

## Workplace Product Grid

Product Name	Age	Weekly Premium <sup>1</sup>	Face Amount <sup>1</sup>	Key Product Features	Underwriting <sup>2</sup>
<b>Interest Sensitive Whole Life Insurance</b>  Form WSL07  Fully Portable	25	\$5.00	\$36,262	<ul style="list-style-type: none"> <li>Designed to offer the security of permanent life insurance with a build-up of cash value and income tax-free payment of death benefits.</li> <li>Four optional riders with flexible coverage: Accidental Death Benefit Rider, Term Insurance Rider, Child Insurance Rider, Waiver of Premium</li> <li>Accelerated Death Benefit Rider at no additional cost</li> <li>Voluntary family coverage available</li> <li>No medical exams</li> <li>Weekly money purchase options Employee - \$3 to \$10 Spouse - \$3 to \$10 Children/Grandchildren - \$2 to \$3</li> </ul>	<b>On cases with 100+ eligible employees:</b> <b>Employee</b> – Guaranteed Issue (up to the \$6 of weekly premium)  <b>Spouse and Child/Grandchild</b> – Conditional Guaranteed Issue (Up to \$3 of weekly premium for Spouse and \$2 weekly premium for Child/Grandchild)  <b>On case with less than 100 eligible employees:</b> <b>Employee, Spouse, Child/Grandchild</b> – Modified Issue (limits are same as Guaranteed Issue limits)  On individuals requesting weekly premiums over the Guaranteed/Modified Issue Limits – Simplified Issue up to the maximum issue amount.
	35	\$5.00	\$22,989		
	45	\$5.00	\$13,299		
	55	\$5.00	\$6,810		
Product Name	Age	Weekly Premium <sup>3</sup>	Monthly Benefit Amount	Key Product Features	Underwriting
<b>Short Term Disability Insurance</b>  Form WSD07  Fully Portable	30	\$8.40	\$1,000	<ul style="list-style-type: none"> <li>Provides benefits for total disability beginning after the elimination period has been satisfied.</li> <li>Off-job, 24 hour or Select coverage available</li> <li>Waiver of Premium after 90 continuous days of Total Disability</li> <li>Benefits payable are not reduced by Social Security or Worker's Compensation</li> <li>Guaranteed Renewable to age 72</li> <li>Benefit Periods available from 3 months to 5 years with a wide selection of accident and sickness elimination periods.</li> </ul>	<b>On cases with 100+ eligible employees:</b> Guaranteed Issue up to 60% of gross monthly income not to exceed \$3,000  <b>On cases with less than 100 eligible employees:</b> Modified Issue up to 60% of gross monthly income not to exceed \$3,000  When an Individual applicant wants a monthly benefit amount over \$3,000 but not to exceed \$5,000 – Simplified Issue.
	50	\$13.20	\$1,000		
	60	\$18.80	\$1,000		
Product Name	Plan Type	Weekly Premium <sup>4</sup>	Benefit Level Standard	Key Product Features	Underwriting
<b>Accident Insurance</b>  Form WSA07  Fully Portable	Employee	\$3.70	Standard	<ul style="list-style-type: none"> <li>Four Policy Benefits to choose from: Economy, Standard, Preferred, and Premium</li> <li>Two coverage options available: 24 hour and off-job coverage</li> <li>Four optional riders available for flexible coverage: Off-job Accident Disability Rider, Sickness Hospital Confinement Rider, Wellness Benefit Rider, Catastrophic Rider</li> </ul>	Guaranteed Issue unless Hospital Sickness Rider is added.  If Rider is added, medical questions similar to the Modified Issue questions for the Short Term Disability policy must be answered.
	Employee/Spouse	\$5.50	Standard		
	One Parent Family	\$7.30	Standard		
	Two Parent Family	\$9.00	Standard		

<sup>1</sup> Rates are unisex, non-tobacco rates.

<sup>2</sup> Guaranteed Issue is available for specifically approved cases.

<sup>3</sup> Rates are based on 30/30 elimination period, 24 month benefit period, Off-job coverage and Class B industry.

<sup>4</sup> Rates are based on 24 hour coverage. Rates may vary by state.

Interest Sensitive Whole Life	Underwriting Questions
<b>Guaranteed Issue</b>	
Spouse Conditional Guaranteed Issue	During the past 12 months, has your spouse been hospitalized or treated, including prescription medication, for an injury or sickness (excluding pregnancy, colds, allergies, flu and back problems)?
Child/Grandchild Conditional Guaranteed Issue	Have any of the Children/Grandchildren listed above been diagnosed with or treated for Down's Syndrome, Cerebral Palsy, Muscular Dystrophy or Cystic Fibrosis?
Modified Issue  All Applicants	<ol style="list-style-type: none"> <li>1. Has any proposed insured tested positive for exposure to the Human Immunodeficiency Virus (HIV), been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or other sickness or condition derived from such infection?</li> <li>2. In the past 12 months, has any proposed insured for any reason other than vacation, colds, flu, pregnancy, allergies, or back problems been hospitalized more than 5 consecutive days, or if employed, missed more than 10 consecutive days of work?</li> <li>3. In the past 5 years, has any proposed insured been diagnosed, received medical advice, sought treatment including surgery, or taken medication for any of the following: Atrial Fibrillation, chest pain, heart attack, coronary artery disease or surgery on the heart or heart valves; Congestive Heart Failure or cardiomyopathy; Stroke or transient ischemic attack (TIA); High blood pressure treated with 3 or more medications; Alcohol or drug abuse; Diabetes (excluding gestational or diet controlled); Chronic Obstructive Pulmonary Disease (COPD), emphysema or chronic lung disease (excluding asthma)?</li> <li>4. In the past 10 years, have you or your any proposed insured been diagnosed, received medical advice, sought treatment, or taken medication for cancer or malignancy of any kind, excluding basal cell carcinoma?</li> </ol>
<b>Simplified Issue</b>  Applicant must answer both the Modified Issue questions as well as the Simplified Issue questions	<ol style="list-style-type: none"> <li>1. Height and Weight</li> <li>2. Has any proposed insured ever been diagnosed, received medical advice, sought treatment including surgery, or taken medication for any of the following: Cirrhosis or the liver or hepatitis B or C; Kidney disease or failure (excluding stones, sponge, horseshoe or ectopic kidney and kidney removal due to trauma); Atrial fibrillation, chest pain, heart attack, coronary artery disease or surgery on the heart or heart valves; Congestive heart failure or cardiomyopathy; Stroke or transient ischemic attack (TIA); Peripheral Vascular Disease; Cancer (excluding basal cell carcinoma); Any condition requiring an organ transplant (excluding corneal); Diabetes (excluding gestational or diet controlled); Chronic Obstructive Pulmonary Disease (COPD), emphysema or chronic lung disease (excluding asthma)?</li> <li>3. In the past 5 years, has any proposed insured been diagnosed, received medical advice, sought treatment including surgery, or taken medication for any of the following: Multiple Sclerosis, Muscular Dystrophy, or Parkinson's Disease, Amyotrophic lateral Sclerosis (ALS) or Huntington's Disease; Schizophrenia, psychosis, bipolar disorder or post traumatic stress disorder; Crohn's disease or ulcerative colitis; Systemic Lupus or any connective tissue disease?</li> <li>4. In the past 2 years, has any proposed insured: pled guilty or no contest or been convicted of a felony or misdemeanor; been charged with operating a motor vehicle under the influence of drugs and/or alcohol?</li> </ol>
<b>Short Term Disability</b>	<b>Underwriting Questions</b>
<b>Modified Issue</b>  (The medical question for the Sickness Hospital Sickness Rider attached to the Accident policy are similar to these questions)	<ol style="list-style-type: none"> <li>1. Have you tested positive for exposure to the Human Immunodeficiency Virus (HIV), been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or other sickness or condition derived from such infection?</li> <li>2. In the past 12 months, other than colds, flu, or normal pregnancy have you taken time off work or taken vacation for 5 or more consecutive days due to an injury, sickness, back, neck, knee, shoulder, joints, or muscular disorder?</li> <li>3. In the past 12 months, have you received medical advice, sought treatment, including medication, or been hospitalized for any of the following: Heart attack/heart surgery; Congestive Heart Failure; Stroke or transient ischemic attack (TIA); High blood pressure treated with 3 or more medications; Insulin Dependent Diabetes; Cancer (except basal cell skin cancer); Hepatitis B or C; Cirrhosis; or Kidney Disease (except stones)?</li> </ol>
<b>Simplified Issue</b>  Applicant must answer both the Modified Issue questions as well as the Simplified Issue questions	<ol style="list-style-type: none"> <li>1. Height and Weight</li> <li>2. In the past 5 years, have you received medical advice or sought treatment, including medication, for any of the following: Heart attack/heart surgery; Congestive Heart Failure; Stroke or transient ischemic attack (TIA); Cancer (except basal cell skin cancer); End Stage Renal/Kidney Disease; Chronic Obstructive Pulmonary Disease/Emphysema; Liver Disease/Hepatitis B or C/Cirrhosis; Neurological Disorder/Multiple Sclerosis; Chronic Fatigue Syndrome; Fibromyalgia?</li> <li>3. In the past 5 years, have you received medical advice or sought treatment, including medication, for any of the following: Disease or disorder of the back, neck, knees, joints, muscles; Carpal Tunnel Syndrome; Diabetes; Blood Pressure Reading of 140/90 or above?</li> <li>4. In the past 5 years, have you had any medical advice, diagnostic test, hospitalization, or physical exam that indicated a sickness or injury not listed above?</li> <li>5. Are you taking in medications?</li> </ol>