTHORIZED PERSON

DATE SIGNED

() _____
TELEPHONE

IF YOU DO NOT WISH TO BID, PLEASE RETURN YOUR BID IMMEDIATELY STATING REASON.

List of all services that are included in premium fees. (Please specify all services as this list will be included in a contract agreement should your firm be selected).

List of optional services your company can provide which are not included in the noted premium fees, along with associated fees.

PERFORMANCE GUARANTEES

The City will require specific performance guarantees. In addition, you may provide other guarantees designed to differentiate your program. Unless noted, all guarantees shall be set and measured annually. Measurement of performance guarantees may be based on internal self-reporting, subject to independent audit.

Guarantee	Penalty	Standard	Frequency
Achieve a minimum of 99% financial accuracy			
Process 99% of claims within 30 calendar days			
Answer 90% of calls within 30 seconds			
Implementation guarantee			once
Respond to 95% of written inquires within 20 calendar days			
Resolve 95% of written inquiries within 30 calendar days			
Resolve 95% of telephone inquiries within 1 calendar day			
Maintain call abandonment rate below 5%			
Respond to 95% of client inquires within 10 calendar days			
Resolve 99% of appeals within 60 calendar days			
Achieve 95% of Coding Accuracy			
TOTAL			

Table to be completed by bidder.

BIDDER'S AGREEMENT

In submitting this bid, as herein described, the bidder agrees that:

1. They have carefully examined the specifications and all other provisions of this form and understand the meaning, intent, and requirements of same;
2. They have reviewed and understand all clarifications/questions/answers on the City's website at: <http://www.stocktongov.com/services/business/bidflash/default.html>;
3. They will enter into written contract and furnish the item(s)/service(s) in the time specified in strict conformity with the specifications and conditions contained therein for the price quoted by the bidder on this bid;
4. The proposed price is inclusive of all freight and handling charges and includes delivery to the City of Stockton, Human Resources Department, or if specified, to the alternate point of delivery shown in the specifications;
5. They have signed and notarized the attached Non-Collusion Affidavit form whether individual, corporate or partnership. Must be "A Jurat" notarization;

FIRM	ADDRESS
SIGNATURE OF AUTHORIZED PERSON	TITLE
NAME OF AUTHORIZED PERSON	DATE SIGNED
()	E-MAIL ADDRESS
TELEPHONE	

NOTE: *Bids are invalid if submitted unsigned.* If erasures or interlineations appear on your bid form, they must be initialed by the person preparing the bid. Bids shall be mailed or delivered to:

**OFFICE OF THE CITY CLERK
FIRST FLOOR, CITY HALL
425 NORTH EL DORADO STREET
STOCKTON, CALIFORNIA 95202-1997**

on or before **2:00 p.m. THURSDAY, SEPTEMBER 11, 2014**, and publicly opened immediately thereafter in the City Council Chambers. Courtesy copy shall be sent to Segal.

SPECIAL NOTE: U.P.S. OR OTHER SPECIAL HANDLING SERVICES DO NOT DELIVER DIRECTLY TO THE CITY CLERK'S OFFICE. BIDDERS ARE ADVISED THAT IF A SPECIAL HANDLING SERVICE IS USED, BIDS MAY NOT REACH THE CITY CLERK'S OFFICE IN TIME FOR BID OPENING AND WILL BE REJECTED AND RETURNED TO BIDDER.

BID QUESTIONNAIRE

Questionnaire Instructions to Vendors

*****DO NOT ALTER THE QUESTIONS OR QUESTION NUMBERING*****

- Provide an answer to each question even if the answer is “not applicable” or “unknown.” Incomplete questionnaires may be cause for disqualification.
- If your response to a question differs by the type of coverage you are proposing, provide a separate response for each coverage and clearly indicate to which coverage your response pertains.
- Answer the question as directly as possible.
 - If the questions asks “How many...” provide a number.
 - If the question asks, “Do you...” indicate Yes or No **first**, followed by your additional narrative explanation.
- Responses should not exceed 200 words in length.
- Responses should not refer to your appendix/attachments for further information.
- Vendor will be held accountable for accuracy/validity of all answers.
- Remember, BID responses will become part of the contract between the winning Vendor and the City.

NOTE: Please make sure to include an electronic copy of your completed questionnaire in Word on the CD with your response.

ALL QUESTIONS REGARDING THIS BID SHALL BE MADE IN WRITING/E-MAIL AND DELIVERABLE TO THE CITY OF STOCKTON AS INDICATED ON PAGE 5 - SECTION 1.6 ADDENDA AND INTERPRETATION.

DO NOT ALTER THE QUESTIONS.

A. GENERAL REQUIREMENTS

For this section of the questionnaire, answer the question/requirement with a simple “Yes” or “No” answer. If you answer “No” to any of the questions/requirements in this section, please explain the response at the end of the section. The explanation will be reviewed; however, failure to agree to all of the terms requested in this section may cause the City to deem your proposal non-responsive.

1. Do you agree that if this proposal results in your company being awarded a contract and if, in the preparation of that contract, there are inconsistencies between what was proposed and accepted versus the contract language that has been generated and executed, that any controversy arising over such discrepancy will be resolved in favor of the language contained in the proposal or correspondence relating to your proposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Will you agree to be bound by the terms of your proposal until a final contract is executed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you agree to all the terms and conditions in Section I of this Bid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. You will be required to issue the Contract <u>within thirty (30) calendar days</u> after being given a <i>Notice of Intent to Award</i> unless waived by the City. Please confirm your acceptance of this requirement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Confirm that your contract contains no fees/cost to the City.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Other than the quoted premium rates in the financial section of this Bid, there should not be any other charges or fees of any kind that will or could apply to the City such as start-up costs, booklets or printing. The fees quoted shall include all services and supplies that could reasonably be expected to be provided to the City during the course of your administration of the plans. Confirm your agreement to this requirement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Please confirm that there will be no adjustments to the proposed fees and/or rates based on actual enrollment or subsequent shifts in enrollment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Please confirm that your proposed rates are guaranteed for three years from July 1, 2015 through June 30, 2018.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. The City requires that it maintain the right to terminate the contract at any time with no financial penalty provided that it gives 60 days advance written notification to the contractor. Do you agree to this provision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you agree to the provision that changes in premium rate may only occur on the anniversary date unless required by mandatory benefit changes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you agree to include a minimum of 180 days’ advanced notice of renewal rates in your contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Confirm that you agree to waive any and all actively at-work restrictions and pre-existing condition limitations for employees enrolled in the plan on the contract effective date and waive any pre-existing limitation for employees that enroll after the policy effective date. Contract should include such language.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Will you agree to accept any specified eligibility rule(s) established by the City?	<input type="checkbox"/> Yes <input type="checkbox"/> No

14. Will you guarantee that all insureds (including COBRA participants), who would have continued to be covered on the plan effective date if there had been no change in carriers, will be covered by your policy on the plan effective date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Will you agree to include in your contract a hold harmless provision that indemnifies the City against liability that arises as the result of negligent acts, errors, omissions, fraud and other criminal acts committed by your network providers, officers, employees, and agents of the organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Do you agree to maintain compliance with HIPAA privacy and security for the duration of the contract with the City and after it ends?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Confirm that your company is in compliance with all state and federal laws applicable to the programs you are proposing or the services you will provide.	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Confirm your understanding that you will be required to work with City staff prior to the effective date of the contract for transition and open enrollment services.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain any “No” answers provided in the requirements above:

YOUR BID MUST INCLUDE ANSWERS TO EACH OF THESE QUESTIONS

GENERAL INFORMATION	VENDOR RESPONSE
<p>1. What are your company's most recent claims paying ability rating? (If you are not rated by one or more of these organizations, please state so).</p>	<p align="center">Rating Date</p> <p>AM Best</p> <p>Standard & Poor</p> <p>Fitch</p> <p>Moody's</p> <p>Other/Not Rated (circle one and explain)</p>
<p>2. Has there been any change in your ratings in the last 2 years? If yes, please explain the nature and reason(s) for the change.</p>	
<p>3. Has your organization acquired, been acquired by, or merged with another organization in the past 24 months?</p>	
<p>4. Please confirm that you will provide all benefit deviations in Attachment A. If no deviations are listed in Attachment A, you are agreeing to duplicate current coverage exactly.</p>	
<p>5. Describe how premium will be billed and collected, when premium is due, grace periods, and the process for late payment charges. Include the interest rate credited to early payment, and interest rate charged for late payments.</p>	
<p>6. Assuming that a policy terminates on a policy anniversary, will a regular annual financial accounting report be made of the most recently completed policy year? What if termination occurs off the anniversary date?</p>	
<p>7. Do you agree that upon termination of an insurance contract with your company, your company would remain liable for all pending and unreported claims incurred prior to the termination date?</p>	
<p>8. a. Will your rates be guaranteed for all coverage for the requested time period beginning on the policy effective date?</p> <p>b. Thereafter, will your rates be guaranteed for each succeeding full twelve-month period or longer period as negotiated?</p>	
<p>c. Will this provision be included in your contract?</p>	

GENERAL INFORMATION	VENDOR RESPONSE
9. Where is the office located that would handle the general servicing of this account?	
10. Do you agree to attend onsite City meetings during the year, as requested, including a yearly benefits fair?	
<p>11. What is the minimum amount of implementation lead-time you need in order to initiate services for the City?</p> <p>Provide a general timetable of the major events that need to take place during implementation (along with estimated dates) in order to coordinate a smooth implementation of your services by the effective date of the contract with the City.</p>	
12. List any transition issues the City should consider with respect to moving services from an existing vendor to your services.	
13. Indicate the toll-free phone number the City's enrollees will call.	
<p>14. Indicate your standard and "after" business hours and days:</p> <p>STANDARD BUSINESS DAYS</p> <p>STANDARD BUSINESS HOURS</p> <p>NON-BUSINESS DAYS</p> <p>"AFTER" BUSINESS HOURS</p>	
15. Explain any of your current contractual relationships with a third-party firm in which the third party firm will be paid by the City either directly or indirectly (e.g. % of savings) during the course of the contract with this City.	
16. Do you agree that you will not assign or transfer the rights or obligations of the contract or any portion thereof, without the prior written approval of the City?	
17. Describe any pending or closed lawsuits against your organization in the past 2 years.	
18. If your company is awarded this business, how soon after notification of the award would you be able to have a draft contract?	

VOLUNTARY BENEFITS – All five benefits

If your response to a question differs by the type of coverage you are proposing, provide a separate response for each coverage and clearly indicate to which coverage your response pertains.

GENERAL INFORMATION QUESTIONS	VENDOR RESPONSE
1. Do you agree to waive all pre-existing condition provisions or give credit for partial completion of the waiver period for employees and dependents presently covered under the group insurance program?	
2. It is the intention of the Client that no employee suffer a loss of coverage by virtue of a change in vendors other than by plan design. Indicate your agreement to this stipulation.	
3. Do you require an employee to be actively-at-work and dependents to be non-hospital confined on the effective date?	
4. a. If you are not able to waive actively at work, explain how you will ensure that no employee loses coverage under discontinuance and replacement? b. List any other takeover limitations and/or restrictions.	
5. Do you agree to grandfather existing insurance amounts for all currently covered employees and dependents so that evidence of insurability is not required?	
6. a. If the current participation is below your minimum, will you agree to your proposed rates using current participation as your minimum? b. What happens if this minimum participation is not achieved?	
7. Please confirm that you will provide a copy of the Evidence of Coverage booklets for your product.	
8. Indicate the location of the claims office which will serve the City’s employees.	
9. Does your system support on-line, real-time claim and eligibility inquiries?	

GENERAL INFORMATION QUESTIONS	VENDOR RESPONSE
<p>10. Do you agree that:</p> <p>a. If you were provided any individually identifiable health information (IIHI) in order to price this bid, you are prohibited from using the IIHI for any purpose other than as required by law and further, agree to promptly destroy such IIHI if you are NOT the successful bidder?</p> <p>b. If you receive individually identifiable health information (IIHI) in order to perform underwriting, premium rating, or other activities relating to the renewal or replacement of a contract of health insurance or health benefits, that you will protect such IIHI as required by HIPAA Privacy regulations?</p>	
<p>11. What are the minimum and maximum policy issue ages?</p>	
<p>12. Does your plan offer guaranteed issue coverage?</p>	
<p>13. Can the employee purchase coverage on their spouse and/or child if the employee does not participate?</p>	
<p>14. Does your plan pay regardless of any other insurance program benefits?</p>	
<p>15. Does your plan include a benefit reduction at a specified obtained age? If yes, what is the reduction schedule?</p>	
<p>16. Are benefits guaranteed-renewable for life?</p>	
<p>17. If approved for Waiver of Premium, are premiums waived back to the date of disability or only after the elimination period is satisfied?</p>	
<p>18. What options are available to participants in the event the City terminates their contract with your firm?</p>	
<p>19. Please provide sample communication for this benefit?</p>	
<p>20. Address how you collect premiums from an employee who is on Leave Without Pay (LWOP) status?</p>	

<i>VOLUNTARY PERMANENT LIFE ONLY</i>	VENDOR RESPONSE
1. Will you agree to permit annual open enrollment periods at which time evidence of insurability will not be required for participants increasing coverage levels and/or adding coverage for dependents?	
2. Does your accelerated life benefit apply to the following coverage types: a. Voluntary Employee Life b. Voluntary Spouse Life c. Voluntary Child Life	
3. If an employee qualifies for the Waiver of Premium under the Voluntary Life contract, will the premium for covered dependents also be waived?	
4. When does the City have to make a premium adjustment for an employee that moves to a new age band (birth date, July 1, at renewal)?	
5. Does your plan allow an employee who experiences a family status change to increase coverage up to the guaranteed issue amount without evidence of insurability?	
6. Upon takeover, provide an explanation of when you will offer enrollments whereby an employee can increase their coverage for themselves or dependents. Provide all information under the following two scenarios. If these offerings add to the cost of coverage, please identify the additional increase in the rates. a. First Policy Year b. Annual Open Enrollments	
7. Describe how premium will be billed and collected, when premium is due, grace periods, and the process for late payment charges. Include the interest rate credited to early payment, and interest rate charged for late payments.	
8. Do you agree to provide a complete financial accounting report for the group? Please attach a sample of an actual report (naturally, omitting any means of identifying the policyholder).	
9. a. Does your contract include a conversion option?	

<i>VOLUNTARY PERMANENT LIFE ONLY</i>	VENDOR RESPONSE
b. What provisions apply to the conversion option if the master contract is terminated?	
10. Does the policy offer portability?	

<i>VOLUNTARY TERM LIFE ONLY</i>	VENDOR RESPONSE
1. Will you agree to permit annual open enrollment periods at which time evidence of insurability will not be required?	
2. Does your accelerated death benefit apply to the following coverage types:	
a. Employee Life	
b. Spouse Life	
c. Child Life	
3. If an employee qualifies for the Waiver of Premium under the Life contract, will the premium for covered dependents also be waived?	
4. Does your plan allow an employee who experiences a family status change to increase coverage up to the guaranteed issue amount without evidence of insurability?	
5. Upon takeover, provide an explanation of when you will offer enrollments whereby an employee can increase their coverage for themselves or dependents. Provide all information under the following two scenarios. If these offerings add to the cost of coverage, please identify the additional increase in the rates.	
First Contract Year	
Annual Open Enrollments	
6. Describe how premium will be billed and collected, when premium is due, grace periods, and the process for late payment charges. Include the interest rate credited to early payment, and interest rate charged for late payments.	
7. Do you agree to provide a complete financial accounting report for the group? Please attach a sample of an actual report (naturally, omitting any means of identifying the policyholder).	

<i>VOLUNTARY TERM LIFE ONLY</i>	VENDOR RESPONSE
8. a. Does your contract include a conversion option?	
b. What provisions apply to the conversion option if the master contract is terminated?	
9. Does the policy offer portability?	

<i>VOLUNTARY ACCIDENT ONLY</i>	VENDOR RESPONSE
1. Describe how premium will be billed and collected, when premium is due, grace periods, and the process for late payment charges. Include the interest rate credited to early payment, and interest rate charged for late payments.	
2. Do you agree to provide a complete financial accounting report for the group? Please attach a sample of an actual report (naturally, omitting any means of identifying the policyholder).	
3. a. Does your contract include a conversion option?	
b. What provisions apply to the conversion option if the master contract is terminated?	
4. Does the policy offer portability?	
5. Does your plan pay benefits if the participant is receiving both inpatient and outpatient treatment of covered accidents?	

<i>VOLUNTARY CANCER ONLY</i>	VENDOR RESPONSE
1. Does your plan pay benefits if the participant is receiving both inpatient and outpatient treatment of covered illness?	
2. Describe how premium will be billed and collected, when premium is due, grace periods, and the process for late payment charges. Include the interest rate credited to early payment, and interest rate charged for late payments.	

3. Do you agree to provide a complete financial accounting report for the group? Please attach a sample of an actual report (naturally, omitting any means of identifying the policyholder).	
4. a. Does your contract include a conversion option?	
b. What provisions apply to the conversion option if the master contract is terminated?	
5. Does the policy offer portability?	

<i>VOLUNTARY SPECIFIED ILLNESS ONLY</i>	VENDOR RESPONSE
1. Can the employee purchase coverage on their dependent children?	
2. Once a benefit is paid for a covered illness, does the policy end or is coverage available for any other covered illness?	
3. Any limitations on number of claims?	
4. Do pre-existing condition limitations exist in your policy? If so, please define pre-existing conditions.	
5. Describe how premium will be billed and collected, when premium is due, grace periods, and the process for late payment charges. Include the interest rate credited to early payment, and interest rate charged for late payments.	
6. Do you agree to provide a complete financial accounting report for the group? Please attach a sample of an actual report (naturally, omitting any means of identifying the policyholder).	
7. a. Does your contract include a conversion option?	
b. What provisions apply to the conversion option if the master contract is terminated?	
8. Does the policy offer portability?	

EXHIBIT 1 – INSURANCE REQUIREMENTS

VOLUNTARY BENEFITS CONSULTANT

CONSULTANT shall procure and maintain for the duration of the Agreement, insurance against all claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the CONSULTANT, its agents, representatives, volunteers, or employees.

1. **INSURANCE** Throughout the life of this Contract, the Consultant shall pay for and maintain in full force and effect with an insurance company admitted by the California Insurance Commissioner to do business in the State of California and rated not less than “A: VII” in Best Insurance Key Rating Guide, the following policies of insurance:
 - A. **AUTOMOBILE LIABILITY** insurance, endorsed for “any auto” with the following limits of liability: Bodily Injury \$250,000 each person, and \$500,000 each occurrence. Property Damage \$100,000 each occurrence.
 - B. **WORKERS’ COMPENSATION** insurance as required under the California Labor Code and Employers Liability Insurance with limits not less than \$1,000,000 per accident/injury/disease.
 - C. **COMMERCIAL OR COMPREHENSIVE GENERAL LIABILITY AND MISCELLANEOUS SUPPLEMENTARY INSURANCE;**

FOR **ADDITIONAL** REQUIREMENT(S):

- (i) **COMMERCIAL OR COMPREHENSIVE GENERAL LIABILITY** insurance which shall include Contractual Liability, Products and Completed Operations coverage’s, Bodily Injury and Property Damage Liability insurance with combined single limits of not less than \$1,000,000 per occurrence, and \$2,000,000 Aggregate limit.
- (ii) **PROFESSIONAL LIABILITY/ERRORS AND OMISSIONS**, Not less than \$1,000,000 per Claim/\$2,000,000 Aggregate (3 yr discovery and reporting tail period coverage). Certificate of Insurance only required.

Deductibles and Self-Insured Retentions must be declared and are subject to approval by the CITY.

The Policy(s) shall also provide the following:

- 1 The Commercial General Liability insurance shall be written on ISO approved occurrence form with additional insured endorsement naming: *City of Stockton, its Mayor, Council, officers, representatives, agents, employees and volunteers are additional insureds.*
2. All insurance required by this Agreement shall be with a company acceptable to the CITY and issued and executed by an admitted insurer authorized to transact insurance business in the State of California. Unless otherwise specified by this Agreement, all such insurance shall be written on an occurrence basis, or, if the policy is not written on an occurrence basis, such policy with the coverage required herein shall continue in effect for a period of three years following the date CONSULTANT completes its performance of services under this Agreement.
3. For any claims related to services or products provided under this contract, the Consultant’s insurance coverage shall be primary insurance as respects the City of Stockton its officers, agents, and employees. Any coverage maintained by the CITY shall be excess of the

Consultant's insurance and shall not contribute with it. Policy shall waive right of recovery (waiver of subrogation) against the CITY.

4. Each insurance policy required by this clause shall have a provision that coverage shall not be cancelled by either party, except after thirty (30) days' prior to written notice by certified mail, return receipt requested, has been given to the CITY. Further, the thirty (30) day notice shall be unrestricted, except for workers' compensation, or non-payment of premium, which shall permit ten (10) days advance notice. The insurer and/or the contractor and/or the contractor's insurance agent shall provide the CITY with notification of any cancellation, major change, modification or reduction in coverage.
5. Regardless of these contract minimum insurance requirements, the Consultant and its insurer shall agree to commit the Consultant's full policy limits and these minimum requirements shall not restrict the Consultant's liability or coverage limit obligations.
6. Coverage shall not extend to any indemnity coverage for the active negligence of the additional insured in any case where an agreement to indemnify the additional insured would be invalid under Subdivision (b) of Section 2782 of the California Civil Code.
7. The Company shall furnish the City of Stockton with the Certificates and Endorsement for all required insurance, prior to the CITY's execution of the Agreement and start of work.
8. Proper address for mailing certificates, endorsements and notices shall be:

City of Stockton
Attention: Risk Services
425 N. El Dorado Street
Stockton, CA 95202
9. Upon notification of receipt by the CITY of a Notice of Cancellation, major change, modification, or reduction in coverage, the Consultant shall immediately file with the CITY a certified copy of the required new or renewal policy and certificates for such policy.

Any variation from the above contract requirements shall only be considered by and be subject to approval by the CITY's Risk Manager (209) 937-8617. Our fax is (209) 937-8558.

If at any time during the life of the Contract or any extension, the Consultant fails to maintain the required insurance in full force and effect, all work under the Contract shall be discontinued immediately. Any failure to maintain the required insurance shall be sufficient cause for the CITY to terminate this Contract.

If the Consultant should subcontract all or any portion of the work to be performed in this contract, the Consultant shall cover the sub-contractor, and/or require each sub-contractor to adhere to all subparagraphs of these Insurance Requirements section. Similarly, any cancellation, lapse, reduction or change of sub-contractor's insurance shall have the same impact as described above.

ATTACHMENT A – PREMIUM RATE TABLES

City of Stockton
 Attachment A - Voluntary Benefit - Term Life Insurance
 Monthly Premium - Rate per \$1,000

	Proposed Rates (Non-Nicotine)	Proposed Rates (Nicotine)
Supplemental Employee Life		
Employee		
Under 25		
25-29		
30-34		
35-39		
40-44		
45-49		
50-54		
55-59		
60-64		
65-69		
70+		

	Proposed Rates (Non-Nicotine)	Proposed Rates (Nicotine)
Supplemental Spouse Life		
Employee		
Under 25		
25-29		
30-34		
35-39		
40-44		
45-49		
50-54		
55-59		
60-64		
65-69		
70+		

	Proposed Rates (Non-Nicotine)	Proposed Rates (Nicotine)
Waiver of Premium		
Employee		
Under 25		
25-29		
30-34		
35-39		
40-44		
45-49		
50-54		
55-59		
60-64		
65-69		
70+		

ATTACHMENT A

Accidental Death Benefit

	Proposed Rates (Non-Nicotine)	Proposed Rates (Nicotine)
Employee		
Under 25		
25-29		
30-34		
35-39		
40-44		
45-49		
50-54		
55-59		
60-64		
65-69		
70+		

Spouse Term Rider

	Proposed Rates (Non-Nicotine)	Proposed Rates (Nicotine)
Under 25		
25-29		
30-34		
35-39		
40-44		
45-49		
50-54		
55-59		
60-64		
65-69		
70+		

Children's Term Rider

	Per Family
Rate	

ATTACHMENT A

City of Stockton
Attachment A - Voluntary Benefit - Term Life Insurance
Benefit Deviations

Note: Below is a benefit summary only. Please refer to Attachment B for other details. You must list all deviations here. Otherwise, it will be assumed that your proposed coverage exactly duplicates the coverage provided in Attachment B.

Plan Features

Employee Issue Maximum	Current	Benefit Deviations
Ages 18-49	\$200,000	
Ages 50-65	\$100,000	
Spouse Issue Maximum		
With Employee Coverage		
Ages 18-49	\$50,000	
Ages 50-60	\$25,000	
Issue Minimum		
10 Year & 20 Year Term	\$25,000	
30 Year Term	\$10,000	
Issue ages		
10 Year Term	18-65	
20 Year Term	18-60	
30 Year Term	18-50	
30 Year Term (OR)	18-48	
Rates Based on Issue Age	Your premiums will be based on your age at the date your policy becomes effective.	
Nicotine and Non-nicotine Rates	You can be eligible for reduced rates if you are a non-smoker.	
Competitive Premiums	Competitive premiums for the term period selected. Rates will be adjusted upon renewal.	
Portable	You own the policy. Take the coverage with you if choose to leave your current job or retire.	
Medical Exams	None	
Interim Coverage	Your coverage starts when you sign the application. The premium payor must be actively at work at the time of the Insured's death.	
Accelerated Death Benefit	You can receive a portion of the chosen death benefit if you are diagnosed with a terminal condition, as defined in the policy.	

ATTACHMENT A

Plan Riders

Waiver of Premium	Current	Benefit Deviations
Benefit	Premium of base policy and attached riders waived	
Requirements	Totally disabled for at least six consecutive months	
Issue ages	18-55	
Termination ages	60	
Accidental Death Benefit		
Benefit	Additional death benefit if death is the result of an accident	
Face amount	Equal to the base policy	
Issue ages	18-65	
Termination ages	70	
Spouse Term Rider		
Face amount	Equal to or less than the base policy	
Premium	based on spouse's age and nicotine usage	
Renewal (spouse's age)	up to 90	
Children's Term Rider		
Benefit for all eligible children for one premium	\$10,000 or \$20,000	
Issue ages (children's ages)	1 month to age 18	
Termination ages (children's ages)	25, or marriage if prior	
Notes	Covered child may convert rider for up to five times the amount of coverage to any form of permanent insurance.	

Other Deviations:

ATTACHMENT A

City of Stockton
 Attachment A - Voluntary Benefit - Permanent Life Insurance
 Monthly Premium - Rate per \$1,000

	Proposed Rates (Non-Nicotine)	Proposed Rates (Nicotine)
Supplemental Employee Life		
Employee		
Under 25		
25-29		
30-34		
35-39		
40-44		
45-49		
50-54		
55-59		
60-64		
65-69		
70+		

	Proposed Rates (Non-Nicotine)	Proposed Rates (Nicotine)
Supplemental Spouse Life		
Employee		
Under 25		
25-29		
30-34		
35-39		
40-44		
45-49		
50-54		
55-59		
60-64		
65-69		
70+		

Child and Grandchild Rate	Per Family
----------------------------------	-------------------

Waiver of Premium

	Proposed Rates (Non-Nicotine)	Proposed Rates (Nicotine)
Employee		
Under 25		
25-29		
30-34		
35-39		
40-44		
45-49		
50-54		
55-59		
60-64		
65-69		
70+		

ATTACHMENT A

Accidental Death Benefit

	Proposed Rates (Non-Nicotine)	Proposed Rates (Nicotine)
Employee		
Under 25		
25-29		
30-34		
35-39		
40-44		
45-49		
50-54		
55-59		
60-64		
65-69		
70+		

Children's Term Rider

	Per Family
Rate	

ATTACHMENT A

City of Stockton
Attachment A - Voluntary Benefit - Permanent Life Insurance
Benefit Deviations

Note: Below is a benefit summary only. Please refer to Attachment B for other details. You must list all deviations here. Otherwise, it will be assumed that your proposed coverage exactly duplicates the coverage provided in Attachment B.

Plan Features

Employee Issue Maximum	Current	Benefit Deviations
Ages 18-49	\$200,000	
Ages 50-65	\$100,000	
Ages 66-70	\$10,000	
Spouse Issue Maximum		
With Employee Coverage		
Ages 18-49	\$50,000	
Ages 50-60	\$25,000	
Child & Grandchild Issue Maximum		
Ages 1 month-17	\$30,000	
Issue Minimum	\$10,000	
Issue ages	1 month to age 70	
Rates Based on Issue Age	Your premiums will be based on your age at the date your policy becomes effective for the life of the policy.	
Nicotine and Non-nicotine Rates	You can be eligible for reduced rates if you are a non-smoker.	
Competitive Premiums	You are guaranteed the premium for the life of the policy, up to age 100.	
Portable	You own the policy. Take the coverage with you if choose to leave your current job or retire.	
Medical Exams	None	
Interim Coverage	Your coverage starts when you sign the application. The premium payor must be actively at work at the time of the Insured's death.	
Accelerated Death Benefit	You can receive a portion of the chosen death benefit if you are diagnosed with a terminal condition, as defined in the policy.	

ATTACHMENT A

Plan Riders

Waiver of Premium	Current	Benefit Deviations
Benefit	Premium of base policy and attached riders waived	
Requirements	Totally disabled for at least six consecutive months	
Issue ages	18-55	
Termination ages	60	
Accidental Death Benefit		
Benefit	Additional death benefit if death is the result of an accident	
Face amount	Equal to the base policy	
Issue ages	18-65	
Termination ages	70	
Children's Term Rider		
Benefit for all eligible children for one premium	\$10,000 or \$20,000	
Issue ages (children's ages)	1 month to age 18	
Termination ages (children's ages)	25, or marriage if prior	
Notes	Covered child may convert rider for up to five times the amount of coverage to any form of permanent insurance.	

Other Deviations:

ATTACHMENT A

City of Stockton
Attachment A - Voluntary Benefit - Accident Only Insurance
Monthly Premium

Base Plan Monthly Premiums

	Enhanced	Enhanced Plus
Individual		
Individual & Spouse		
Individual & Child(ren)		
Family		

Optional Accident Disability Income Rider Monthly Premiums

Rates based on \$1,500 Monthly Benefit Amount and a 12-Month Benefit Period

Elimination Period	Individual	Individual & Spouse
0 Days		
14 Days		

City of Stockton
Attachment A - Voluntary Benefit - Accident Only Insurance
Benefit Deviations

Note: Below is a benefit summary only. Please refer to Attachment B for other details. You must list all deviations here. Otherwise, it will be assumed that your proposed coverage exactly duplicates the coverage provided in Attachment B.

Schedule of Benefits	Enhanced & Enhanced Plus (once per policy per calendar year)	
	Current	Deviations
Wellness Benefits for annual routine physical exam, including immunizations and preventative testing. Requires a 30-day waiting period.	\$75	

	Current		Deviations	
	Enhanced	Enhanced Plus	Enhanced	Enhanced Plus
Guaranteed Renewable:				
Emergency Accident Treatment Benefits				
Emergency Accident Treatment Benefit	\$200	\$250		
Accident Follow-up Treatment Benefit (up to four)	\$50	\$50		
Non-Emergency Accident Treatment Benefits				
Non-Emergency Accident Initial Treatment Benefit	\$100	\$125		
Non-Emergency Accident Follow-up Treatment (up to two visits)	\$50	\$50		
Hospital Confinement Benefits				
Hospital Admission	\$1,000	\$1,500		
Intensive Care Confinement (up to 15 days)	\$600	\$900		
Hospital Confinement (up to 365 days)	\$200	\$300		
Medical Imaging Benefits				
MRI, CT, CAT, PET, US	\$200	\$200		
X-Rays	\$100	\$150		
Ambulance Benefits				
Ground	\$300	\$300		
Air	\$1,500	\$1,500		
Transportation Benefits				
Transportation Benefit (Patient Only) (per round trip for up to three round trips per calendar year)	\$300	\$300		
Family Member Lodging and Meals Benefit (per day per Covered Accident for lodging and meals; up to 30 days per confinement)	\$100	\$100		

ATTACHMENT A

Accidental Death Benefit	Current	
Enhanced	Primary	Spouse
Common Carrier	\$100,000	\$100,000
Other Accident	\$30,000	\$30,000
Enhanced Plus	Primary	Spouse
Common Carrier	\$200,000	\$200,000
Other Accident	\$60,000	\$60,000
	Deviations	
	Primary	Spouse
		Child

	Current Benefit Amount	Deviations
Benefits amounts for the following benefits are the same for Enhanced and Enhanced Plus Plans for all covered persons: Primary, Spouse, and Child(ren)		
Accidental Treatment Benefits		
Fractures Benefit		
<i>Depending on Open or Closed Reduction, Bone Involved, or Chip Fracture.</i>	From \$25 - up to \$3,000	
Lacerations Benefit		
Not Requiring Sutures	\$25	
Sutured Lacerations up to Two Inches	\$100	
Sutured Lacerations Totalling Two to Six Inches	\$200	
Sutured Lacerations Totalling Over Six Inches	\$400	
Appliances Benefit (crutches, leg braces, etc.)	\$100	
Torn Knee Cartilage or Ruptured Disc Benefit	\$500	
Eye Injury Benefit		
Injury with surgical repair, for one or both eyes	\$250	
Removal of foreign body by a Physician, for one or both eyes	\$50	
Dislocations Benefit		
<i>Depending on Open or Closed Reduction, with or without anesthesia and joint involved. No other amount will be paid under this benefit.</i>	From \$25 - up to \$3,000	
Concussion Benefit	\$200	
Burns Benefit - 2nd Degree Burns (% of body surface)		
Less than 10%	\$100	
10% to 25%	\$250	
25% to 35%	\$500	
More than 35%	\$1,000	
<i>(Skin Grafts are 25% of Burn Benefit)</i>		
Burn Benefit - 3rd Degree Burns		

ATTACHMENT A

Less than 10 square inches	\$1,500
10 to 25 square inches	\$2,500
25 to 35 square inches	\$5,000
More than 35 square inches	\$10,000
(Skin Grafts are 25% of Burn Benefit)	
Internal Injuries Benefit Resulting in Open Abdominal or Thoracic Surgery	\$1,000
Paralysis Benefit	
Quadriplegia	\$10,000
Paraplegia	\$5,000
Tendons, Ligaments and Rotator Cuff Benefit	
One Tendon, Ligament or Rotator Cuff	\$500
More than One Tendon, Ligament or Rotator Cuff	\$750

Plan Riders

Accidental Disability Income	Current	Deviations
Guaranteed Renewable:	Until the Primary Insured reaches age 70	
Requirements	Totally Disabled due to Injuries received in a Covered Accident after satisfying the Elimination Period. To be eligible, the monthly benefit amount cannot exceed 60% of the Primary Insured's monthly salary	
Monthly Benefit Amount	Primary Insured: \$1,500 Spouse: \$750	
Elimination Period	0 Days or 14 Days	
Maximum Benefit Period	12 months	
Coverage Options	Individual age 18-64 or Individual & Spouse age 18-64 Children age as defined in the policy	

ATTACHMENT A

City of Stockton
Attachment A - Voluntary Benefit - Cancer Insurance
Monthly Premiums

Base Plan Monthly Premiums

	Basic			
	<i>Age 18-40</i>	<i>Age 41-50</i>	<i>Age 51-60</i>	<i>Age 61+</i>
Individual				
Single Parent Family				
Family				

	Enhanced			
	<i>Age 18-40</i>	<i>Age 41-50</i>	<i>Age 51-60</i>	<i>Age 61+</i>
Individual				
Single Parent Family				
Family				

	Enhanced Plus			
	<i>Age 18-40</i>	<i>Age 41-50</i>	<i>Age 51-60</i>	<i>Age 61+</i>
Individual				
Single Parent Family				
Family				

Optional Benefit Rider Monthly Premiums

Critical Illness Rider

Rates based on One Unit (\$2,500; Two Units = \$5,000; Three Units = \$7,500; Four Units = \$10,000)

	Age 18-40		Age 41-50	
	<i>Cancer</i>	<i>Heart Attack/Stroke</i>	<i>Cancer</i>	<i>Heart Attack/Stroke</i>
Individual				
Single Parent Family				
Family				
	Age 51-60		Age 61+	
	<i>Cancer</i>	<i>Heart Attack/Stroke</i>	<i>Cancer</i>	<i>Heart Attack/Stroke</i>

Hospital Intensive Care Unit Rider

	<i>Age 18-40</i>	<i>Age 41-50</i>	<i>Age 51-60</i>	<i>Age 61+</i>
Individual				
Single Parent Family				
Family				

City of Stockton

Attachment A - Voluntary Benefit - Cancer Insurance
Benefit Deviations

Note: Below is a benefit summary only. Please refer to Attachment B for other details. You must list all deviations here. Otherwise, it will be assumed that your proposed coverage exactly duplicates the coverage provided in Attachment B.

Schedule of Benefits

	Basic		Current		Deviations	
	Basic	Enhanced	Enhanced	Enhanced Plus	Enhanced	Enhanced Plus
Guaranteed Renewable:						
Screening Benefits						
Diagnostic and Prevention Benefit (per calendar year)	\$45	\$60	\$60	\$75		
Cancer Screening Follow-Up Benefit (per calendar year)	\$45	\$60	\$60	\$75		
Mammography Benefit (per calendar year)	\$150	\$150	\$150	\$150		
Treatment Benefits						
Radiation Therapy/Chemotherapy/Immunotherapy Benefit (per calendar month)	\$1,000	\$1,500	\$1,500	\$2,000		
Medical Imaging Benefit (per image - max 2 per calendar year)	\$100	\$200	\$200	\$300		
Hormone Therapy Benefit (per treatment - max 12 treatments/calendar year)	\$50	\$50	\$50	\$50		
Administrative/Lab Work Benefit (per calendar month)	\$50	\$75	\$75	\$100		
Blood, Plasma, and Platelets Benefit (per day) (per calendar year max)	\$100	\$150	\$150	\$200		
Bone Marrow/Stem Cell Transplant Benefit	\$5,000	\$7,500	\$7,500	\$10,000		
Autologous (Patient provided) (per calendar year)	\$500	\$1,000	\$1,000	\$1,500		
Non-autologous (Donor provided) (per calendar year)	\$1,500	\$3,000	\$3,000	\$4,500		
Hospitalization Benefits						
Hospital Confinement Benefit (per day for the first 30 days of Hospital Confinement)	\$100	\$200	\$200	\$300		
Drugs & Medicine Benefit	\$200	\$400	\$400	\$600		
Hospital Confinement (per Confinement)	\$100	\$200	\$200	\$300		
Outpatient (per prescription - \$50 monthly max for Basic; \$100 for Enhanced; \$150 for Enhanced Plus)	\$50	\$50	\$50	\$50		
Attending Physician (per day while Hospital Confined)	\$30	\$40	\$40	\$50		
U.S. Government/Charity Hospital or HMO (per day - pays in lieu of most benefits)						
Hospital Confinement	\$100	\$200	\$200	\$300		
Outpatient Services	\$100	\$200	\$200	\$300		
Ambulance, Transportation, & Lodging Benefits						

City of Stockton - Voluntary Benefits Bid - Attachment A Rate Sheet

Cancer - Benefit

ATTACHMENT A

Ambulance Benefit (per trip - max 2 trips any combination per confinement)						
Ground	\$200	\$200	\$200	\$200	\$200	
Air	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	
Transportation & Lodging Benefit (Patient and/or Family)						
Transportation (\$1,500 max round trip; max 12 trips/calendar year)	Coach fare or \$0.50/mile by car					
Outpatient Lodging (per day up to 90 days per calendar year)	\$40	\$60	\$60	\$80	\$80	
Surgical Treatment Benefits						
Surgical Benefit (per surgical unit - \$2,000 max for Basic; \$3,000 max for Enhanced; \$4,000 max for Enhanced Plus per operation)	\$20	\$30	\$30	\$40	\$40	
Anesthesia Benefit	25% of the amount paid for covered surgery	25% of the amount paid for covered surgery	25% of the amount paid for covered surgery	25% of the amount paid for covered surgery	25% of the amount paid for covered surgery	
Outpatient Hospital or Ambulatory Surgical Cancer Benefit (per day)	\$200	\$400	\$400	\$600	\$600	
Second & Third Surgical Opinion Benefit (per diagnosis)	\$300	\$300	\$300	\$300	\$300	
Continuing Care Benefits						
Prosthesis Benefit Non-Surgical (per device - 1 per site, lifetime max of 3)	\$100	\$150	\$150	\$200	\$200	
Surgical Implantation (per device, includes surgical fee - 1 per site, lifetime max of 2)	\$1,000	\$1,500	\$1,500	\$2,000	\$2,000	
Hair Prosthesis (once per life)	\$100	\$150	\$150	\$200	\$200	
Extended Care Facility Benefit (per day for up to the same number of days of paid Hospital Confinement)	\$50	\$75	\$75	\$100	\$100	
Physical or Speech Therapy Benefit (per visit up to 4 per calendar month - lifetime max of \$1,000)	\$25	\$25	\$25	\$25	\$25	
Hospice Care Benefit (per day - \$9,000 lifetime max for Basic; \$13,500 lifetime max for Enhanced; \$18,000 lifetime max for Enhanced Plus)	\$50	\$75	\$75	\$100	\$100	
Home Health Care Benefit (per day for up to the same number of days of paid Hospital Confinement)	\$50	\$75	\$75	\$100	\$100	

Cancer - Benefit

City of Stockton - Voluntary Benefits Bid - Attachment A Rate Sheet

ATTACHMENT A

Plan Riders Schedule of Benefits

	Current Lifetime Benefits reduced by 50% at age 70	Deviations
Guaranteed Renewable:		
Critical Illness		
Cancer Benefit (per unit - maximum \$10,000)	\$2,500	
Heart Attack/Stroke Benefit (per unit - maximum \$10,000)	\$2,500	
Hospital Intensive Care Unit		
ICU Confinement Benefit (per day up to 30 days)	\$600	
Ambulance Benefit (per admission in an ICU)	\$100	

Other Deviations:

ATTACHMENT A

City of Stockton

Attachment A - Voluntary Benefit - Specified Illness Insurance
Monthly Premiums

Base Plan Monthly Premiums

NON-NICOTINE	Age	Individual	Individual & Spouse	Individual & Children	Family
\$15,000	18-25				
	26-30				
	31-35				
	36-40				
	41-45				
	46-50				
	51-55				
	56-60				
\$20,000	61-64				
	18-25				
	26-30				
	31-35				
	36-40				
	41-45				
	46-50				
	51-55				
\$25,000	56-60				
	61-64				
	18-25				
	26-30				
	31-35				
	36-40				
	41-45				
	46-50				

NICOTINE	Age	Individual	Individual & Spouse	Individual & Children	Family
\$15,000	18-25				
	26-30				
	31-35				
	36-40				
	41-45				
	46-50				
	51-55				
	56-60				
\$20,000	61-64				
	18-25				
	26-30				
	31-35				
	36-40				
	41-45				
	46-50				
	51-55				

ATTACHMENT A

\$25,000	18-25				
	26-30				
	31-35				
	36-40				
	41-45				
	46-50				
	51-55				
	56-60				
61-64					

Sudden Death Cardiac Arrest Benefit Rider Monthly Premiums

NON-NICOTINE	Age	Individual	Individual & Spouse	Individual & Children	Family
\$15,000	18-25				
	26-30				
	31-35				
	36-40				
	41-45				
	46-50				
	51-55				
	56-60				
\$20,000	61-64				
	18-25				
	26-30				
	31-35				
	36-40				
	41-45				
	46-50				
	51-55				
\$25,000	56-60				
	61-64				
	18-25				
	26-30				
	31-35				
	36-40				
	41-45				
	46-50				
51-55					
56-60					
61-64					

NICOTINE	Age	Individual	Individual & Spouse	Individual & Children	Family
\$15,000	18-25				
	26-30				
	31-35				
	36-40				
	41-45				
	46-50				
	51-55				
	56-60				
61-64					

ATTACHMENT A

\$20,000	18-25				
	26-30				
	31-35				
	36-40				
	41-45				
	46-50				
	51-55				
	56-60				
	61-64				
\$25,000	18-25				
	26-30				
	31-35				
	36-40				
	41-45				
	46-50				
	51-55				
	56-60				
	61-64				

ATTACHMENT A

City of Stockton
Attachment A - Voluntary Benefit - Specified Illness Insurance
Benefit Deviations

Note: Below is a benefit summary only. Please refer to Attachment B for other details. You must list all deviations here. Otherwise, it will be assumed that your proposed coverage exactly duplicates the coverage provided in Attachment B.

Schedule of Benefits

	Cardiac Screening Benefit (per calendar year per Covered Person)	
	Current	Deviations
This benefit features eight qualified tests, including, but not limited to, stress test, echocardiogram, electrocardiogram (EKG), and blood glucose testing.	\$75	

Choose from three lump sum benefit amounts at the time of application:	Deviations
Guaranteed Renewable: Until the Primary Insured reaches age 75	
\$15,000	
\$20,000	
\$25,000	

Critical Illness Benefits <i>Pays once per Covered Person for each Critical Illness shown below.</i>	Second Occurrence Date Benefit <i>Pays an additional 50% of the lump sum benefit amount.</i>	Deviations
Heart Attack Benefit Pays full lump sum benefit amount.	X	
Coronary Artery Bypass Surgery Benefit Pays 25% of benefit amount. Payment will reduce the Heart Attack Benefit.	No Second Occurrence Date Benefit	
Coronary Angioplasty Benefit Pays \$500. indemnity amount. Payment will reduce the Heart Attack Benefit.	No Second Occurrence Date Benefit	
Stroke Benefit (Permanent damage due to a Stroke) Pays full lump sum benefit amount.	X	
Major Burns Benefit Pays full lump sum benefit amount.	X	
Permanent Paralysis Benefit Pays full lump sum benefit amount.	X	
Coma Benefit Pays full lump sum benefit amount.	X	
Major Organ Failure Benefit Pays full lump sum benefit amount.	X	
End Stage Renal Failure Benefit Pays full lump sum benefit amount.	No Second Occurrence Date Benefit	
Coverage	Coverage is available for spouse/domestic partner at 100% of the benefit amount and for eligible child(ren) up to age 26 at 25% of the benefit amount	

ATTACHMENT A

Plan Riders

Sudden Death Due To A Cardiac Arrest Benefit	Current	Benefit Deviations
Guaranteed Renewable:	Until the Primary Insured reaches age 75	
Benefit	Pays following the date of Sudden Death Due To Cardiac Arrest at 100% of the Critical Illness benefit amount	

ATTACHMENT B – PLAN INFORMATION



Term Life Insurance

10, 20 & 30 Year Renewable & Convertible Term Life Insurance



Easy Application Process • No Medical Exams¹ • Excellent Customer Service • [Learn More](#) >>

AAF American Fidelity Assurance Company

Our Family, Dedicated To Yours.™

ATTACHMENT B

Term Life Insurance

Life Insurance is an important factor in any family's financial protection. It is impossible for life insurance to emotionally compensate for a loss, but it can help ease the financial obligations placed upon those for whom you care. Term life insurance is a great option for your working and earning years when expenses are usually the highest.

American Fidelity Assurance Company's Term Life Insurance offers an affordable solution that provides:

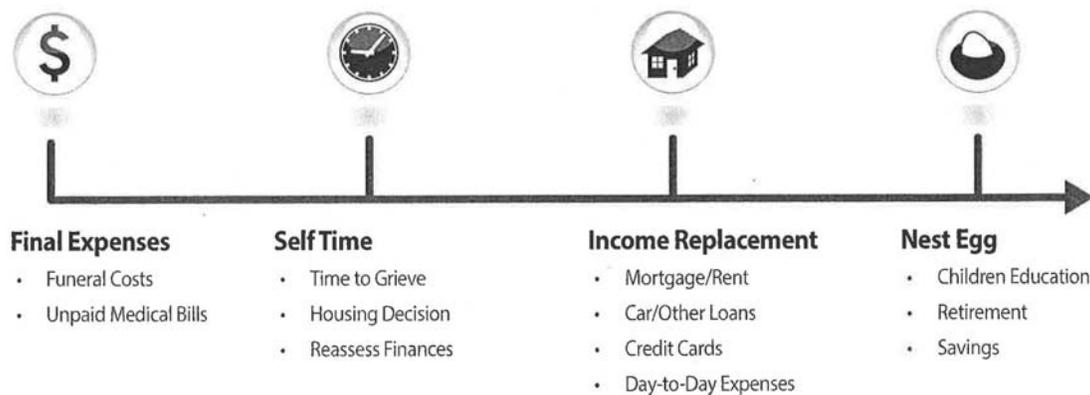
- **Level premium***
- **Guaranteed level death benefit****
- **Death benefit amount that is generally paid free from federal income tax**

**The premiums are guaranteed level for each applicable period.*

***Guaranteed during the initial term period you choose.*

Why You Need Life Insurance

Life Insurance should be a part of your financial plan for you and your family. Consider the following expenses when choosing the right life insurance plan for you.



How It Works

Term Life Insurance is a policy that covers you during your earning years when you need it the most. You choose the specific period of time...10, 20, or 30 years, that is best for you and your family. You may renew the policy at the end of the term period until the Insured reaches age 90. The premium rate is adjusted on each renewal. Also, you may convert to a whole life insurance policy before the policy anniversary following age 75.

If you choose the 10 or 20 Year Term Life Plan, the renewal date will be every 10 or 20 years until the policy anniversary following age 70 or 60, respectively. Thereafter, premiums are renewable annually. The 30 Year Term Life Plan is renewable annually after the initial term period. All term plans expire the policy anniversary following age 90.

Plan Features

Employee Issue Maximum

Ages 18-49: \$200,000

Ages 50-65: \$100,000

Spouse Issue Maximum

With Employee Coverage

Ages 18-49: \$50,000

Ages 50-60: \$25,000

Issue Minimum

10 Year & 20 Year Term: \$25,000

30 Year Term: \$10,000

Issue ages

10 Year Term: 18-65

20 Year Term: 18-60

30 Year Term: 18-50

30 Year Term (OR): 18-48

Rates Based on Issue Age

Your premiums will be based on your age at the date your policy becomes effective.

Nicotine and Non-nicotine Rates

You can be eligible for reduced rates if you are a non-smoker.

Easy Application Process

This policy requires no medical exams, and minimal health questions¹.

Competitive Premiums

Competitive premiums for the term period selected. Rates will be adjusted upon renewal.

Portable

You own the policy. Take the coverage with you if choose to leave your current job or retire.

No Medical Exams¹

You don't have to worry about participating in any invasive medical exams to be issued coverage.

Interim Coverage²

Your coverage starts when you sign the application. The premium payor must be actively at work at the time of the Insured's death.

Accelerated Death Benefit

You can receive a portion of the chosen death benefit if you are diagnosed with a terminal condition, as defined in the policy.

Enhance Your Plan³

Waiver of Premium

This rider waives the premium if the base Insured becomes totally disabled, as defined in the rider, for at least six consecutive months. Premiums are waived for the base policy and any attached riders. If your total disability ceases, simply resume premium payments; there is no requirement for payment of back premiums. Premium rates may be adjusted upon renewal. Issue age is 18-55. The rider terminates at age 60.

Accidental Death Benefit

This rider provides the Insured an additional death benefit if death is the result of an accident. The face amount is equal to the face amount of the base policy. Issue age is 18-65. The rider terminates at insured's age 70.

Spouse Term Rider

This rider provides level term life insurance coverage on your spouse. The premiums for this rider are based on the spouse's age and nicotine usage. Premiums adjust at each renewal period based on the attained age of the spouse at the beginning of each renewal period. Coverage may be renewed for each additional renewal period up to the spouse's age 90, while the base policy is in force. Face amount must be equal to or less than the base policy.

Children's Term Rider

This rider provides level term life insurance protection for all your eligible children who are between the ages of one month through age 18 (In MI and PA age 17). Coverage remains on each child until age 25 or marriage of the child prior to age 25. Your covered child may also convert this rider for up to five times the amount of coverage to any form of permanent insurance offered by American Fidelity. One premium covers all eligible children. Two benefit levels are available: \$10,000 and \$20,000.

¹ Issuance of the policy may depend on the answer to these questions.

² The Insured will be covered from the date of the application if insurable for the requested coverage on the date the policy takes effect. The Interim Coverage will remain in force until the policy has been issued or declined.

³ Additional riders are subject to our general underwriting criteria and coverage is not guaranteed. Rider availability may vary by state.

Accelerated Benefit Summary And Disclosure Notice

The life product you are applying for includes an Accelerated Benefit Provision, which allows a portion of the death benefit to be paid if the Insured should become terminally ill. There is no extra premium associated with this provision. Any Accelerated Benefit paid will be treated as a lien against the policy proceeds.

The maximum accelerated benefit payable is the lesser of \$50,000, or 50% of the eligible proceeds as defined in the policy or rider. The total accelerated benefit payment under all policies and riders issued by us on any one life will not exceed \$100,000. (\$100,000 maximum does not apply in Illinois, Florida, New Jersey, Pennsylvania and Vermont.) You have the right to request an accelerated benefit up to the maximum available. If the amount is less than the maximum, you have one additional request available for the balance of the benefits. The additional request for benefits must be received within 12 months from the date of the first benefit payment. (The additional request is not available in Connecticut.)

Prior to the payment of any accelerated benefit, the following conditions must be met:

- The Insured must have a terminal illness or injury, as defined in the policy, which with reasonable medical certainty will result in a drastically limited life span of the Insured of 12 months or less. (24 months or less in Illinois and Vermont.)
- The policy and/or the rider must be in force at the time benefits are requested and the Insured must be less than 85 years of age. (Does not apply in Connecticut and Florida.)
- This benefit is not available if you are required by law to use it to meet the claims of creditors, whether in bankruptcy or otherwise; or, if you are required by a government agency to use it in order to apply for, obtain, or otherwise keep a government benefit or entitlement. (Does not apply in Connecticut.)
- We must receive the approval of any irrevocable beneficiaries before an accelerated benefit payment can be approved.
- Any outstanding policy loan, including interest, will be deducted from the Accelerated Benefit payable.

This Accelerated Benefit Provision if elected will have the following effect on your policy:

- Premiums will continue to be billed and payable as due. If the policy enters the grace period, as defined in the policy or rider, the premium due to keep the policy in force will be paid by us. The premiums paid by us will be deducted from the proceeds upon the death of the insured.
- Policy proceeds which are payable on the death of the Insured and Cash Values, where applicable, will be reduced by the amount of the accelerated benefit payment(s) and any premium paid by us.

- We reserve the right to charge a one-time administrative charge that will be deducted from the accelerated benefit. This charge will not exceed the amount stated in the policy or rider. (Charge does not apply in South Carolina. For Virginia, this charge will not exceed \$500.)

This Notice serves only as a summary and a disclosure regarding the Accelerated Benefit Provision. Please refer to your policy or rider for actual contract provisions.

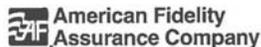
You should consult with a personal tax advisor if you are considering electing the Accelerated Benefit Provision. Benefits as specified in the policy or rider will be reduced upon receipt of an accelerated benefit payment. This is not a long-term care policy. Receipt of accelerated benefit payments may be taxable or may affect your eligibility for benefits under state or federal law. Receipt of Accelerated Benefit payments may also affect you, your spouse or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs.
DN61.R408

Notice To Applicant

Thank you for applying for insurance with American Fidelity Assurance Company. Before we can issue a policy, we must first evaluate or "underwrite" your application. The purposes of this are to: 1) be sure you qualify for the insurance requested; and 2) determine the correct premium rate. Your answers to the questions on the application provide the basis for evaluation. We will use only the information you provide on the application. The information we obtain about you is treated as confidential. We will only disclose your nonpublic financial or medical information to other entities as permitted or required by law. With your prior written authorization, we or our reinsurers may disclose information in our files to other life insurance companies to which you apply for life or health insurance which have first agreed in writing with us to maintain the confidentiality of such information. You have the right to request information about such disclosures, and to know what information is in your file and seek correction of any data that you think is wrong.

M-3238

This brochure does not constitute the full contract and is intended to provide basic information about American Fidelity Assurance Company's Renewable and Convertible Term Life Insurance product, RCTL05 series. For specific details, limitations and exclusions, please consult an actual policy and its provisions. Please consult your tax advisor for your specific situation. This policy is not eligible under Section 125.



Our Family, Dedicated To Yours.™

800-437-1011 • 2000 N. Classen Boulevard • Oklahoma City, Oklahoma 73106 • www.americanfidelity.com

SB-21390-0912



Limited Benefit Accident Only Insurance

Accident Only Insurance

Limited Benefit Accident Only Insurance



Wellness Benefit • Benefits Paid Directly to You • Excellent Customer Service • [Learn More](#) >>

 **American Fidelity
Assurance Company**

Our Family, Dedicated To Yours.®

Accident Only Insurance

Whether you're a weekend warrior with an active lifestyle or the stay-at-home type, accidents can happen to you or your family anytime, anywhere without warning. Being prepared for the unexpected can make all the difference.

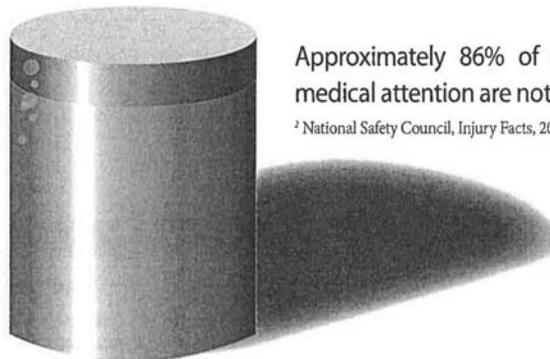
The effects of an accident can go beyond the obvious injury when you consider the expenses associated with treatment. American Fidelity Assurance Company's Limited Benefit Accident Only Insurance can offer a solution to help you and your family cover some of the expenses that can result from an accidental injury.

Total costs of accidental injuries averaged
\$20,351 per injury in 2011.¹

¹ National Safety Council, Injury Facts, 2013 Edition, p. 2-6.

\$20,351

86%



Approximately 86% of accidents requiring medical attention are not work related.

² National Safety Council, Injury Facts, 2013 Edition, p. 2.

How It Works

This plan provides 24-hour coverage for accidents that occur both on and off the job. With more than 25 available benefits, this plan pays for a wide range of benefits and can help offset the financial cost of medical expenses.

American Fidelity's Accident Only Insurance features:

- Benefits paid directly to you, to be used however you see fit.
- Policy is guaranteed renewable for as long as premiums are paid as required.
- You own the policy and can keep the policy if you change employers.

Wellness Benefit

You can receive a benefit for your annual routine physical exam, including immunizations and preventative testing. Requires a 30-day waiting period before use.

Enhanced & Enhanced Plus
(once per policy per calendar year)

\$75

ATTACHMENT B

Schedule of Benefits*

	Enhanced	Enhanced Plus	
Emergency Accident Treatment Benefits			
Emergency Accident Treatment Benefit	\$200	\$250	
Accident Follow-up Treatment Benefit <i>(up to four visits)</i>	\$50	\$50	
Non-Emergency Accident Treatment Benefits			
Non-Emergency Accident Initial Treatment Benefit	\$100	\$125	
Non-Emergency Accident Follow-up Treatment <i>(up to two visits)</i>	\$50	\$50	
Hospital Confinement Benefits			
Hospital Admission	\$1,000	\$1,500	
Intensive Care Confinement <i>(up to 15 days)</i>	\$600	\$900	
Hospital Confinement <i>(up to 365 days)</i>	\$200	\$300	
Medical Imaging Benefits			
MRI, CT, CAT, PET, US	\$200	\$200	
X-Rays	\$100	\$150	
Ambulance Benefits			
Ground	\$300	\$300	
Air	\$1,500	\$1,500	
Transportation Benefits			
Transportation Benefit (Patient Only) <i>(per round trip for up to three round trips per calendar year)</i>	\$300	\$300	
Family Member Lodging and Meals Benefit <i>(per day per Covered Accident for lodging and meals; up to 30 days per confinement)</i>	\$100	\$100	
Accidental Death Benefit			
Enhanced	<i>Primary</i>	<i>Spouse</i>	<i>Child</i>
Common Carrier	\$100,000	\$100,000	\$50,000
Other Accident	\$30,000	\$30,000	\$15,000
Enhanced Plus	<i>Primary</i>	<i>Spouse</i>	<i>Child</i>
Common Carrier	\$200,000	\$200,000	\$100,000
Other Accident	\$60,000	\$60,000	\$30,000

Benefit amounts for the following Benefits are the same for Enhanced and Enhanced Plus Plans for all covered persons: Primary, Spouse, and Child(ren).

	Benefit Amount
Accident Treatment Benefits	
Fractures Benefit <i>Depending on Open or Closed Reduction, Bone Involved, or Chip Fracture.</i>	From \$25 - up to \$3,000
Lacerations Benefit	
Not Requiring Sutures	\$25
Sutured Lacerations up to Two Inches	\$100
Sutured Lacerations Totaling Two to Six Inches	\$200
Sutured Lacerations Totaling Over Six Inches	\$400
Appliances Benefit <i>(crutches, leg braces, etc.)</i>	\$100
Torn Knee Cartilage or Ruptured Disc Benefit	\$500
Eye Injury Benefit	
Injury with surgical repair, for one or both eyes	\$250
Removal of foreign body by a Physician, for one or both eyes	\$50
Dislocations Benefit <i>Depending on Open or Closed Reduction, with or without anesthesia and joint involved. No other amount will be paid under this benefit.</i>	From \$25 - up to \$3,000
Concussion Benefit	\$200
Burns Benefit - 2nd Degree Burns <i>(% of body surface)</i>	
Less than 10%	\$100
10% to 25%	\$250
25% to 35%	\$500
More than 35%	\$1,000
<i>(Skin Grafts are 25% of Burn Benefit)</i>	
Burns Benefit - 3rd Degree Burns	
Less than 10 square inches	\$1,500
10 to 25 square inches	\$2,500
25 to 35 square inches	\$5,000
More than 35 square inches	\$10,000
<i>(Skin Grafts are 25% of Burn Benefit)</i>	
Internal Injuries Benefit <i>Resulting in Open Abdominal or Thoracic Surgery</i>	\$1,000
Paralysis Benefit	
Quadriplegia	\$10,000
Paraplegia	\$5,000
Tendons, Ligaments and Rotator Cuff Benefit	
One Tendon, Ligament or Rotator Cuff	\$500
More than One Tendon, Ligament or Rotator Cuff	\$750

Refer to Plan Benefit Highlights for more complete Benefit Descriptions and limits on the Accident Only Insurance Plan.
*The premium and amount of benefits provided vary based upon the plan selected.

Enhance Your Plan

Accident Disability Income Rider

This rider covers you 24-hours a day and pays a Monthly Benefit Amount if you become Totally Disabled due to Injuries received in a Covered Accident after satisfying the Elimination Period you choose at time of application.

Coverage Options

Monthly Benefit Amount	Elimination Period	Coverage Options
\$1,500	0 Day or 14 Days	Individual or Individual & Spouse

Summary of Accident Disability Income Rider Benefits:

- To be eligible for this coverage, the Monthly Benefit Amount cannot exceed 60% of the Primary Insured's monthly salary.
- The maximum period of time that benefits will be paid for one period of Total Disability due to a Covered Accident is 12 months.
- Total Disability must begin within 90 days after such Covered Accident.
- If you choose to extend coverage to a Spouse, the Spouse's Monthly Benefit Amount is 50% (\$750) of the Primary Insured's Benefit Amount. The spouse must be covered under base policy (AO-03 Series).

** Availability of riders may vary by state and employer. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed.*

Plan Options

You can take advantage of the following options to extend coverage to your family:

- **Individual Plan**
The Insured, age 18 through 64, at the date of policy issue, is the only Covered Person.
- **Individual and Spouse Plan**
The Insured and your Spouse, age 18 through 64, at the date of policy issue.
- **Individual and Child(ren) Plan**
The Insured, age 18 through 64, at the date of policy issue, and each Eligible Child, as defined in the policy. In **UT**, Eligible Child is under age 26. In **ND**, Eligible Child is under 22 years of age, or under 26 years of age if attending an accredited school full-time, as defined in the policy.
- **Family Plan**
The Insured and Spouse, age 18 through 64, at the date of policy issue, and Eligible Children, as defined in the policy. In **UT**, Eligible Child is under age 26. In **ND**, Eligible Child is under 22 years of age, or under 26 years of age if attending an accredited school full-time, as defined in the policy.

Plan Benefit Highlights

Wellness Benefit

After coverage is in force for the waiting period shown, you can receive a benefit for one Covered Person's annual routine physical exam, including immunizations and preventive testing. Services must be supervised by a Physician and a charge must be incurred for the service. The benefit does not apply to dental or eye exams and is payable once per policy per calendar year.

Accident Emergency Treatment Benefit

Payable for a Covered Person who receives emergency treatment in a Physician's office or emergency room within 72 hours of the Covered Accident, including physician fees and emergency services.

Accident Follow-up Treatment Benefit

Payable for necessary follow-up treatment of Injuries by a Physician in addition to the emergency treatment administered within 72 hours of a Covered Accident for up to four treatments per Covered Person per Covered Accident. Not payable for a visit in which a Physical Therapy Benefit or Non-Emergency Follow-Up Benefit is paid.

Non-Emergency Accident Initial Treatment Benefit

Payable for a Covered Person who receives initial medical treatment for Injuries sustained in a Covered Accident when such treatment is received more than 72 hours after the Covered Accident. Initial medical treatment must: (1) be received in a Physician's office or emergency room for Injuries sustained in a Covered Accident; and (2) be the first treatment received by the Covered Person for such Injuries; and (3) occur within 30 days following the Covered Accident. Payable once per Covered Person per Covered Accident.

Non-Emergency Accident Follow-up Treatment Benefit

Payable only if the Non-Emergency Accident Initial Treatment Benefit is payable and later a Covered Person requires additional treatment: we will pay over and above the initial medical treatment administered. We will pay for up to two treatments provided by a Physician per Covered Person per Covered Accident. Not payable for the same visit that the Physical Therapy Benefit or the Accident Follow-Up Benefit is paid.

Hospital Admission Benefit

Pays an indemnity amount per admission when the Covered Person is confined to a Hospital as a result of a Covered Accident. Pays once per Covered Person per Covered Accident. This benefit does not pay for outpatient treatment, emergency room treatment, or a stay of less than 18 hours in an observation unit.

Intensive Care Confinement Benefit

Pays an indemnity amount per day for each day of confinement in an Intensive Care Unit, as defined in the policy, up to 15 days per Covered Person per Covered Accident. This benefit is paid in addition to the Hospital Confinement Benefit amount.

Hospital Confinement Benefit

Pays an indemnity amount per day of confinement when confined for at least 18 hours, up to 365 days per Covered Person per Covered Accident. A hospital is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

Medical Imaging Benefit

Payable for a Covered Person who has either a Magnetic Resonance Imaging (MRI), a Computed Tomography (CT) scan, a Computed Axial Tomography (CAT) scan, a Positron Emission Tomography (PET) scan or an ultrasound.

Ambulance Benefit

If air and ground transportation is required for the same Covered Accident, only the highest benefit will be paid.

Transportation Benefit

Payable for the transportation of a Covered Person who requires specialized treatment and Hospital Confinement in a non-local Hospital due to Injuries sustained in a Covered Accident. A non-local Hospital must be at least 50 miles away, one way, using the most direct route, from the closer of the Covered Person's residence or site of the Covered Accident. Travel must be by scheduled bus, plane, train, or by car. Ambulance service does not qualify for this benefit. The treatment must be prescribed by a Physician and not be available locally.

Accidental Death and Dismemberment Benefit

The applicable benefits apply when a Covered Person's Accidental Death or Dismemberment occurs within 90 days (In **OR & UT**, 180 days) (In **WA**, one year), of a Covered Accident. In the event that Accidental Death and Dismemberment result from the same Covered Accident, only the Accidental Death Benefit will be paid.

Fractures Benefit

Varies based on the bone involved, type of fracture and type of treatment. If the Covered Person fractures more than one bone in a Covered Accident, payment is made for all fractures up to two times the amount for the bone involved that has the highest benefit amount. All fractures must be treated by a Physician.

Lacerations Benefit

This benefit varies based on the severity of the laceration. The lacerations must be repaired or treated by a Physician.

Plan Benefit Highlights, cont'd

Appliances Benefit

Payable for one of the following: crutches, leg braces, back braces, walkers, or wheel chairs. Not payable for Prosthetic Devices. This benefit is payable only once per Covered Person per Covered Accident.

Torn Knee Cartilage or Ruptured Disc Benefit

Payable for surgical repair performed by a Physician.

Eye Injury Benefit

Payable for one or both eyes requiring treatment by a Physician.

Dislocations Benefit

Amount payable varies by the joint involved, type of treatment, and type of anesthesia. If a Covered Person receives more than one Dislocation in a Covered Accident, we will pay for all Dislocations up to two times the amount shown in the Schedule of Benefits for the Dislocation involved that has the highest benefit amount. No other amount will be paid under this benefit. Benefits are payable only for the first dislocation of a joint which occurs while this policy is in force.

Concussion Benefit

Payable for a Covered Person who sustains a concussion and is diagnosed by a Physician within 72 hours of the Covered Accident using any type of medical imaging.

Burns Benefit

Payable for burns received in a Covered Accident when treated by a Physician within 72 hours.

Internal Injuries Benefit

Payable for an open abdominal or thoracic surgery performed within 72 hours of a Covered Accident.

Paralysis Benefit

The duration of the Paralysis must be a minimum of three consecutive months. Paid once per lifetime per Covered Person.

Tendons, Ligaments and Rotator Cuff Benefit

Pays an indemnity amount for the repair of one or more tendons, ligaments, or rotator cuffs per Covered Person per Covered Accident. The tendons, ligaments, or rotator cuff must be treated by a Physician and repaired through surgery.

Blood, Plasma and Platelets Benefit

Pays an indemnity benefit per Covered Person per Covered Accident for blood, plasma and platelets. This benefit does not provide benefits for immunoglobulins. This benefit is payable once per Covered Person per Covered Accident.

Emergency Dental Work Benefit

Pays an indemnity amount for a Covered Person for repair to natural teeth when treated by a Physician or dentist and that is a result of Injuries sustained in a Covered Accident. Initial dental treatment must be received within 72 hours of the Covered Accident. Benefits are paid only once per Covered Person per Covered Accident.

Exploratory Surgery Benefit

Pays an indemnity benefit per Covered Person per Covered Accident when an exploratory surgical operation without surgical repair is performed on a Covered Person for Injuries sustained in a Covered Accident. This benefit is payable for only one exploratory surgery without surgical repair per Covered Person per Covered Accident.

Prosthesis Benefit

Pays an indemnity benefit for a Covered Person who requires the use of a Prosthesis as a result of Injuries sustained in a Covered Accident. This benefit is payable only once per Covered Person per Covered Accident. This benefit is not payable for hearing aids; dental aids; eyeglasses; false teeth; or for cosmetic aids such as wigs.

Physical Therapy Benefit

Pays an indemnity amount for one treatment per day for up to eight treatments by a caregiver licensed in physical therapy when advised by a Physician for Injuries sustained in a Covered Accident. This benefit is not payable for the same visit that the Accident Follow-up Treatment Benefit or Non-Emergency Follow-Up Benefit.

Other Benefits include:

- Ambulatory Surgical Center Benefit
- Anesthesia Benefit
- Dismemberment Benefit

All benefits are only paid as a result of Injuries received in an Accident that occurs while coverage is in force. All treatment, procedures, and medical equipment must be diagnosed, recommended and treated by a Physician. All benefits are paid once per Covered Person per Covered Accident unless otherwise specified in the Limitations and Exclusions section. Premium and amount of Benefits may vary dependent upon Plan selected.

See your policy for more information regarding the benefits listed above.

Limitations and Exclusions

Base Policy

An Accident is defined as a sudden, unexpected and unintended event, which results in bodily injury, which is independent of disease or bodily infirmity or any other cause. This policy will not pay benefits for Injuries received prior to the Effective Date of coverage that are aggravated or re-injured by any event that occurs after the Effective Date (except in **MT**).

No benefits will be provided for an Accident that is caused by or occurs as a result of: intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane; participation in any form of flight aviation other than as a fare-paying passenger in a fully licensed/passenger-carrying aircraft; any act that was caused by war, declared or undeclared, or service in any of the armed forces; participation (in **ID**, as a professional) in any contest of speed in a power driven vehicle for pay or profit; participation in any activity or event while under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; participation in, or attempting to participate in, a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place.); participation (In **ID**, as a professional) in any sport for pay or profit; or participation (In **ID**, as a professional) in parachuting, bungee jumping, rappelling, mountain climbing or hang gliding.

Benefits will not be paid for medical treatment for an Accident received outside the United States or its territories. Benefits will not be paid for services rendered by a member of the immediate family of a Covered Person. In **ID**, if coverage is suspended for any Covered Person during a period of military service, we will refund premiums applicable to that Covered Person during that period on a pro-rata basis upon receipt of your written request.

Accident Disability Income Rider

An Accident is defined as a sudden, unexpected and unintended event, which results in bodily injury, which is independent of disease or bodily infirmity or any other cause. This policy will not pay benefits for Injuries received prior to the Effective Date of coverage that are aggravated or re-injured by any event that occurs after the Effective Date (except in **MT**).

No benefits will be provided for an Accident or Total Disability that is caused by or occurs as a result of: intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane; participation in any form of flight aviation other than as a fare-paying passenger in a fully licensed/passenger-carrying aircraft; any act that was caused by war, declared or undeclared, or service in any of the armed forces; participation in any activity or event while under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; participation in, or attempting to participate in, a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes

place.); participation (In **ID**, as a professional) in any sport for pay or profit; participation (In **ID**, as a professional) in any contest of speed in a power-driven vehicle for pay or profit; participation (In **ID**, as a professional) in parachuting, bungee jumping, rappelling, mountain climbing or hang gliding.

Benefits will not be paid for services rendered or Total Disability verified by a member of the immediate family of a Covered Person. Benefits will not be provided for medical treatment or Total Disability for an Accident received outside the United States or its territories. In **ID**, if coverage is suspended for any Covered Person during a period of military service, we will refund premiums applicable to that Covered Person during that period on a pro-rata basis upon receipt of your written request. Benefits provided by the Accident Disability Income Riders will only be paid for one disability at a time, even if the Covered Person becomes Totally Disabled due to more than one injury or more than one Covered Accident. Benefits are not payable due to an accident occurring during a period of time the Covered Person is incarcerated in any type of penal institution (except in **NE**).

The Covered Person must be age 69 or under; and Total Disability must begin within 90 days of the Covered Accident. For Covered Persons with full-time employment, Totally Disabled (Total Disability) means the Covered Person is unable to perform the material and substantial duties of his or her occupation due to Injuries received in a Covered Accident. Full-time employment means the Covered Person works at a job an average of 15 or more hours per week for wages or benefits.

For Covered Persons without full-time employment, Totally Disabled (Total Disability) means that, due to Injuries received in a Covered Accident, the Covered Person is unable to safely perform two or more Activities of Daily Living without another person's stand-by assistance or verbal cueing. The inability to perform a task must be generally recognized by the medical profession as a consequence of the disabling Accident. Activities of Daily Living, as defined in the rider, are: Continence; Transferring; Dressing; Toileting; and Eating.

The Covered Person must be under the Regular Care and Attendance of a Physician for the condition. If a break in Total Disability occurs during the Elimination Period without the Elimination Period being satisfied, no benefits will be considered for losses that begin after the first 90 days following the Covered Accident.

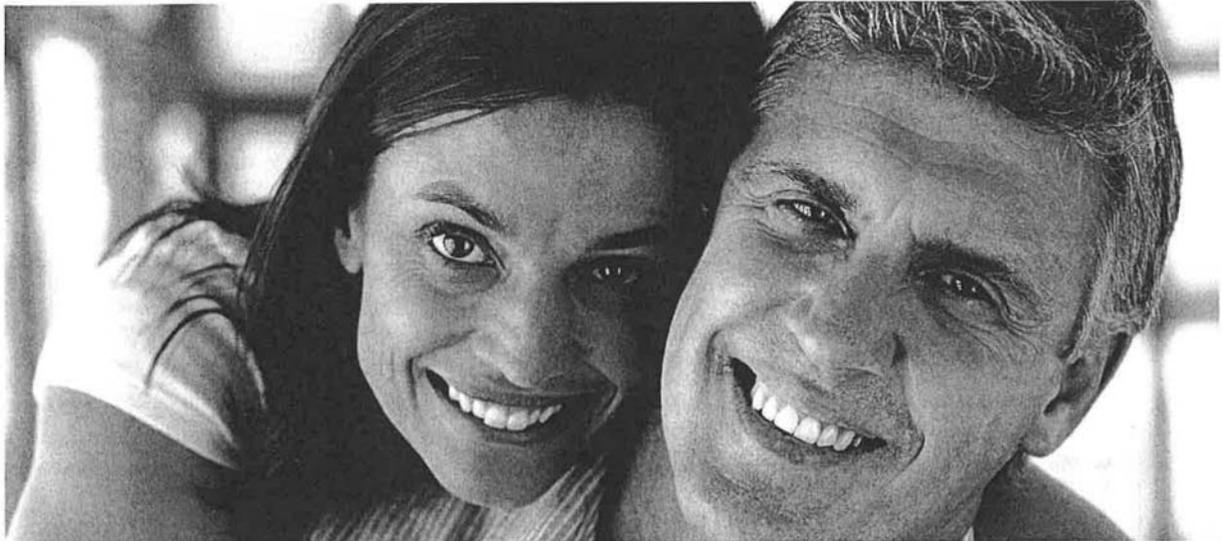
The Maximum Benefit Period is the maximum period of time that benefits will be paid for any one period of Total Disability. Each new Maximum Benefit Period will require the satisfaction of a new Elimination Period.



Limited Benefit Specified Disease Cancer Indemnity Insurance

Cancer Insurance

Limited Benefit Specified Disease Cancer Indemnity Insurance



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Cancer Insurance

A cancer diagnosis can be both a physical and emotional drain. Thanks to advances in medicines and procedures to battle cancer, more and more people are beating this disease. However, with the arrival of these advances also comes the continuing rise in the cost of cancer treatment.

The financial impact of a cancer diagnosis can affect anyone's financial situation. American Fidelity Assurance Company's Limited Benefit Cancer Insurance can offer a solution to help you and your family focus on fighting the disease. This plan may assist with the expenses that may not be covered by medical insurance.

In the U.S., men have slightly less than a 1 in 2 lifetime risk of developing cancer; for women, the risk is a little more than 1 in 3.¹

¹American Cancer Society; Cancer Facts and Figures 2013, pg. 1.



Less Than 1
in 2 Men



More Than 1
in 3 Women

38%
Direct Medical Costs

62%
Indirect Medical Costs



38% of all costs for cancer are direct medical costs, while the remaining 62% of costs are indirect, non-medical costs.²

²American Cancer Society; Cancer Facts and Figures 2013, pg. 3

How It Works

This plan is designed to help cover expenses if you are diagnosed with Cancer. With more than 25 built-in policy benefits, this plan provides benefits for the treatment of cancer, transportation, hospitalization and more. In addition, this is a portable plan so you own the policy. You can take the coverage with you if you choose to leave your current job, and your premiums will not increase because you have left your employment.

American Fidelity's Cancer Insurance features:

- Benefits paid directly to you, to be used however you see fit.
- Policy is guaranteed renewability for as long as premiums are paid as required.
- We have the right to increase premiums by class.
- You own the policy and can keep the policy if you change employers.

Screening Benefit

Receive a benefit for your annual internal cancer screening test, including but not limited to Mammogram, PAP, PSA, and Colonoscopy.

Diagnostic and Prevention Benefit
(per calendar year)

Basic	Enhanced	Enhanced Plus
\$45	\$60	\$75

The premium and amount of benefits provided vary based upon the plan selected.

Plan Options

You can take advantage of the following options to extend coverage to your family:

- **Individual Plan**
The Insured, age 18 through 64, at the date of policy issue, is the only Covered Person.
- **Single Parent Family Plan**
The Insured, age 18 through 64, at the date of policy issue, and each Eligible Child, as defined in the policy.
- **Family Plan**
The Insured and spouse/domestic partner*, age 18 through 64, at the date of policy issue, and Eligible Child, as defined in the policy.

*Domestic Partnership shall be established in California when all of the requirements under Section 297 of the California Family code is met.

ATTACHMENT B

Schedule of Benefits*

	Basic	Enhanced	Enhanced Plus
Screening Benefits			
Diagnostic and Prevention Benefit <i>(per calendar year)</i>	\$45	\$60	\$75
Cancer Screening Follow-Up Benefit <i>(per calendar year)</i>	\$45	\$60	\$75
Mammography Benefit <i>(per calendar year)</i>	\$150	\$150	\$150
Treatment Benefits			
Radiation Therapy/Chemotherapy/ Immunotherapy Benefit <i>(per calendar month)</i>	\$1,000	\$1,500	\$2,000
Medical Imaging Benefit <i>(per image - max 2 per calendar year)</i>	\$100	\$200	\$300
Hormone Therapy Benefit <i>(per treatment - max 12 treatments/calendar year)</i>	\$50	\$50	\$50
Administrative/Lab Work Benefit <i>(per calendar month)</i>	\$50	\$75	\$100
Blood, Plasma, and Platelets Benefit <i>(per day)</i> <i>(per calendar year max)</i>	\$100 \$5,000	\$150 \$7,500	\$200 \$10,000
Bone Marrow/Stem Cell Transplant Benefit Autologous <i>(Patient provided) (per calendar year)</i> Non-autologous <i>(Donor provided) (per calendar year)</i>	\$500 \$1,500	\$1,000 \$3,000	\$1,500 \$4,500
Hospitalization Benefits			
Hospital Confinement Benefit <i>(per day for the first 30 days)</i> <i>(per day after the first 30 days of Hospital Confinement)</i>	\$100 \$200	\$200 \$400	\$300 \$600
Drugs & Medicine Benefit Hospital Confinement <i>(per Confinement)</i> Outpatient <i>(per prescription) - \$50 monthly max for Basic; \$100 for Enhanced; \$150 for Enhanced Plus)</i>	\$100 \$50	\$200 \$50	\$300 \$50
Attending Physician <i>(per day while Hospital Confined)</i>	\$30	\$40	\$50
U.S. Government/Charity Hospital or HMO <i>(per day - pays in lieu of most benefits)</i> Hospital Confinement Outpatient Services	\$100 \$100	\$200 \$200	\$300 \$300
Ambulance, Transportation, & Lodging Benefits			
Ambulance Benefit <i>(per trip - max 2 trips any combination per confinement)</i> Ground Air	\$200 \$2,000	\$200 \$2,000	\$200 \$2,000
Transportation & Lodging Benefit (Patient and/or Family) Transportation <i>(\$1,500 max round trip; max 12 trips/calendar year)</i> Outpatient Lodging <i>(per day up to 90 days per calendar year)</i>	Coach fare or \$.50/ mile by car \$40	Coach fare or \$.50/ mile by car \$60	Coach fare or \$.50/ mile by car \$80
Surgical Treatment Benefits			
Surgical Benefit <i>(per surgical unit - \$2,000 max for Basic; \$3,000 max for Enhanced; \$4,000 max for Enhanced Plus per operation)</i>	\$20	\$30	\$40
Anesthesia Benefit	25% of the amount paid for covered surgery		
Outpatient Hospital or Ambulatory Surgical Cancer Benefit <i>(per day)</i>	\$200	\$400	\$600
Second & Third Surgical Opinion Benefit <i>(per diagnosis)</i>	\$300	\$300	\$300

Schedule of Benefits* Continued

	Basic	Enhanced	Enhanced Plus
Continuing Care Benefits			
Prosthesis Benefit Non-Surgical (per device - 1 per site, lifetime max of 3)	\$100	\$150	\$200
Surgical Implantation (per device, includes surgical fee - 1 per site, lifetime max of 2)	\$1,000	\$1,500	\$2,000
Hair Prosthesis (once per life)	\$100	\$150	\$200
Extended Care Facility Benefit (per day for up to the same number of days of paid Hospital Confinement)	\$50	\$75	\$100
Physical or Speech Therapy Benefit (per visit up to 4 per calendar month - lifetime max of \$1,000)	\$25	\$25	\$25
Hospice Care Benefit (per day - \$9,000 lifetime max for Basic; \$13,500 lifetime max for Enhanced; \$18,000 lifetime max for Enhanced Plus)	\$50	\$75	\$100
Home Health Care Benefit (per day for up to the same number of days of paid Hospital Confinement)	\$50	\$75	\$100

Refer to Plan Benefit Highlights for more complete Benefit Descriptions and limits on the Cancer Insurance Plan.

*The premium and amount of benefits provided vary based upon the plan selected.

Enhance Your Plan**

Critical Illness Rider

Thanks to medical technology more people are surviving critical illnesses. This rider is designed to help with the cost associated with surviving these types of illnesses.

Schedule of Benefits

Cancer Benefit (per unit - maximum \$10,000)	\$2,500
Heart Attack/Stroke Benefit (per unit - maximum \$10,000)	\$2,500

Hospital Intensive Care Unit Rider

This rider can provide a benefit to help by paying for each day a Covered Person is confined in an Intensive Care Unit (ICU), as defined in this rider.

Schedule of Benefits

ICU Confinement Benefit (per day up to 30 days)	\$600
Ambulance Benefit (per admission in an ICU)	\$100

Summary of Critical Illness Rider Benefits:

- Pays when diagnosed after 30-day Critical Illness Waiting Period with Internal Cancer or Heart Attack/Stroke depending upon the Critical Illness coverage elected at time of application.
- Pays the specified Maximum Benefit Amount per Covered Critical Illness, as defined under this rider.
- Each benefit is a one time paid benefit.
- All Critical Illness amounts reduce by 50% at age 70.

Summary of Hospital ICU Rider Benefits:

- Confinement must be due to an accident or sickness and begin after the effective date of coverage under this rider.
- A day is defined as a 24-hour period.
- If confined to an ICU for a portion of a day, a pro rata share of the daily benefit will be paid.
- Under age 70, pays \$100 per admission for ambulance charges, or age 70 or older, \$50 for transportation to a Hospital where they are admitted to an ICU within 24 hours of arrival.
- All ICU amounts reduce by 50% at age 70.

**Availability of riders may vary by state and employer. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed.

Plan Benefit Highlights

Diagnostic and Prevention and Cancer Screening Follow-up Benefits

Pays the indemnity amount for one generally medically recognized internal Cancer screening test per Covered Person per Calendar Year. Tests include but are not limited to PAP, PSA, Colonoscopy, and Chest X-ray. Refer to the policy for a complete listing. Screening tests payable under this benefit will ONLY be paid under this benefit and does not include mammograms or any test payable under the Medical Imaging Benefit. Benefits will only be paid for tests performed after the 30-day period following the Covered Person's effective date of coverage. **Cancer Screening Follow-up benefit** pays the indemnity amount for a Covered Person to receive one invasive follow-up test needed due to an abnormal covered cancer screening result. Diagnostic surgeries which result in a positive diagnosis of Cancer will be paid under the Surgical Benefit. This benefit does not include mammograms or any test payable under the Medical Imaging Benefit.

Mammography Benefit

Pays the indemnity amount shown in the Schedule of Benefits for baseline mammograms. One baseline mammogram for covered women age 35 to 39, inclusive; one mammogram for covered women age 40 to 49 inclusive, every two years or more frequently if recommended by a Physician; one mammogram every year for covered women age 50 or over. The Covered Person must incur a charge for the screening test. This benefit is available without a diagnosis of cancer. Benefits payable for mammography will only be paid under this benefit. Benefits will only be paid for tests performed after the 30-day period following the Covered Person's effective date of coverage.

Radiation/Chemotherapy/Immunotherapy Benefit

Pays the indemnity amount when a Covered Person receives Radiation, Chemotherapy, or Immunotherapy as defined in the policy. We will pay only one Radiation/Chemotherapy/Immunotherapy benefit per calendar month regardless of the number of treatments received during the month. This benefit does not cover other procedures related to Radiation/Chemotherapy/Immunotherapy. Anti-nausea drugs are not covered under this benefit. This benefit does not include any drugs/medicines covered under the Drugs and Medicine Benefit or the Hormone Therapy Benefit.

Medical Imaging Benefit

Pays the indemnity amount for a Covered Person who has been diagnosed with Cancer who receives either an MRI; CT scan; CAT scan; or PET scan when performed at the request of a Physician due to Cancer or the treatment of Cancer.

Hormone Therapy Benefit

Pays the indemnity amount for hormone therapy treatments as defined in the policy, prescribed by a Physician. This benefit covers drugs and medicines only and is not associated administrative processes. This benefit does not include drugs/medicines covered under the Radiation/Chemotherapy/Immunotherapy Benefit or the Drugs and Medicine Benefit.

Administrative/Lab Work Benefit

Pays the indemnity amount once per calendar month, when the Covered Person is receiving Radiation/Chemotherapy/Immunotherapy Benefit that month, for related procedures such as treatment planning, treatment management, etc.

Blood, Plasma and Platelets Benefit

Pays the indemnity amount for blood, plasma and platelets. This does not include any laboratory processes. Colony stimulating factors are not covered under this benefit. Benefits for Blood, Plasma and Platelets are ONLY provided under this benefit.

Bone Marrow Benefit/Stem Cell Transplant Benefit

Pays the indemnity amount when a bone marrow transplant or peripheral blood stem cell transplant is performed on a Covered Person as treatment for a diagnosed Cancer. This benefit will not be paid for the harvest of bone marrow or stem cells from a donor.

Hospital Confinement Benefit

Pays the indemnity amount for a Covered Person while confined to a Hospital for at least 18 continuous hours for the treatment of Cancer. A Hospital is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

Drugs and Medicines Benefit

Pays the indemnity amount for anti-nausea and pain medication prescribed by a Physician for a Covered Person for treatment of Cancer, who is also receiving Radiation Therapy/Chemotherapy/Immunotherapy, a covered surgery, or a Bone Marrow/Stem Cell Transplant. This benefit does not cover associated administrative processes. This benefit does not include drugs/medicines covered under the Radiation/Chemotherapy/Immunotherapy Benefit or the Hormone Therapy Benefit.

Attending Physician Benefit

Pays the indemnity amount for one Physician's visit per day when a Covered Person requires the services of a Physician, other than a surgeon while Hospital Confined for the treatment of Cancer.

U.S. Government/Charity Hospital /HMO Benefit

If an itemized list of services is not available because a Covered Person is: confined in a charity Hospital or U.S. Government owned Hospital; or covered under a Health Maintenance Organization (H.M.O.) or Diagnostic Related Group (D.R.G.) where no charges are made to the Covered Person, the Primary Insured may convert benefits under the policy to pay the indemnity amount shown in schedule of benefits. This benefit will be paid in lieu of most benefits under the policy.

Ambulance Benefit

Pays the indemnity amount per day for either licensed air or ground ambulance transportation of a Covered Person to a Hospital or from one medical facility to another where the Covered Person is admitted as an Inpatient and confined for at least 18 consecutive hours for treatment of Cancer.

Transportation and Lodging Benefits

These benefits pay for the transportation of a Covered Person and/or one adult family member when the Covered Person has been diagnosed with Cancer and receives covered Radiation Therapy, Chemotherapy, Immunotherapy, Bone Marrow/Stem Cell Transplant, or surgery due to Cancer in the nearest Physician prescribed Hospital providing such treatment that is at least 50 miles away from the Covered Person's residence, using the most direct route. Travel must be by scheduled bus, plane or train, or by car and be within the United States or its Territories. Benefits will be provided for only one mode of transportation per round trip and will be paid for up to 12 round trips per Calendar Year. Benefits for travel of the Covered Person and/or family member will be paid: once per Hospital Confinement; or only on days of the Covered Person's outpatient specialized treatment benefits for lodging of the Covered Person's and/or family

Plan Benefit Highlights, cont'd

member will be paid: once per Covered Person's Hospital Confinement; or only on days of the Covered Person's outpatient specialized treatment. If the family member and the Covered Person travel in the same car or lodge in the same room, benefits for travel and lodging will only be paid under the Transportation and Lodging Benefit for the patient.

Surgical Benefit

Pays an indemnity benefit up to the Maximum Per Operation amount shown in the Schedule of Benefits in the policy when a surgical operation is performed on a Covered Person for covered diagnosed Cancer, Skin Cancer, or reconstructive surgery due to Cancer. Benefits will be calculated by multiplying the surgical unit value assigned to the procedure, as shown in the most current Physician's Relative Value Table, by the Unit Dollar Amount shown in the Schedule of Benefits. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Any diagnostic surgery covered under the Diagnostic and Prevention Benefit will not be covered under this benefit. Bone marrow surgeries are paid under the Bone Marrow Transplant Benefit. Surgeries required to implant a permanent prosthetic device are covered under the Prosthesis Benefit.

Anesthesia Benefit

The Anesthesia benefit pays 25% of the amount paid for a covered surgery for the services of an anesthesiologist. Services of an anesthesiologist for bone marrow transplants, Skin Cancer, or surgical prosthesis implantation are not covered under this benefit.

Outpatient Hospital or Ambulatory Surgical Center Benefit

We will pay the indemnity amount shown towards the facility fee charges of an Ambulatory Surgical Center or Hospital for an outpatient surgical procedure of a diagnosed Cancer. Surgical procedures for Skin Cancer are not covered under this benefit.

Second and Third Surgical Opinion Benefit

Pays the indemnity amount once per diagnosis for a Covered Person's second surgical opinion and if the second disagrees with the first, a third opinion, when the attending Physician recommends surgery for the treatment of Cancer. Surgical opinions for reconstructive, Skin Cancer, or prosthesis surgeries are not covered under this benefit.

Prosthesis Benefits

Pays the indemnity amount for a prosthetic device received due to Cancer that manifested after the 30th day following the Effective Date, and its surgical implantation if required as a direct result of surgery for Cancer. This benefit does not cover prosthetic related supplies. Temporary prosthetic devices used as tissue expanders are covered under the Surgical Benefit. Hair Prosthesis benefit pays the indemnity amount for a Covered Person's hair prosthesis needed as a direct result of Cancer or the treatment of Cancer. This benefit is payable once per Covered Person per lifetime.

Extended Care Facility Benefit

Pays the indemnity amount for each day room and board charges are incurred while a Covered Person is confined in an Extended Care Facility due to Cancer at the direction of a Physician that begins within 14 days after a covered Hospital Confinement. Paid for up to the same number of days benefits were paid for the Covered Person's preceding Hospital Confinement.

Physical or Speech Therapy Benefit

Pays the indemnity amount if a Physician advises a Covered Person to seek physical therapy or speech therapy. Physical or speech therapy must be performed by a caregiver licensed in physical or speech therapy and be needed as a result of Cancer or the treatment of Cancer. We will pay for one treatment per day up to four treatments per calendar month per Covered Person for any combination of physical or speech therapy treatments up to a lifetime maximum of \$1,000.

Hospice Care Benefit

Pays the indemnity amount for Hospice Care directed by a licensed Hospice organization, as defined in the policy, of a Covered Person expected to live six months or less due to Cancer. This benefit does not include: well baby care; volunteer services; meals; housekeeping services; or family support after the death of the Covered Person.

Home Health Care Benefit

Pays the indemnity amount for a Covered Person's Home Health Care, as described in the policy, required due to Cancer when prescribed by a Physician in lieu of Hospital Confinement beginning within 14 days after a Hospital Confinement. This benefit does not include: nutrition counseling; medical social services; medical supplies; prosthesis or orthopedic appliances; rental or purchase of durable medical equipment; drugs or medicines; child care; meals or housekeeping services. This benefit does not include physical or speech therapy. This benefit will be paid for up to the same number of days benefits were paid for the Covered Person's preceding Hospital Confinement. If the Covered Person qualifies for coverage under the Hospice Care Benefit, the Hospice Care Benefit will be paid in lieu of this benefit.

Waiver of Premium

If the Primary Insured becomes disabled due to Cancer and remains so for more than 90 continuous days, we will pay all premiums due after the 90th day so long as the Primary Insured remains disabled. "Disabled" means the Primary Insured's inability because of Cancer: to work at any job for which (s)he is qualified by education, training or experience; not working at any job for pay or benefits; and under the care of a Physician for the treatment of Cancer. This policy must be in force at the time disability begins and the Primary Insured must be under age 65.

Other Benefits include:

- Donor Benefit
- Dread Disease Benefit
- Experimental Treatment Benefit
- Inpatient Special Nursing Benefit

See your policy for more information regarding the benefits listed above.

Limitations and Exclusions

Eligibility

This policy will be issued only to those persons who meet American Fidelity Assurance Company's insurability requirements. This product is inappropriate for those people who are eligible for Medicaid Coverage.

The policy and the Internal Cancer coverage under the Critical Illness Rider will not be issued to anyone who has been diagnosed or treated for Cancer in the previous ten years. The Heart Attack or Stroke coverage under the Critical Illness Rider will not be issued to anyone who has been diagnosed or treated for any heart or stroke related conditions. The Intensive Care Unit Rider will not cover heart conditions for a period of one year following the Effective Date of coverage for anyone who has been diagnosed or treated for any heart related condition prior to the 30th day following the Covered Person's Effective Date of coverage.

Cancer means a disease which is manifested by autonomous growth (malignancy) in which there is uncontrolled growth, function, or spread (local or distant) of cells in any part of the body. This includes Cancer in situ and malignant melanoma. It does not include other conditions which may be considered precancerous or having malignant potential such as: leukoplakia; hyperplasia; acquired immune deficiency syndrome (AIDS); polycythemia; actinic keratosis; myelodysplastic and non-malignant myeloproliferative disorders; aplastic anemia; atypia; non-malignant monoclonal gamopathy; or pre-malignant lesions, benign tumors or polyps.

Base Policy

All diagnosis of Cancer must be positively diagnosed by a legally licensed doctor of medicine. This policy pays only for loss resulting from definitive cancer treatment including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. This policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer. This policy does not cover any other disease, sickness or incapacity even though after contracting cancer it may have been aggravated or affected by Cancer or the treatment of Cancer except for conditions specifically stated in the Dread Disease Benefit.

No benefits are payable for any Covered Person for any loss incurred during the first year of this policy as a result of a Pre-Existing Condition. A Pre-Existing Condition is a Specified Disease for which, within 12 months prior to the Effective Date of coverage, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession, or for which symptoms manifested in such a manner as would cause an ordinarily prudent person to seek diagnosis, medical advice or treatment. Conditions revealed in the application will be covered unless specifically excluded in the rider. Pre-Existing Conditions specifically named or described as excluded in any part of this contract are never covered.

This policy contains a 30-day waiting period during which no benefits will be paid under this policy. If any Covered Person has a Cancer or Dread Disease diagnosed before the end of the 30-day period immediately following the Covered Person's Effective Date, coverage for that person will apply only to loss that is incurred after one year from the Effective Date of such person's coverage. If any Covered Person is diagnosed as having a Cancer or Dread Disease during the 30-day period immediately following the Effective Date, you may elect to void the policy from the beginning and receive a full refund of premium. All benefits payable only up to the maximum amount listed in the Schedule of Benefits in the policy.

Critical Illness Rider

Benefits will only be paid for a Covered Critical Illness as shown on the Policy Schedule page in the policy. No benefits will be provided for any loss caused by or resulting from: intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane; intentional self-injury; alcoholism or drug addiction; any act of war, declared or undeclared, or any act related to war; military service for any country at war; Pre-Existing Condition during the first 12 months following the Covered Person's Effective Date of coverage; a Covered Critical Illness when the Date of Diagnosis occurs during the Waiting Period; or participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; or participation in, or attempting to participate in, a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place.) Internal Cancer does not include: other conditions that may be considered pre-cancerous or having malignant potential such as: acquired immune deficiency syndrome (AIDS); actinic keratosis; myelodysplastic and non-malignant myeloproliferative disorders; aplastic anemia; atypia; non-malignant monoclonal gamopathy; pre-malignant lesions, benign tumors or polyps; Leukoplakia; Hyperplasia; Polycythemia; Cancer in situ or any skin cancer other than invasive malignant melanoma into the dermis or deeper.

Hospital Intensive Care Unit Rider

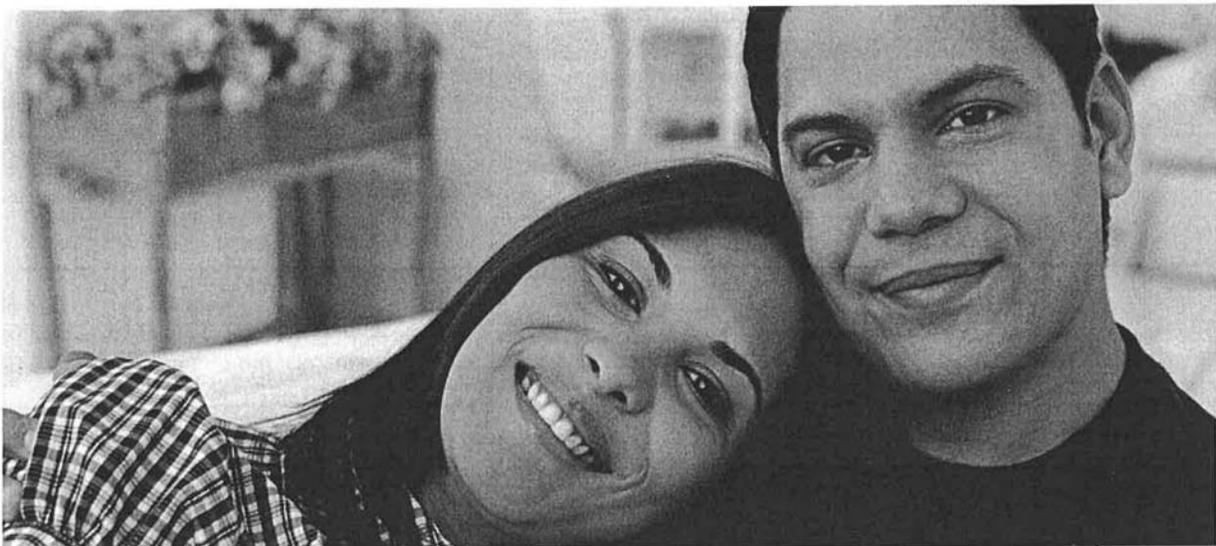
No Benefits Will Be Provided During The First Year Of This Rider For Hospital Intensive Care Unit Confinement Caused By Any Heart Condition When Any Heart Condition Was Diagnosed Or Treated Prior To The 30th Day Following The Covered Person's Effective Date Of This Rider. (The Heart Condition Causing The Confinement Need Not Be The Same Condition Diagnosed Or Treated Prior To The Effective Date.) No benefits will be provided during the first year of this rider for Hospital Intensive Care Unit Confinement for a newborn child born within the ten-month period following the Effective Date of this rider. No benefits will be provided if the loss results from: attempted suicide whether sane or insane; intentional self-injury; alcoholism or drug addiction; or any war or act of war or any act related to war, declared or undeclared; or military service for any country at war. No benefits will be paid for confinements in units such as: Surgical Recovery Rooms, Progressive Care, Burn Units, Intermediate Care, Private Monitored Rooms, Observation Units, Telemetry Units or Psychiatric Units not involving intensive medical care; or other facilities which do not meet the standards for Intensive Care Unit as defined in the Rider. For a newborn child born within the ten-month period following the effective date of this rider, no benefits will be provided for Hospital Intensive Care Unit Confinement that begins within the first 30 days following the birth of such child.



Limited Benefit Specified Illness Policy

Specified Illness Insurance

*Limited Benefit Specified Illness Policy**



Cardiac Screening Benefit • Benefits Paid Directly to You • Excellent Customer Service • [Learn More >>](#)

 **American Fidelity
Assurance Company**

Our Family, Dedicated to Yours.™

* This product may be referred to by a different name.

Specified Illness Insurance

Surviving a critical illness, such as a heart attack or stroke, can come at a high price. With advances in technology to treat these diseases, the cost of treatment rises more and more every year. Even with medical insurance, the out-of-pocket expenses associated with a critical illness can affect anyone's finances.

The impact of a critical illness can be stressful for any family. American Fidelity Assurance Company's Limited Benefit Specified Illness Policy can be the solution that helps you and your family focus on recovery, and may help you with paying bills. Our plan can assist with the expenses that may not be covered by standard medical insurance.

<p>About every 34 seconds someone in the U.S. suffers a heart attack.¹</p>  <p>About every 40 seconds someone in the U.S. suffers a stroke.¹</p>  <p><small>¹ American Heart Association: Heart Disease and Stroke Statistics 2011 Update, December 2010.</small></p>	 <p><i>1 out of 3 Americans</i></p> <p>According to the American Heart Association, 1 out of 3 Americans have one or more types of cardiovascular disease.²</p> <p><small>² "The Real Risk That You'll Have A Critical Illness." American Association for Critical Illness Insurance. http://www.criticalillnessinsuranceinfo.org/learning-center/critical-illness-coverage-facts.php, 5 Apr. 2011.</small></p>
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How It Works

If you are diagnosed with a covered critical illness, such as a heart attack or stroke, this plan is designed to pay a lump sum benefit amount to help cover expenses. Also, this plan offers a Second Occurrence Date Benefit that can provide an additional 50% of the critical illness benefit amount after the second occurrence date of the specified critical illness.

American Fidelity's Specified Illness Insurance features:

- Benefits paid directly to you, to be used however you see fit.
- You own the policy and can keep the policy if you change employers.
- No required medical exams as part of the application process*.

* Issuance of the policy may depend on the answers to questions on application.

Cardiac Screening Benefit

You can receive a benefit for your annual health screening test. This benefit features eight qualified tests, including, but not limited to, stress test, echocardiogram, electrocardiogram (EKG), and blood glucose testing.

Cardiac Screening Benefit <i>(per calendar year per Covered Person)</i>
\$50

ATTACHMENT B

Schedule of Benefits*

Choose from three lump sum benefit amounts at the time of application:

\$15,000 • \$20,000 • \$25,000

Critical Illness Benefits <i>Pays once per Covered Person for each Critical Illness shown below.</i>	Second Occurrence Date Benefit <i>Pays an additional 50% of the lump sum benefit amount.</i>
Heart Attack Benefit Pays full lump sum benefit amount.	✓
Coronary Artery Bypass Surgery Benefit Pays 25% of benefit amount. Payment will reduce the Heart Attack Benefit.	No Second Occurrence Date Benefit
Coronary Angioplasty Benefit Pays \$500 indemnity amount. Payment will reduce the Heart Attack Benefit.	No Second Occurrence Date Benefit
Stroke Benefit (<i>Permanent damage due to a Stroke</i>) Pays full lump sum benefit amount.	✓
Major Burns Benefit Pays full lump sum benefit amount.	✓
Permanent Paralysis Benefit Pays full lump sum benefit amount.	✓
Coma Benefit Pays full lump sum benefit amount.	✓
Major Organ Failure Benefit Pays full lump sum benefit amount.	✓
End Stage Renal Failure Benefit Pays full lump sum benefit amount.	No Second Occurrence Date Benefit

Coverage is available for you and your lawful spouse/Domestic Partner at 100% of the benefit amount and for your eligible child(ren), up to age 26, as defined in the policy, at 25% of the benefit amount.

Enhance Your Plan

Enhance your base plan coverage with an optional rider that provides additional benefits.

Sudden Death Due To A Cardiac Arrest Benefit Rider

The Sudden Death Cardiac Arrest Rider can help by providing a benefit to help pay for funeral expenses, outstanding hospital expenses, and more.

- Pays following the date of Sudden Death Due To Cardiac Arrest at 100% of the Critical Illness benefit amount.

* Refer to Plan Benefit Highlights section in this brochure for more Benefit Descriptions and limits on the Critical Illness Insurance plan. The premium and amount of benefits provided vary based upon the plan selected.

Plan Benefit Highlights

Cardiac Screening Benefit

Pays \$50 when a Covered Person receives one of the following Health Screening Tests:

- Blood test for triglycerides
- Doppler ultrasound
- Echocardiogram
- Electrocardiogram (EKG)
- Fasting blood glucose test
- Serum cholesterol test to determine HDL and LDL levels
- Exercise or Pharmacologic stress test
- Neuroimaging studies

This policy pays for one test per Covered Person per Calendar Year regardless of the number of tests a Covered Person receives during the Calendar Year. This benefit is available without a diagnosis of a Critical Illness. This benefit does not reduce the Critical Illness lump sum benefit amount.

Critical Illness Benefit

Pays once per Covered Person for each Critical Illness. Each Critical Illness must be separated by at least 180 days following the first Critical Illness Occurrence Date.

Heart Attack

Pays following a Heart Attack due to Coronary Artery Disease. Any previous amounts paid for a Coronary Artery Bypass Surgery and/or a Coronary Angioplasty will be deducted from the amount payable under this benefit. **A Heart Attack is not congestive heart failure, atherosclerotic heart disease, angina, cardiac arrest, or any other dysfunction of the cardiovascular system. Cardiac arrest is only payable under the optional rider for Sudden Death Due To Cardiac Arrest.**

Coronary Artery Bypass Surgery

Pays following a Coronary Artery Bypass Surgery. This benefit is payable only once per Covered Person per lifetime.

Coronary Angioplasty

Pays following a Coronary Angioplasty. This benefit is payable only once per Covered Person per lifetime. For all heart related benefits combined, we will not pay more than 100% of the Critical Illness benefit amount.

For all heart-related benefits combined, we will not pay more than 100% of the Critical Illness lump sum benefit amount.

Stroke (*Permanent Damage Due To A Stroke*)

Permanent damage must be due to a stroke and persist for a minimum of 30 consecutive days before this benefit is payable.

Major Burns

Pays following the date the third or fourth-degree burns occurred. Such burns must cover at least 50% of the total body surface. First or second-degree burns are not payable under this policy.

Permanent Paralysis

Injuries to the spinal cord which results in paraplegia or quadriplegia must be diagnosed by a Physician and must occur after the Covered Person's Effective Date and while coverage is in force. Permanent Paralysis must have persisted for a minimum of 90 consecutive days before this benefit is payable.

Coma

The Coma must be a continuous profound state of unconsciousness persisting for a minimum of 14 consecutive days before this benefit is payable. Coma does not include a coma induced by, or at the request of a Physician.

Major Organ Failure

Pays following the date the Covered Person is placed on the United Network for Organ Sharing (UNOS) list for a transplant of the heart, liver, lung or entire pancreas.

End Stage Renal Failure

Pays following a Physician's diagnosis of End Stage Renal Failure. Failure of one kidney is **not** End Stage Renal Failure, unless the Covered Person has only one kidney. End Stage Renal Failure does not include renal failure caused by any surgical injury.

Plan Benefit Highlights

Second Occurrence Date Benefit

Pays 50% of the Critical Illness benefit amount following the second Occurrence Date for a Heart Attack, Permanent Damage Due To A Stroke, Major Organ Failure, Coma, Permanent Paralysis, or Major Burns for which a Critical Illness benefit amount was previously paid under this policy.

The first Occurrence Date and the second Occurrence Date must be separated by at least 180 days and occur while the policy is in force before benefits will be payable. Once a second Occurrence Date Benefit has been paid for a Critical Illness, no further Occurrence Dates for that same Critical Illness will be payable. We will only pay for a second Occurrence Date of a Heart Attack, Permanent Damage Due To A Stroke, Major Organ Failure, Coma, Permanent Paralysis, or Major Burns. No other Critical Illnesses will be eligible for this benefit.

Guaranteed Renewable

The policy and riders are guaranteed renewable until the Primary Insured reaches age 75 as long as you pay premiums when due or within the premium grace period. The company has the right to change premium rates by class. If your spouse/Domestic Partner is a Covered Person under this policy and under age 75 on the date of the Primary Insured's 75th birthday, the policy may be continued by the spouse/Domestic Partner upon written notification to us within 60 days. In such case, the spouse/Domestic Partner will then become the Primary Insured.

Plan Coverage Options

Individual: The Insured, age 18 through 64, at the date of policy issue, is the only Covered Person.

Individual & Spouse: The Insured, age 18 through 64, at the date of policy issue, and lawful spouse/Domestic Partner, age 18 through 64, as defined in the policy.

Individual & Children: The Insured, age 18 through 64, at the date of policy issue, and each Eligible Child under age 26, as defined in the policy.

Family: The Insured and spouse/Domestic Partner, age 18 through 64, at the date of policy issue, and Eligible Children under age 26, as defined in the policy.

Sudden Death Due To Cardiac Arrest Benefit Rider

Pays following the date of Sudden Death Due To Cardiac Arrest at 100% of the Critical Illness benefit amount. Sudden Death Due To Cardiac Arrest is death resulting from a sudden, unexpected Cardiac Arrest. Cardiac Arrest means loss of heart function in which the heart, abruptly and without warning, stops working as a result of an internal electrical system malfunction of the heart.

Limitations and Exclusions

Base Policy

The Critical Illness benefit amount is payable once per Covered Person for each Critical Illness shown on the Schedule of Benefits. After the Occurrence Date of the first Critical Illness payable under this policy or any attached rider, a benefit for each subsequent Critical Illness will only be payable if the Occurrence Date is for a Critical Illness for which a Critical Illness benefit amount has not been previously paid. The subsequent Critical Illness must be separated by more than 180 days following the last Critical Illness Occurrence Date, and occurs while the Covered Person is insured under the policy or rider.

No benefits are payable for any Critical Illness with an Occurrence Date during the first 12 months of the Covered Person's coverage under this policy if the Critical Illness is the result of a Pre-Existing Condition. "Pre-Existing Condition" means a condition for which, within 12 months prior to the Covered Person's Effective Date of coverage, diagnosis or treatment, including prescribed medications, was received from a member of the medical profession.

No benefits will be paid for any Critical Illness resulting from or caused, whether directly or indirectly, by: 1) war or any act caused by war, whether declared or undeclared, or active service in the armed forces; 2) an intentionally self-inflicted injury; 3) suicide or attempted suicide, while sane or insane; 4) participating in a riot, insurrection, or rebellion; 5) being intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions ("intoxication" means that which is determined and defined by the laws and jurisdiction of the geographical area in which the event that caused the Critical Illness occurred); 6) committing, or attempting to commit, an illegal act that is defined as a felony ("felony" is as defined by the law of the jurisdiction in which the act takes place); 7) being incarcerated in any type of penal institution; 8) a diagnosis received outside the United States, or its territories, that cannot be confirmed by a Physician licensed and practicing in the United States.

Optional Sudden Death Due To Cardiac Arrest Benefit Rider

No benefits are payable for any Sudden Death Due To Cardiac Arrest with an Occurrence Date during the first 12 months of the Covered Person's coverage under this rider if the Sudden Death Due To Cardiac Arrest is the result of a Pre-Existing Condition.

Rider benefits are subject to the benefit amounts, limits, separation periods, and calendar year maximums of the base policy.

This is a brief description of the coverage and does not constitute the actual policy. For actual benefits, limitations, exclusions and other provisions, please refer to the policy. This policy does not pay benefits for cancer or hospital confinement and is **not HSA compatible**. This coverage does NOT replace Workers' Compensation Insurance. This product is inappropriate for people who are eligible for Medicaid coverage. Availability of riders may vary by state and employer. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed.

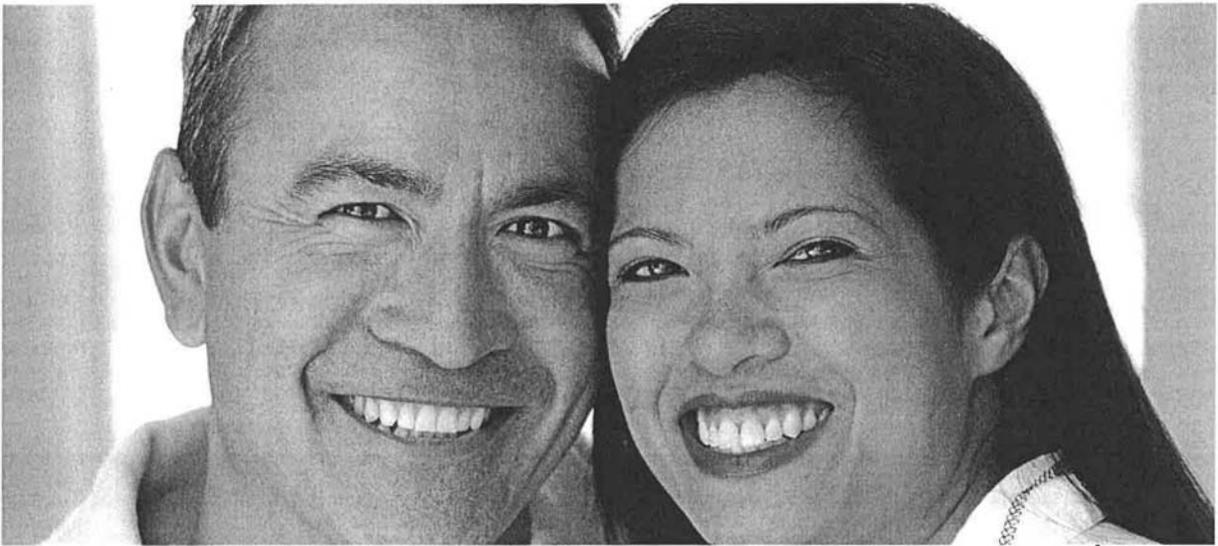
This is a supplement to health insurance. It is not a substitute for hospital or medical expense insurance, a Health Maintenance Organization (HMO) contract, or major medical expense insurance. Many serious conditions for which you might expect to receive benefits may not be covered by this policy.



Permanent Life Insurance

Permanent Life Insurance

A Whole Life Insurance Policy



Lifetime Coverage* · No Medical Exams¹ · Easy Application Process · [Learn More](#) ▶▶

 **American Fidelity
Assurance Company**

Our Family, Dedicated To Yours.®

Permanent Life Insurance

Everyone has dreams that deserve protecting. Whether it is a worry free retirement, college for their children, or a comfortable home for their spouse and children. But what happens to those dreams if a loved one passes away unexpectedly? Is your current life insurance coverage enough to pay all of your final expenses and protect the dreams you have for your family?

American Fidelity Assurance Company's Permanent Life Insurance offers a solution that provides:

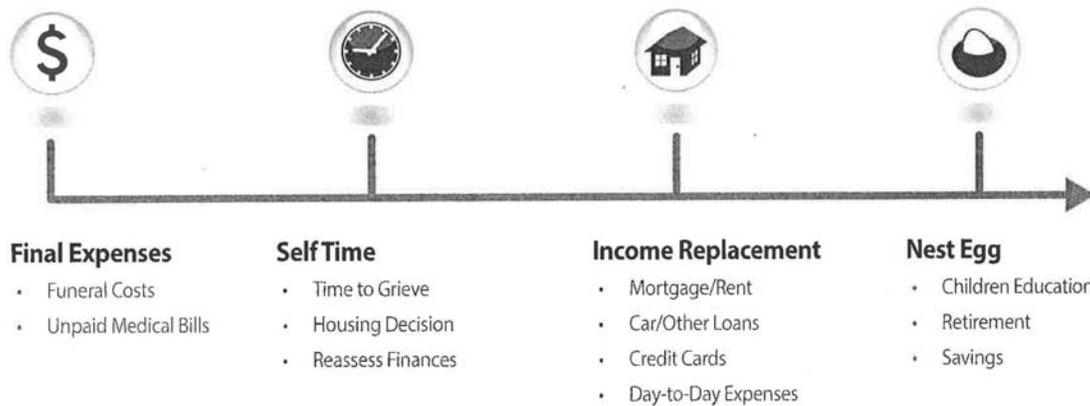
- **Lifetime Coverage***
- **Guaranteed Level Death Benefit****
- **Guaranteed Level Premium****
- **Guaranteed Cash Value Accumulation****

** As long as premiums are paid, as defined in the policy.*

*** Up to age 100.*

Why You Need Life Insurance

Life Insurance should be a part of your financial plan for you and your family. Consider the following expenses when choosing the right life insurance plan for you.



How It Works

American Fidelity's Permanent Life Insurance is a whole life policy that is designed to remain in force for the life of the Insured. This policy features portable coverage, so you own the policy and can take it with you if you leave your current employment.

Permanent Life Insurance is an excellent tool in preparing for retirement. The closer you get to retirement, typically your expenses are not as great as they are during your earning years. Your family has grown up and their dependence on your income decreases with age. By securing a Permanent Life policy today, you can lock in your rate for tomorrow.

Plan Features

Employee Issue Maximum

Ages 18-49: \$200,000
Ages 50-65: \$100,000
Ages 66-70: \$10,000

Spouse Issue Maximum

With Employee Coverage
Ages 18-49: \$50,000
Ages 50-60: \$25,000

Child & Grandchild Issue Maximum

Ages 1 month-17: \$30,000

Issue Minimum

\$10,000

Issue ages

1 month to age 70

Rates Based on Issue Age

Your premiums will be based on your age at the date your policy becomes effective. You can secure your rate now for the life of the policy.

Nicotine and Non-nicotine Rates

You can be eligible for reduced rates if you are a non-smoker.

Easy Application Process

This policy requires no medical exams, and minimal health questions¹.

Competitive Premiums

You can have competitive premiums for the life of the policy, and you are guaranteed that premium, up to age 100.

Portable

You own the policy. Take the coverage with you if choose to leave your current job or retire.

No Medical Exams¹

You don't have to worry about participating in any invasive medical exams to be issued coverage.

Interim Coverage²

Your coverage starts when you sign the application. The premium payor must be actively at work at the time of the Insured's death.

Accelerated Death Benefit

You can receive a portion of the chosen death benefit if you are diagnosed with a terminal condition, as defined in the policy.

Enhance Your Plan³

Waiver of Premium

This rider waives the premium if the base Insured becomes totally disabled for at least six consecutive months, as defined in the rider. Premiums are waived for the base policy and any attached riders. If total disability ceases, simply resume premium payments; there is no requirement for payment of back premiums. Issue age is 18-55. The rider terminates at insured's age 60.

Accidental Death Benefit

This rider provides an additional death benefit if death is the result of an accident, as defined in the rider. The face amount is equal to the face amount of the base policy. Issue age is 18-65. The rider terminates at insured's age 70.

Children's Term Rider

This rider provides level term life insurance protection for all your eligible children who are between the ages of one month through age 18 (In MI and PA age 17). Coverage remains on each child until age 25 or marriage of the child prior to age 25. Your covered child may also convert this rider for up to five times the amount of coverage to any form of permanent insurance offered by American Fidelity. One premium covers all eligible children. Two benefit levels are available: \$10,000 and \$20,000.

¹ Issuance of the policy may depend on the answer to these questions.

² The Insured will be covered from the date of the application if insurable for the requested coverage on the date the policy takes effect. The Interim Coverage will remain in force until the policy has been issued or declined.

³ Additional riders are subject to our general underwriting criteria and coverage is not guaranteed. Rider availability may vary by state.

Accelerated Benefit Summary And Disclosure Notice

The life product you are applying for includes an Accelerated Benefit Provision, which allows a portion of the death benefit to be paid if the Insured should become terminally ill. There is no extra premium associated with this provision. Any Accelerated Benefit paid will be treated as a lien against the policy proceeds.

The maximum accelerated benefit payable is the lesser of \$50,000, or 50% of the eligible proceeds as defined in the policy or rider. The total accelerated benefit payment under all policies and riders issued by us on any one life will not exceed \$100,000. (\$100,000 maximum does not apply in Illinois, Florida, New Jersey, Pennsylvania and Vermont.) You have the right to request an accelerated benefit up to the maximum available. If the amount is less than the maximum, you have one additional request available for the balance of the benefits. The additional request for benefits must be received within 12 months from the date of the first benefit payment. (The additional request is not available in Connecticut.)

Prior to the payment of any accelerated benefit, the following conditions must be met:

- The Insured must have a terminal illness or injury, as defined in the policy, which with reasonable medical certainty will result in a drastically limited life span of the Insured of 12 months or less. (24 months or less in Illinois and Vermont.)
- The policy and/or the rider must be in force at the time benefits are requested and the Insured must be less than 85 years of age. (Does not apply in Connecticut and Florida.)
- This benefit is not available if you are required by law to use it to meet the claims of creditors, whether in bankruptcy or otherwise; or, if you are required by a government agency to use it in order to apply for, obtain, or otherwise keep a government benefit or entitlement. (Does not apply in Connecticut.)
- We must receive the approval of any irrevocable beneficiaries before an accelerated benefit payment can be approved.
- Any outstanding policy loan, including interest, will be deducted from the Accelerated Benefit payable.

This Accelerated Benefit Provision if elected will have the following effect on your policy:

- Premiums will continue to be billed and payable as due. If the policy enters the grace period, as defined in the policy or rider, the premium due to keep the policy in force will be paid by us. The premiums paid by us will be deducted from the proceeds upon the death of the insured.
- Policy proceeds which are payable on the death of the Insured and Cash Values, where applicable, will be reduced by the amount of the accelerated benefit payment(s) and any premium paid by us.

- We reserve the right to charge a one-time administrative charge that will be deducted from the accelerated benefit. This charge will not exceed the amount stated in the policy or rider. (Charge does not apply in South Carolina. For Virginia, this charge will not exceed \$500.)

This Notice serves only as a summary and a disclosure regarding the Accelerated Benefit Provision. Please refer to your policy or rider for actual contract provisions.

You should consult with a personal tax advisor if you are considering electing the Accelerated Benefit Provision. Benefits as specified in the policy or rider will be reduced upon receipt of an accelerated benefit payment. This is not a long-term care policy. Receipt of accelerated benefit payments may be taxable or may affect your eligibility for benefits under state or federal law. Receipt of Accelerated Benefit payments may also affect you, your spouse or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs.
DN61.R408

Notice To Applicant

Thank you for applying for insurance with American Fidelity Assurance Company. Before we can issue a policy, we must first evaluate or "underwrite" your application. The purposes of this is to: 1) be sure you qualify for the insurance requested; and 2) determine the correct premium rate. Your answers to the questions on the application provide the basis for evaluation. We will use only the information you provide on the application. The information we obtain about you is treated as confidential. We will only disclose your nonpublic financial or medical information to other entities as permitted or required by law. With your prior written authorization, we or our reinsurers may disclose information in our files to other life insurance companies to which you apply for life or health insurance which have first agreed in writing with us to maintain the confidentiality of such information. You have the right to request information about such disclosures, and to know what information is in your file and seek correction of any data that you think is wrong.

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This brochure does not constitute the full contract and is intended to provide basic information about American Fidelity Assurance Company's Whole Life Insurance product, WL07 series. For specific details, limitations and exclusions, please consult an actual policy and its provisions. Please consult your tax advisor for your specific situation. This policy is not eligible under Section 125.



Our Family, Dedicated To Yours.™

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