

Sample Communication Materials

(Auto, Home,

Farmington,

Computer Purchase)

Purchasing Power
meeting with
state of xyz

Feb. 7, 2007

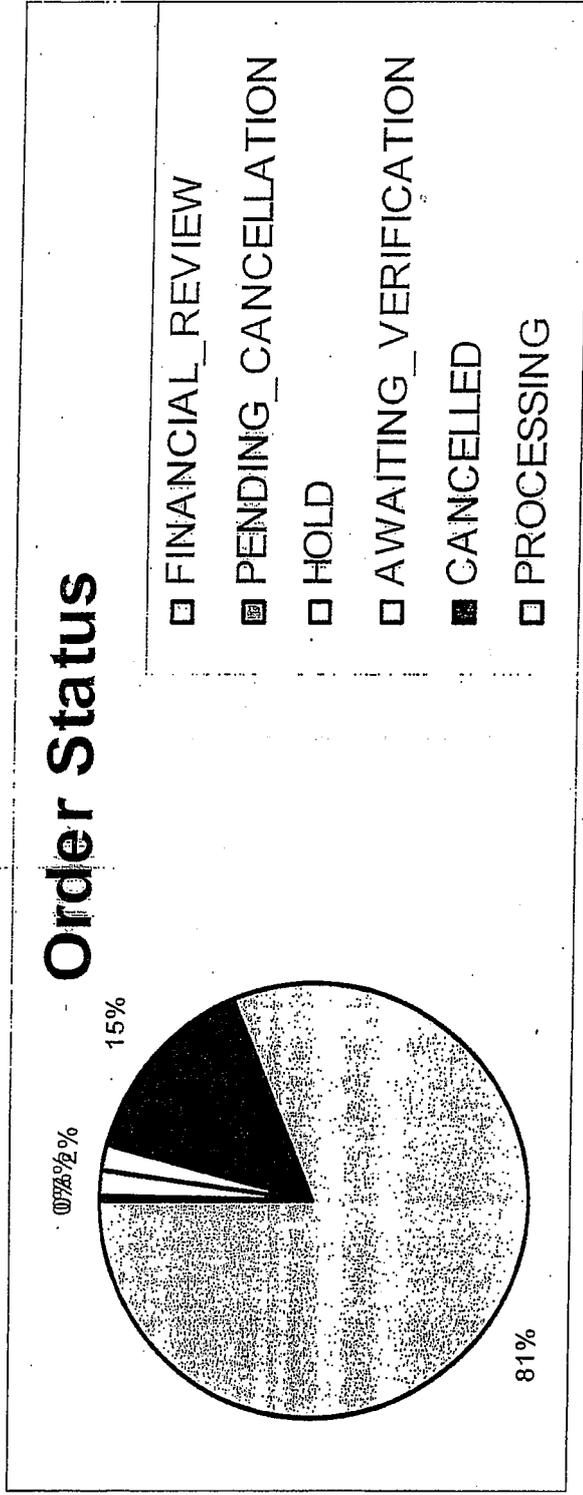
Agenda

- Historic Order Breakdown
- Verification Process
- Return/Cancellation Policy
- Product review process
- 2007 Communication Plan
- “Outstanding Items”
- Comments

Historic Order Breakdown

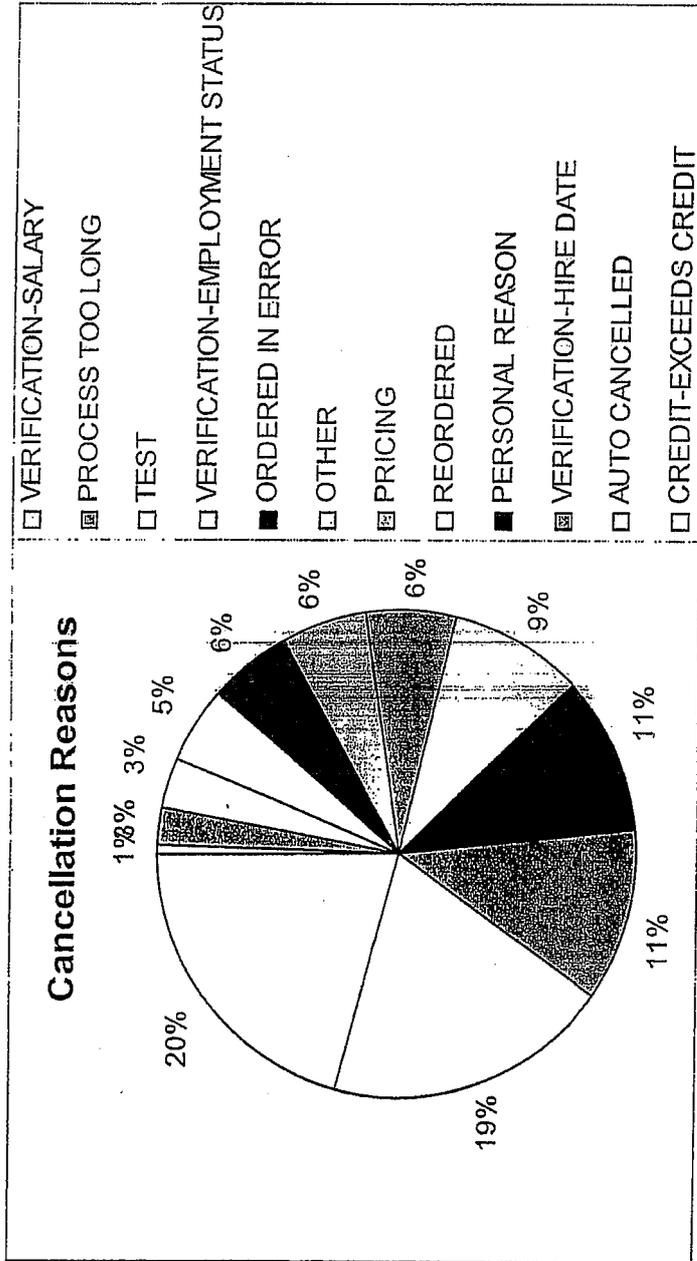
- Participation
 - 1067 orders have been taken from employees
 - 866 have been 'Processed'
 - 2.1% of the 40,585 eligible employees

Historic Order Breakdown



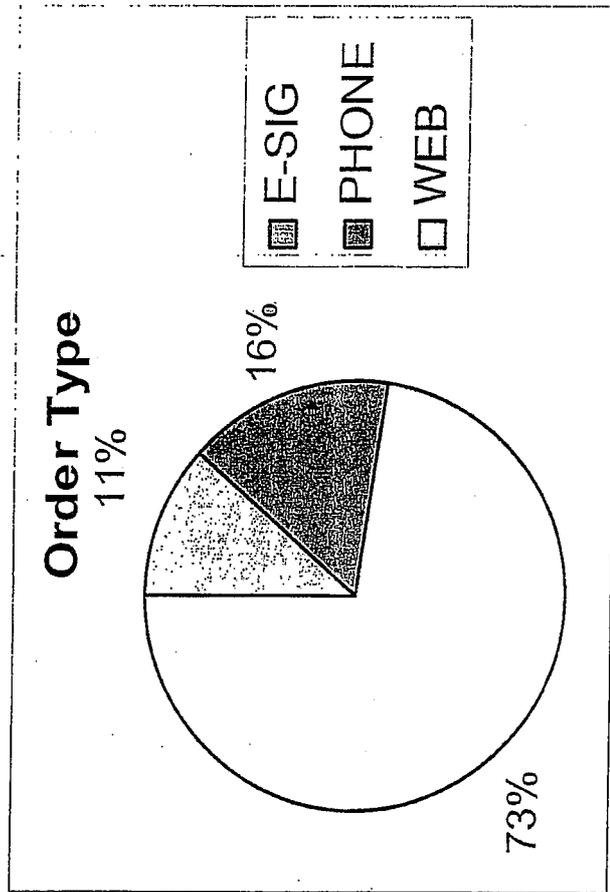
- 81% 'Processed' orders is above the PPC average

Historic Order Breakdown



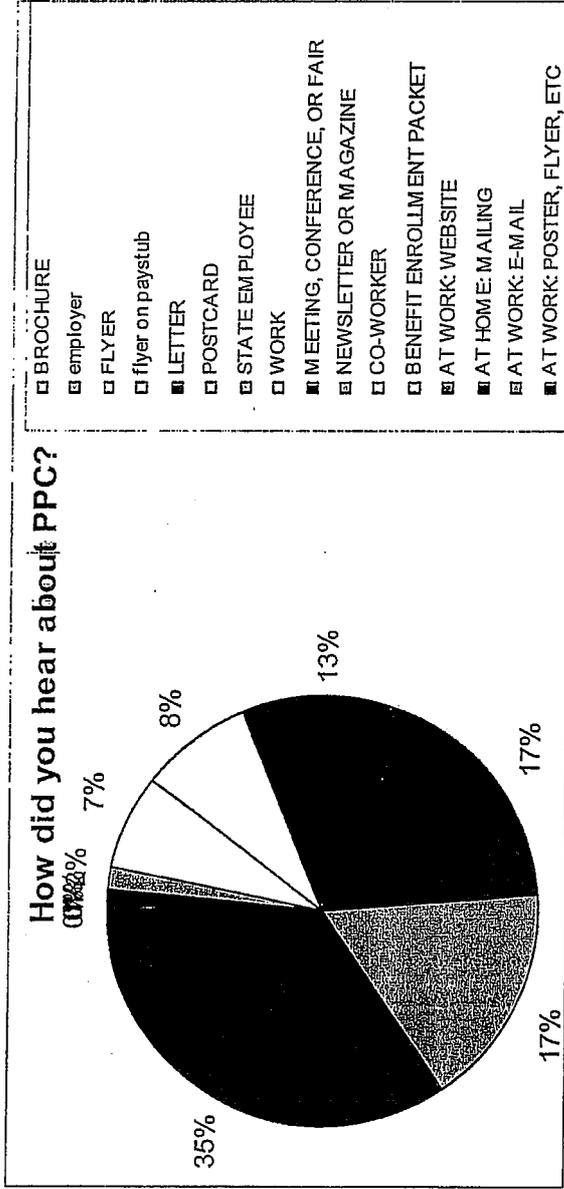
- 15% of all orders taken are cancelled
- 20% of the cancelled orders are for employees exceeding the credit limit
- 19% are auto cancelled after 30 days

Historic Order Breakdown



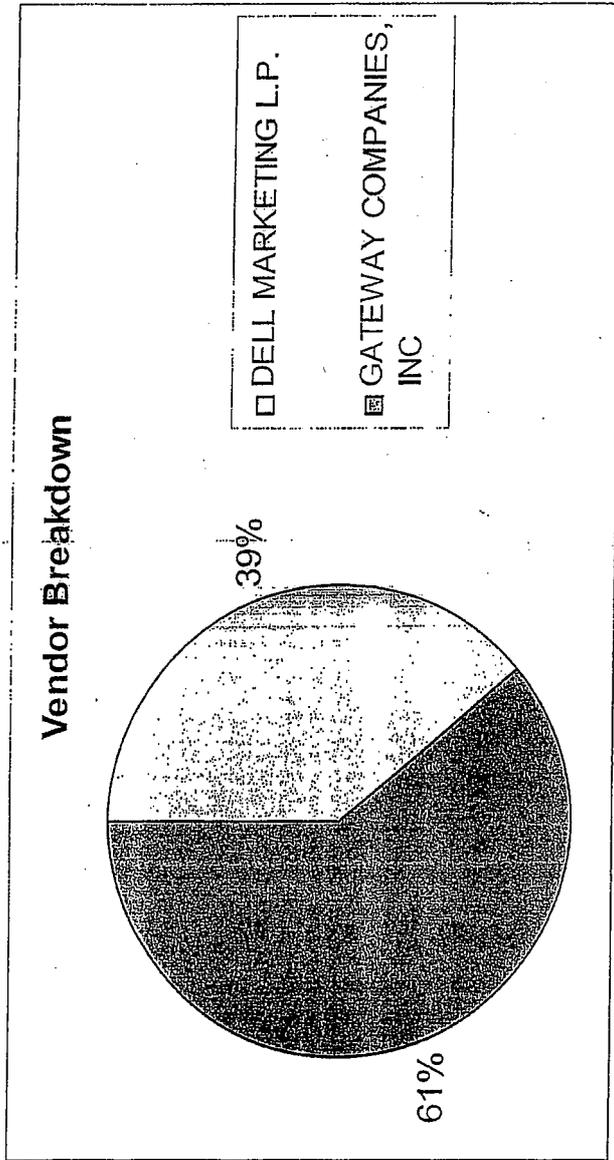
- 73% of orders come over the web
- This is 8% above the 2006 PPC average

Historic Order Breakdown



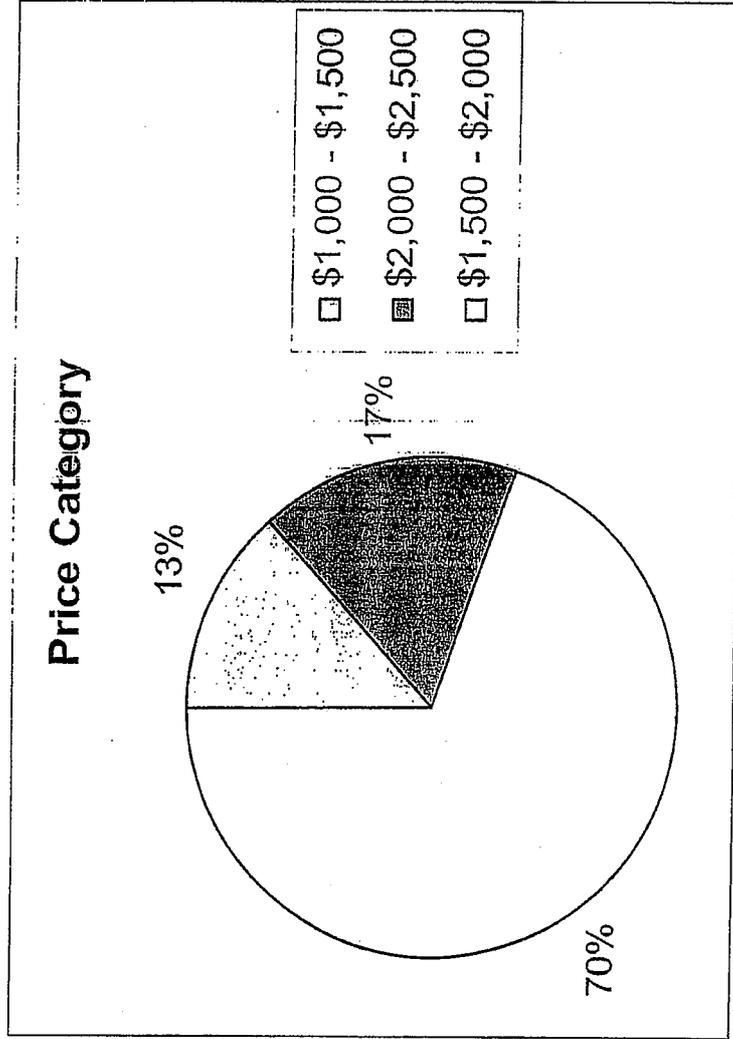
- Employees seemed to find out about the program the most from materials they saw at work. These include printed materials, email, and the website.
- The next most effective channel was the home mailing.

Historic Order Breakdown



- Gateway outperformed Dell due in part to the more aggressive pricing PPC was able to get from Gateway during the Holiday season

Historic Order Breakdown



- 70% of the orders had a price between \$1,500 - \$2,000
- The average order was \$1,660

2007 Communication Plan

- Communication Channels
 - Home Mailer
 - Email
 - Paycheck Stuffers
 - Posters
 - Flyers
 - Newsletter

2007 Communication Plan

- **March**
 - 46,000 Paycheck stuffers
 - Email
 - Newsletter – Copper Dome
 - Flyers and Posters
- **July**
 - 46,000 Paycheck stuffers
 - Email
 - Newsletter – Copper Dome
 - Home Mailer
 - Flyers and Posters
- **November**
 - 46,000 Paycheck stuffers
 - Email
 - Newsletter – Copper Dome
 - Home Mailer
 - Flyers and Posters

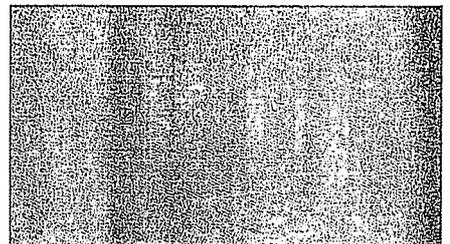
Comments?

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Travelers
AutoHome
Insurance
Program

*Marketing Communications
Installation Kit*



 **TRAVELERS**

Sample Marketing Communication Plan

Travelers will work closely with you to prepare and produce a marketing communication plan. At your discretion, our services will include consultation/development of customized direct mail, print, email and other materials, print and production management, and reporting results.

Below is a sample marketing communication plan to build and support program awareness and participation.

Communication Vehicle	Objective	Timeframe
Program Announcement Letter/Email/Voicemail	To create awareness of the upcoming implementation of the program.	Six to four weeks prior to program launch.
Email/Voicemail Kickoff	To encourage program participation.	Three to five days prior to event/program launch.
Direct Mail	To provide specific information about the program with a call-to-action.	Program launch date.
Flyers Posters Giveaways	To raise program awareness and drive call-to-action.	Program launch date.
Internet/Intranet Co-Branded Website	To provide the ability to request quotes and possibly issue policies online.	Program launch date.
Email Communications	To promote ongoing availability of the program.	Periodically.
Stuffers	To increase overall program response.	Anytime after initial launch.
Articles	To provide educational information while reinforcing program availability.	Ongoing.

Sample Announcement Article/Letter

Below is a sample article or letter announcing the availability of the program. It can be placed in print and online newsletters, mailed/distributed to target audience, or posted on bulletin boards and other newsworthy locations.

A New Benefit Is Coming Your Way That Could Save You Money!

When was the last time you shopped for auto and home insurance? Whether it was last week or last year, you may want to take another look by comparing your policies to the new Auto and Home Insurance Program from Travelers for [XYZ members/employees/associates/customers].

Advantage of Group Buying Power

[XYZ Company/Association] and Travelers, one of America's leading insurers, have come together to offer low, competitive group rates which are not available to the general public. That means you could possibly save hundreds on your auto and home insurance.

Quality Insurance Solutions

Beyond highly competitive group rates, this new benefit program gives you protection tailored to your individual lifestyle. From auto, homeowners, condo, renters, and umbrella protection to coverage for computers, identity theft, special valuables and boats, the Auto and Home Insurance Program from Travelers will safeguard the things that matter most.

Attentive Service

You'll also benefit from truly superlative service. Friendly licensed insurance counselors will take the time to understand your insurance needs and help you understand your options. And you'll talk to a live person in the unfortunate event of a claim – any time of the day or night – who will start your claim and can dispatch a local adjuster.

Watch Your Mailbox

Be on the lookout for additional information coming to you soon. This [XYZ] package will provide details about the program and how to find out if you can get a better value on your auto and home insurance.



Sample Email/Voicemail Kickoff Announcement

Emails/voicemails are other effective marketing vehicles to increase awareness and support the program launch. Choose from the samples below or provide copy/script direction.

Sample A:

Imagine being able to save money on your auto and home insurance just because you're a(n) [employee/member/customer] of [XYZ Company/Association]? It soon will be a reality.

Starting on [date], you may get better rates from Travelers through the [XYZ employee/member/customer] Auto and Home Insurance Program. These special rates are available to you and your family – and not the general public.

This [employee/member/customer] program offers other advantages too, like convenient payment options, generous discounts on top of highly competitive group rates, and outstanding claims and customer service.

Please be on the lookout for more information that will be mailed directly to your home in the upcoming weeks.

Sample B:

I'm pleased to announce a new benefit that will be made available to [XYZ employees/members/customers] effective [date]. In our continuous efforts to bring you increased value in your benefits program, we're pleased to make the new Auto and Home Insurance Program from Travelers available to you.

This program is designed to help you get a better value on your auto and home insurance. It offers special group rates that are unavailable to the general public and is brought to you by one of the oldest and most respected companies in the nation.

Shortly, you will receive an information package in the mail. I ask that you please take a close look and find out how you may benefit from this special Auto and Home Insurance Program from Travelers.



Sample Flyers/Posters

Flyers, desk drops, and posters are a quick and easy way to build and support program awareness and participation. Travelers offers multiple templates that can be customized for you. Simply submit your order to your Travelers Account Manager.

TRAVELERS INSURANCE PROGRAM

COMING SOON



An Auto and Home Insurance Program from Travelers that may help you save money on your insurance!

- Low, competitive group rates
- Additional discounts to save you even more
- Convenient payment options
- 24-hour Claim Reporting Hotline
- Free, no-obligation rate quotes & coverage counseling

Call for a free rate comparison today!
1-800-000-0000

For Members of
ABC Association

TRAVELERS INSURANCE PROGRAM



Have you checked out Travelers Auto and Home Insurance Program?

For Employees of
XYZ COMPANY

Find out why so many of your fellow employees have switched to Travelers. You, too, may be able to get better coverage at a better price.

For a free rate comparison today!
1-800-000-0000

TRAVELERS INSURANCE PROGRAM

Have you checked out Travelers Auto and Home Insurance Program?



Find out why so many of your fellow members have switched to Travelers. You, too, may be able to get better coverage at a better price.

Call for a free rate comparison today!
1-800-000-0000

For Members of
ABC Association

TRAVELERS

Sample Co-Branded Website

Recent research shows most consumers prefer to comparison shop for auto insurance online. Travelers offers co-branded website capabilities that allow consumers to quote/issue policies online. The site also include safety information, coverage packages, and a dedicated toll-free number to speak to a licensed insurance counselor.

Custom banner ads are available to drive traffic to the site. Ads can be placed on your Intranet/Internet site.



Personal Insurance

Request an eQuote
Auto Insurance
Home Insurance
Other Insurance



Home page | Personal Insurance

Personal Insurance

Quality Coverage, Premium Service, Hassle-Free Claims!



▷ Request an equote

▷ Insurance Resource Center

- Auto
- Home
- Other Insurance

? Why Travelers

Travelers protects what is precious to you < more >

Welcome. As an associate of Denso Homeowners Insurance Program from competitive rates on auto and homeo your premiums-through regular deduc

Click Request an equote to explore



Get a fast and accurate Quote in less than 10 minutes!



Get Started
About You
Vehicle
Driver
Your Quote

Get a fast and accurate Quote in less than 10 minutes!

To help during the quoting process you may want to have a copy of your current auto insurance policy (Information and Vehicle Identification Number(s) (VIN) for your vehicle(s).

How many vehicles will be included in this quote?

Note: Your quote may include up to 4 vehicles.

How many drivers will be on this quote?

Note: Your quote may include up to 6 drivers.

Do you currently have auto insurance?

Is your current auto insurance policy with Travelers?

Do you have any other insurance policies with Travelers?

What is your zip code?

Information Disclosure - To offer you the most accurate quote, in addition to the information you provide us, we will collect information from consumer reporting agencies which may include but is not limited to motor vehicle reports, insurance claim history reports and insurance scores. Please review our Policy and Quoting Disclosure for more information.

You acknowledge that you have read the Information Disclosure above and our Policy and Quoting Disclosure, agree to the Terms & Conditions set forth on this site and would like to continue. Yes No

Need Help?

Want to speak with a licensed insurance representative?

Call us now at 800-800-8888 or e-mail us: travelers@travelers.com

What's New?

- **Multi-Task at Once!**
 - Include on my quote?
 - How many vehicles and drivers can I include on my quote?
 - Is my information accurate?
 - Will this quote affect my credit rating?

Did You Know?

Travelers was the first company in America to insure against accidents in 1964.

Next About You

Privacy | Legal Notice | Security | Call 1-888-800-8888 for assistance
©2000 The St. Paul Travelers Companies, Inc. All Rights Reserved.



Get Started



Get Started
About You
Vehicle
Driver

Coverage Package Options

Here are some options of packaged coverages to start with:

Basic
\$1260

Regular
\$1395

Plus
\$1567

The selected quote is based on standard Coverage

Select any of the coverage package options above to see details on each below.

- Or -

You may make changes below to create your own custom quote.

Policy Coverages	
Bodily Injury/Liability Coverage	\$100,000/\$300,000
Property/Damage Coverage	\$100,000
Uninsured/Underinsured Motorist Bodily Injury Coverage	\$100,000/\$300,000
Uninsured/Underinsured Motorist Coverage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical Payments Coverage	\$1,000
PIP (Basic Repairs/Optional Coverages)	<input type="checkbox"/> decline this coverage
ADP (Added Repairs/Optional Coverages)	<input type="checkbox"/> decline this coverage

Buy Online

Buy your policy online today! Pay In Full or Make Monthly Installments

Call to Buy

Policies are like to someone? Speak with a licensed representative and purchase your policy over the phone.

Next Quoting Details

Privacy | Legal Notice | Security | Call 1-888-800-8888 for assistance
©2000 The St. Paul Travelers Companies, Inc. All Rights Reserved.



Sample Banner Ads

Skyscrapers

Insurance that keeps up and keeps you in-synch.

TRAVELERS
Insurance. In-synch.™

Rectangles

TRAVELERS
Auto and Home Insurance Program
1-800-842-5936

TRAVELERS
Auto and Home Insurance Program

Auto and Home Insurance Program
1-800-842-5936

TRAVELERS

Auto and Home Insurance Program

TRAVELERS

TRAVELERS Auto and Home Insurance Program
1-888-695-4640

TRAVELERS
Insurance. In-synch.™

Banners

Insurance that keeps up and keeps you in-synch.

TRAVELERS
Insurance. In-synch.™

Click here for an online auto insurance quote.

TRAVELERS



XYZ COMPANY

A program especially for XYZ [employees/members].

TRAVELERS

Sample Email Communications

Email is another medium type available to you. Travelers will develop custom designs and copy that speaks to your audience in a relevant and meaningful way.

Top 5 Reasons Employees Switch to the Auto and Home Insurance Program from Travelers

1. Savings. Many who switch are saving hundreds on their auto insurance rates.
2. Additional Discounts. Potential savings can be even greater with big discounts for safe driving, driver training, multi-car, safety equipment and hybrid vehicles.
3. One-Stop Shopping. From auto, home, renters and flood protection to boat and high-value items and identity theft coverage, this program offers a host of product solutions to meet your personal needs.
4. Convenient Payment Options. Pay by phone, mail, checking or savings account.
5. Local Claim Service. Auto and property adjusters are located countrywide to handle your claim with speed and skill. In fact, more than 90% of policyholders who have had a claim have said they would recommend Travelers to a friend.



Find out why you should consider switching. Call 1-888-237-9230 or click here for a free no-obligation rate quote.

TRAVELERS
Insurance. In-synch.™

Insurance is underwritten by The Travelers Indemnity Company or one of its property casualty affiliates. The Auto Insurance is offered by Travelers MGA Inc. and underwritten by Connecticut Casualty Mutual in New Jersey are underwritten by Travelers Auto Insurance Co. of New Jersey, a single state entity company.

Coverage, amounts and billing options are subject to state availability, individual qualifications and underwriting.

© 2006 The St. Paul Travelers Company, Inc.

Employees Are Switching to the XYZ Company Auto and Home Insurance Program offered by Travelers



1. Savings. Many who switch are saving hundreds on their auto insurance rates.
2. Additional Discounts. Potential savings can be even greater with big discounts for safe driving, driver training, multi-car, safety equipment and hybrid vehicles.
3. One-Stop Shopping. From auto, home, renters and flood protection to boat, high-value items and identity theft coverage, this program offers a host of product solutions to meet your personal needs.
4. Convenient Payment Options. Pay by phone, mail, online or EFT from your checking or savings account.
5. Local Claim Service. Auto and property adjusters are located countrywide to handle your claim with speed and skill. In fact, more than 90% of policyholders who have had a claim have said they would recommend Travelers to a friend.

why you
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TRAVELERS
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2. Additional Discounts. Potential savings can be even greater with big discounts for safe driving, driver training, multi-car, safety equipment and hybrid vehicles.
3. One-Stop Shopping. From auto, home, renters and flood protection to boat, high-value items and identity theft coverage, this program offers a host of product solutions to meet your personal needs.
4. Convenient Payment Options. Pay by phone, mail, online or EFT from your checking or savings account.
5. Local Claim Service. Auto and property adjusters are located countrywide to handle your claim with speed and skill. In fact, more than 90% of policyholders who have had a claim have said they would recommend Travelers to a friend.



Find out why you should consider switching too. Call 1-888-237-9230 or click here for a free no-obligation rate quote.

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XYZ COMPANY

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Sample Content Articles

Maintain That Clothes Dryer

According to a U.S. Consumer Product Safety Commission report released last year, there were nearly 10,000 annual residential fire losses in which the source of the fire was in the clothes dryer or vent. Dryers are the third most common type of equipment involved in fires, ranking behind stoves and fixed area heaters.

Clothes dryers can catch fire due to the excessive lint build-up in the exhaust pipe or inside the dryer; this lint build-up is often out-of-sight. As a result, you should take the following steps to reduce the chance of your dryer starting a fire:

Following the manufacturer's instructions when installing the vent pipe.

- Keep the dryer vent clean and unplugged. Check for a plugged vent if the dryer does not dry clothes efficiently.
- Remove and clean the lint screen before each use.
- Keep all combustibles away from the clothes dryer.
- Hire a qualified technician to periodically inspect gas clothes dryers.

These tips are brought to you by Travelers and <Sponsor> to ensure the safety and security of you and your family. Learn more and find out how to get your auto and homeowners insurance in-synch with your needs at special group rates, call <phone number> or visit <URL>.

Pursue Homeowners Insurance Discounts

There is a good chance that you may be paying too much for your homeowners insurance. This is particularly true if you are unaware of the numerous discounts available for this coverage. The following discounts are ones you should inquire about. Some may not be available in all states and from all insurers, but it doesn't hurt to ask. These discounts may significantly lower your insurance premium.

Home/Car Discount. Many insurers offer discounts of up to 15 percent if they provide both your homeowners and personal automobile insurance. This can reduce your premium on both policies.

Protective Devices. If your home contains smoke alarms, fire extinguishers, burglar and fire alarms reporting to a central station, or deadbolts on all exterior doors, you could save up to 15 percent depending on the protective device.

New/Renovated Home. Many insurers offer discounts up to 25 percent if your home is less than 5 or 10 years old since newer homes tend to experience fewer losses. In addition, home that have substantial renovations can also qualify for this discount if the specified work has been performed by a qualified (licensed when necessary) contractor with proper documentation.

These tips are brought to you by Travelers and <Sponsor> to ensure your homeowners policy is in step with your life. Learn more and find out how to get your auto and homeowners insurance in-synch with your needs at special group rates, call <phone number> or visit <URL>.



Sample Content Articles

Check Your Tires Lately?

If you're like most people, you probably don't inspect your tires on a monthly basis. Under normal conditions, your tires can lose one pound per square inch (psi) per month. Keeping your tires properly inflated, evaluated and rotated will improve fuel economy, increase the life of your tires, and most importantly protect you and your family from avoidable breakdowns and accidents.

Don't just check your tire pressure with your eyes. Use a tire pressure gauge to get an accurate tire pressure reading when the tires are cold. (A cold tire is one that has not been driven on for at least three hours.) You'll find the recommended tire pressure on the vehicle's tire information placard or in your owner's manual.

Evaluate the tire for wear when measuring the tire pressure too. If the tread is worn down to 1/16 of an inch, the tire is unsafe and should be replaced. Place a penny in tire's tread with Lincoln's head upside down and facing you. If you can see the top of Lincoln's head, your tires are worn and need to be replaced.

To curb irregular wear, rotate your tires from front to back and side to side every 5,000 miles. This practice will extend the life of your tires.

These tips are brought to you by Travelers and <Sponsor> to ensure the safety and security of you and your family. Learn more and find out how to get your auto and homeowners insurance in-synch with your needs at special group rates, call <phone number> or visit <URL>.

Many Americans Unsure if Their Homeowners Insurance is In-Synch with Their Needs; Travelers Survey Suggest Potentially Costly Gaps

A substantial proportion of American homeowners are unsure of what homeowners coverage they have for specific circumstances, according to the "Travelers In-Synch Homeowners Insurance Study" released by Travelers and conducted by Harris Interactive. If they are underinsured, even a seemingly insignificant event could leave their homes and finances vulnerable.

The research data showed that:

- Nearly three in ten (27 percent) are not sure whether their policy will cover replacement cost of rebuilding if the home is damaged.
- At least one-quarter (26 percent) report they are unsure whether damage caused by natural disaster is covered under their policy.
- Over one-third (36 percent) are unsure whether their policy will cover damage caused by a hurricane.
- Four in ten (42 percent) are uncertain about earthquake coverage.
- One-quarter (26 percent) are unsure about flood damage.
- More than one-third (37 percent) are not sure whether their policy will cover hotel stays if their home is damaged.



Sample Content Articles

What To Do If Your Car Breaks Down

If you are in an accident or your car breaks down, safety should be your first concern. Getting out of the car at a busy intersection or on a highway to change a tire or check damage from a fender bender is probably one of the worst things you can do. The Insurance Information Institute (I.I.I.) recommends the following precautions when your car breaks down:

1. Never get out of a vehicle to make a repair or examine the damage on a busy highway. Get the vehicle to a safe place before getting out. If you've been involved in an accident, motion the other driver to pull up to a safe spot ahead.
2. If you can't drive the vehicle, it may be safer to stay in the vehicle and wait for help or use a cell phone to summon help. Under most circumstances standing outside the vehicle in the flow of traffic is a bad idea.
3. Carry flares or triangles to use to mark your location once you get to the side of the road. Marking your vehicle's location to give other drivers advance warning can be critical. Remember to put on your hazard lights!
4. In the case of a blowout or a flat tire, move the vehicle to a safer place before attempting a repair – even if it means destroying the wheel getting there. The cost of a tire, rim or wheel is minor compared to endangering your safety.

These tips are brought to you by Travelers and <Sponsor> to ensure the safety and security of you and your family. Learn more and find out how to get your auto and homeowners insurance in-synch with your needs at special group rates, call <phone number> or visit <URL>.

Pool Safety

Every year about 43,000 people are injured in and around swimming pools and more than 600 people drown in home or public pools. Half of the pool fatalities occur in the yards of single-family homes.

Here are some pool safety tips you should follow:

1. Never leave small children unsupervised – even for a few seconds.
2. Put fencing around the pool area to keep people from using the pool without your knowledge.
3. Keep children away from pool filters, as the suction force may injure them or prevent them from surfacing.
4. Be sure all pool users know how to swim. Learners should be accompanied by a good swimmer.
5. Don't swim alone or allow others to swim alone.
6. Check the pool area regularly for glass bottles, toys or other potential accident hazards.

 **TRAVELERS**

Sample Content Articles

7. Keep CD players, radios and other electrical devices away from pools or nearby wet surfaces.
8. Don't allow anyone who has been drinking alcohol to use the pool.
9. Stay out of the pool during rain or lightning storms.
10. Never dive into an above-ground pool and check the water depth before plunging into an in-ground pool. Keep clear of the area near the diving board.
11. Don't swim if you're tired or have just finished eating.

These tips are brought to you from the Insurance Institute by Travelers and <Sponsor> to ensure the safety and security of you and your family. Learn more and find out how to get your auto and homeowners insurance in-synch with your needs at special group rates, call <phone number> or visit <URL>.

Safe Cars for Teens

If your teenager has just gotten a driver's license, it may be hard to imagine handing over the keys to your brand new car, but that may be the smartest vehicle to choose.

The first years teenagers spend as drivers are very risky. In fact, teen drivers have the highest death rates of any age group. The National Highway Traffic Safety Administration (NHTA) reports that 3,620 drivers between the ages of 15 and 20 died in motor vehicle crashes in 2004, up 5.0 percent from 3,449 in 2003.

While getting a driver's license is an exciting rite-of-passage for teens, it can be enough to make parent frantic. However, the Insurance Institute for Highway Safety (IIHS) and the Insurance Information Institute (I.I.I.) say there is something worried parents can do to protect their teens – choose a safety vehicle.

Avoid vehicles that encourage reckless driving. Teen drivers not only lack experience, but may also lack maturity. As a result, speeding and reckless driving are common.

Sports cars and other vehicles with high performance features, such as turbocharging, are likely to encourage speeding. Choosing a vehicle with a more sedate image will reduce the chances your teen will be in a speed-related crash.

Don't let your teen drive an unstable vehicle. Sport utility vehicles, especially the smaller ones, are inherently less stable than cars because of their higher centers of gravity. Abrupt steering maneuvers – the kind that can occur when teens are fooling around or over-correcting a driver error – can cause rollovers where a more stable car would, at worst, skid or spin out.

 **TRAVELERS**



BE WELL. BE SMART. BE PROTECTED.

Allstate at Work[®]

cancer insurance

including 20 Other Specified Diseases

In addition to cancer coverage, this supplemental insurance pays you benefits for 20 other specified diseases:

Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Typhoid Fever, Bubonic Plague, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Epidemic Cerebrospinal Meningitis, Undulant Fever, Sickle Cell Anemia, Rocky Mountain Spotted Fever, Smallpox, Addison's Disease, Hansen's Disease, Tularemia.

No one likes to think about getting cancer. But it will still affect **1 in 2 men** and **1 in 3 women**.¹ Cancer may not be preventable, but you can protect yourself from some of the costs. Cancer and specified disease insurance can help you: Manage the high expenses of treatment; Preserve savings; Protect your family from financial hardship; Concentrate on getting well.

Cancer insurance from Allstate Workplace Division pays you benefits that can be used for non-medical cancer-related expenses that health insurance might not cover.

- The policy is guaranteed renewable for life, subject to change in premiums by class.
- Benefits paid directly to you unless assigned
- Benefits paid in addition to any other coverage
- Individual or family coverage

Would your finances survive cancer or specified disease treatments?

¹ American Cancer Society, *Cancer Facts & Figures*, 2003.



Allstate.

Workplace Division

Allstate Workplace Division's (AWD) CP10 Cancer/ Specified Disease Policies

Benefits Added to Base Policy	210
<p>Wellness Benefit Rider (WBR3) – AWD pays the amount shown each year for each covered person for one of the following cancer screening tests: Bone Marrow Testing; CA15-3 (blood test for breast cancer); CA125 (blood test for ovarian cancer); CEA (blood test for colon cancer); chest X-ray; colonoscopy; flexible sigmoidoscopy; hemocult stool analysis; Pap smear, including ThinPrep Pap Test; PSA (blood test for prostate cancer); Serum Protein Electrophoresis (test for myeloma); or biopsy for skin cancer. This benefit is payable only once for each covered person each calendar year. This benefit is paid regardless of the result of the test(s).</p>	\$75/year
<p>Cancer Initial Diagnosis Level Benefit Rider (CLR1) – AWD pays a one-time benefit of the amount shown for each covered person, when a covered person is diagnosed for the first time ever as having cancer (other than skin cancer). The first diagnosis must occur after the waiting period and is payable only once for each covered person.</p>	One time \$5,000
Hospitalization-Related Benefits	
<p>Hospital Confinement – AWD pays the amount shown for each day a covered person is admitted to and confined as an inpatient in a hospital up to a maximum of 70 days for each period of continuous hospital confinement.</p>	\$200/day
<p>Extended Benefits – AWD pays the hospital charges up to the amount shown for each day if continuous hospital confinement lasts more than 70 days. Paid in lieu of all other benefits.</p>	\$200/day
<p>Government or Charity Hospital – AWD pays the amount shown each day in lieu of all other benefits in the policy when confined to a hospital operated by or for the U.S. Government (including the Veteran's Administration) or a hospital that does not charge for the services it provides.</p>	\$100/day
<p>Inpatient Drugs and Medicine – AWD pays in-hospital charges up to the amount shown for each day of continuous hospital confinement, up to 70 days.</p>	\$10/day
<p>Physician's Attendance – AWD pays charges up to the amount shown each day for a visit by a physician during a covered hospital confinement, up to 70 days. Limited to one visit a day by one physician.</p>	\$30/day
<p>Ambulance – AWD pays charges up to the amount shown for each continuous hospital confinement for transportation by a licensed ambulance service or a hospital owned ambulance for transporting a covered person.</p>	\$200/ Confinement
<p>Private Duty Nursing Services – AWD pays charges up to the amount shown each day while hospital confined, up to 70 days, when required and authorized by the attending physician.</p>	\$100/day
Transportation and Lodging Benefits	
<p>Family Member Lodging and Transportation – AWD pays the following benefits for one adult member of the covered person's family to be near the covered person, when a covered person is confined in a non-local hospital for specialized treatment. Lodging – Cost of a single room up to amount shown for each day up to 60 days for each continuous hospital confinement. Transportation – Cost of round trip coach fare on common carrier, or amount shown for each mile up to 700 miles personal vehicle allowance for each continuous hospital confinement. We do not pay this transportation benefit if the personal vehicle transportation benefit is paid under the Non-Local Transportation benefit, when the family member lives in the same city or town as the covered person.</p>	1. Lodging up to \$100/day 2. Trans. by round trip coach or \$0.40 mile personal auto
<p>Non-Local Transportation – AWD pays the cost of round trip coach fare by common carrier or the amount shown for each mile up to 700 miles for round trip personal vehicle transportation for treatment at a hospital (inpatient or outpatient), Radiation Therapy Center, Chemotherapy or Oncology Clinic, or any other specialized freestanding treatment center nearest to the covered person's home, provided the same or similar treatment cannot be obtained locally. "Non-local" means a round trip of more than 70 miles from the covered person's home to the nearest treatment facility. Does not cover transportation for someone to accompany or visit the person receiving treatment; or visits to physician's office/clinic for services other than actual treatment.</p>	Trans. by round trip coach or \$0.40 mile personal auto
<p>Outpatient Lodging – AWD pays cost, up to the amount shown, of a single room for each day a covered person is receiving radiation or chemotherapy treatment on an outpatient basis. Limited to maximum shown each 12 month period beginning with the first day of benefit under this provision. Outpatient treatment must be received at a treatment facility more than 100 miles from the covered person's home. Must be authorized by the attending physician and cannot be obtained locally.</p>	\$100/day Max. of \$4,000/ 12 months

Extended Care Benefits

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Hospice Care – AWD pays one of the following if a covered person has been diagnosed by a physician as terminally ill and the attending physician has approved services. Payable only if home care services or admission to a freestanding hospice care center occurs within 14 days after a period of inpatient hospital confinement. **Freestanding Hospice Care Center** – Charges up to amount shown each day for confinement in a licensed freestanding hospice care center. Benefits payable for hospice care centers that are designated areas of hospitals will be paid the same as inpatient hospital confinement; or **Hospice Care Team** – Charges up to amount shown for each visit, limited to 1 visit a day, for home care services by a hospice care team. Home care services are hospice services provided in the patient's home.

\$100/day or
\$100/visit

Extended Care Facility – AWD pays charges up to the amount shown for each day a covered person is confined, at the direction of the attending physician, in an extended care facility when confinement begins within 14 days after hospital confinement. Limited to the number of days of the previous continuous hospital confinement.

\$100/day

At Home Nursing – AWD pays charges up to the amount shown each day for private nursing care and attendance by a nurse at home. Must be required and authorized by the attending physician and must begin within 14 days after confinement as an inpatient in a hospital. Limited to the number of days of the previous continuous hospital confinement.

\$100/day

Other Cancer/ Specified Disease Treatments Benefits

Radiation Therapy, Radio-Active Isotopes Therapy, Chemotherapy and Immunotherapy – AWD pays charges up to \$10,000 each 12 month period beginning with the first day of benefit under this provision for covered treatment techniques used for the modification or destruction of cancerous tissue.

\$10,000/
12 months

Blood, Plasma and Platelets – AWD pays charges up to \$10,000 each 12 month period beginning with the first day of benefit under this provision for blood, plasma, platelets and transfusions (including administration charges); processing and procurement costs; and cross matching. Donor replaced blood is not covered.

\$10,000/
12 months

New or Experimental Treatment – AWD pays charges up to the maximum shown for each 12 month period beginning with the first day of treatment under this provision when the attending physician judges such treatment necessary and no other generally accepted treatment produces superior results in the opinion of the attending physician. **Stem cell transplants are among the many procedures covered under this benefit.**

\$10,000/
12 months

Surgery – AWD pays the reasonable and customary charges for the surgeon's fee for a surgical operation not to exceed \$3,500. **The Surgeon's charge for reconstructive breast surgery is among the many surgeries covered. Assistant and co-surgeons are not covered.**

Up to \$3,500
per surgery

Second Surgical Opinion – AWD pays charges up to the amount shown. Must be incurred after diagnosis and before surgery.

\$200

Anesthesia – AWD pays charges of an anesthetist not to exceed 25% of the amount paid for surgery. The maximum benefit paid for skin cancer is \$100.

25% of surgery
or \$100 if skin
cancer

Ambulatory Surgical Center – AWD pays charges up to the amount shown each day when surgery is performed at an Ambulatory Surgical Center.

\$250/day

Physical or Speech Therapy – AWD pays charges up to the amount shown each day to restore normal body function.

\$25/day

Prosthesis – AWD pays charges up to the maximum shown for each prosthetic device prescribed as a direct result of surgery for cancer or specified disease treatment and which requires surgical implantation. Limited to \$2,000 for each covered person, for each amputation.

\$2,000

Skin Cancer – AWD pays charges for removal of skin cancer up to the amount shown when a physician who is not a pathologist diagnoses it. If more than one skin cancer is removed at the same time, AWD pays the amount shown for each additional skin cancer removed. **Skin cancers diagnosed by a pathologist are eligible for other policy benefits.**

\$120/1st
removal
\$60/each
additional

Mammography – AWD pays charges for (a) a mammogram for a covered person age 40 or over, limited to one mammogram each calendar year, for each covered person; (b) a mammogram for a covered person under age 40 if recommended by a physician. We pay this benefit regardless of the result of the test(s). There is no limit as to the number of years a covered person can receive this cancer screening test.

Changes

Waiver of Premium – AWD pays premiums that become due after primary insured is disabled as a direct result of cancer for 90 days for as long as the primary insured remains disabled. This includes premiums for riders attached to the policy.

Yes

premiums for 210

Issue Ages: 18-64

BASE PLAN - CP10B, WBR3 (3 UNITS), CLR1 (10 UNITS)			
Weekly			
ind.	\$5.94	family	\$10.02
Monthly			
ind.	\$25.71	family	\$43.39

Eligibility/Termination

Family Plan coverage may include you, your spouse and dependent children as defined in the policy. A child born to any covered person will be a covered person. Coverage for dependent children terminates on the policy anniversary next following the date the child is no longer eligible, which is either when the child marries or reaches age 21 (25 if a full-time student at an educational institution of higher learning beyond high school). Coverage for the insured's spouse ends upon valid decree of divorce.

Waiting Period

The policy and riders contain a 30-day waiting period that begins on the effective date. No benefits are payable for any covered person who has cancer or a specified disease diagnosed before coverage has been

in force 30 days from the effective date, except should a covered person have cancer or a specified disease first diagnosed after signing the application and before the end of the waiting period, benefits for treatment of that cancer or specified disease will apply only to loss commencing after 2 years from the effective date of the policy; or, at your option, you may elect to void the policy from the beginning and receive a full refund of premium, in accordance with the Notice of 30 Day Right to Examine Policy Provision.

Exceptions and Limitations

The policy does not pay for any loss except for losses due directly from cancer or specified disease. Diagnosis must be submitted to support each claim. Treatment must be received in the United States or its territories.

Hospice Care Team Benefit Limitation

Food services or meals other than dietary counseling, services related to well-baby care, services provided by volunteers or support for the family after the death of the covered person are not covered.

Renewability

The policy is guaranteed renewable for life, subject to change in premiums by class. All premiums may change on a class basis. A notice is mailed in advance of any change.

This brochure is for use in Pennsylvania.



Allstate

Workplace Division

Benefits are provided by Cancer/Specified Disease Insurance policy CP10B, or state variations thereof. Wellness Benefit Rider provided by rider WBR3, or state variations thereof. Cancer Initial Diagnosis Level Benefit Rider provided by rider CLR1, or state variations thereof. This brochure highlights some features of the policy and riders but is not the insurance contract. Only the actual policy and rider provisions control. The policy and riders set forth, in detail, the rights and obligations of both the insured and the insurance company. This is a Limited Benefit Cancer and Specified Disease Policy with Optional Riders. The policy and riders are not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Workplace Division. The policy and riders are underwritten by American Heritage Life Insurance Company.

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cancer insurance

Group Voluntary Cancer Insurance including Specified Disease Coverage

No one likes to think about getting cancer. But it will still affect 1 in 2 men and 1 in 3 women.¹ Cancer may not be preventable, but your employees can protect themselves from some of the costs. Cancer insurance can help your employees:

- Manage the high expenses of treatment
- Preserve savings
- Protect their families from financial hardship
- Concentrate on getting well

BE WELL. BE SMART. BE PROTECTED.

why it makes sense

In today's competitive workplace, a company that can offer a wide range of benefits for an employee to choose from generally has an easier time attracting and maintaining a qualified staff. We offer a series of plans for you to choose the level of coverage that's right for your employees.

It's hard to face the facts, but cancer will affect many of us — regardless of age, gender or lifestyle. While treatment has advanced the fight against cancer, it still occurs in 50% of men and 33% of women.¹ And it's always costly.

An average of 65% of cancer-related expenses are considered non-medical, which means some health insurance may not cover all costs.¹ Indirect costs can be twice as much as medical bills.¹ Indirect expenses can include things like transportation, food, missed work, lodging, home recovery and extended care. This is where cancer insurance can help out.

What Your Employees Get

- Benefits paid directly to the employee unless benefits are assigned to someone else
- Coverage to fit almost any family's budget
- Individual or family coverage
- Coverage can be converted to an individual plan if the employee leaves the group.

29 Other Diseases Also Covered

In addition to cancer coverage, this insurance pays benefits for 29 other specified diseases. They are: Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis (bacterial), Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaire's Disease (confirmation by culture or sputum), Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or Chronic C with liver failure or hepatoma), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Liver Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis.

For those benefits for which we pay actual charges up to a specified maximum amount (except benefits for Radiation and Chemotherapy; Blood, Plasma and Platelets; Bone Marrow and Stem Cell Transplant; New or Experimental Treatment; and Prosthesis), if specific charges are not obtainable as proof of loss, we will pay 50% of the applicable maximum for the benefits payable.

Offer Your Employees More

Health insurance companies often have different ideas about where they stop paying for cancer treatment. But if your employees could afford it, they probably wouldn't cut any corners.

If a cancer center in another city offered the best treatment, your employees would want to go—and have a family member there for support. They would want the best specialists, treatments, diets and medications. And a hospital stay that's covered no matter how lengthy. Maybe they'd want reconstructive surgery or childcare and housekeeping at home while they recover.

Optional Benefits

Your employees can add any of these extra benefits for additional premium.

- Cancer Initial Diagnosis
- Cancer Screening Benefit
- Intensive Care

¹ All cancer statistics in this brochure are from American Cancer Society, *Cancer Facts & Figures*, 2001.

BENEFIT CATEGORY 1 - HOSPITAL BENEFITS Choose 1 to 3 units in this category.	1 UNIT	2 UNITS	3 UNITS
<p>Continuous Hospital Confinement Pays amount shown per day, for each day of continuous hospital confinement for the treatment of cancer or specified diseases. The maximum number of days payable is 70 days for each period of continuous hospital confinement.</p>	\$100 per day 70 day max.	\$200 per day 70 day max.	\$300 per day 70 day max.
<p>Extended Hospital Confinement Pays actual charges up to the amount shown per day if a covered person is confined in a hospital for the treatment of cancer or a specified disease for more than 70 days of continuous hospital confinement for hospital room and board, medicine, laboratory tests and other hospital charges. This benefit begins on the 71st day of continuous hospital confinement. This benefit is paid in lieu of all other benefits payable during the continuous hospital confinement beginning on the 71st day under the Schedule of Benefits (except Waiver of Premium Benefit). This benefit continues as long as the covered person is continuously hospital confined.</p>	Up to \$100 per day	Up to \$200 per day	Up to \$300 per day
<p>Government or Charity Hospital Pays amount shown per day, in lieu of all other benefits in this policy (except Waiver of Premium Benefit).</p>	\$100 per day	\$200 per day	\$300 per day
<p>Private Duty Nursing Services Pays actual charges, up to the amount shown per day while hospital confined, if the covered person requires the full-time services of a private nurse. Full time means at least 8 hours of attendance during a 24-hour period. These services must be required and authorized by a physician and must be provided by a nurse.</p>	Actual charges up to \$100/day	Actual charges up to \$200/day	Actual charges up to \$300/day
<p>Extended Care Facility Pays actual charges up to the amount shown per day for each day a covered person is confined in an extended care facility for the treatment of cancer or specified disease. Confinement must be at the direction of the attending physician and must begin within 14 days after a covered hospital confinement. Benefit is limited to the number of days of the previous continuous hospital confinement.</p>	Up to \$100 per day	Up to \$200 per day	Up to \$300 per day
<p>At Home Nursing Pays actual charges up to the amount shown per day for private nursing care and attendance by a nurse at home. At home nursing services must be required and authorized by the attending physician and must begin within 14 days after a covered confinement as an inpatient in a hospital. Benefit is limited to the number of days of the previous continuous hospital confinement.</p>	Up to \$100 per day	Up to \$200 per day	Up to \$300 per day
<p>Hospice Benefits Pays one of the following benefits when a covered person has been diagnosed by a physician as terminally ill as a result of cancer or specified disease, is expected to live 6 months or less and the attending physician has approved services: 1. Freestanding Hospice Care Center - Pays actual charges up to the amount shown per day for confinement in a licensed freestanding hospice care center. Benefit is payable only if a covered person is admitted to a freestanding hospice care center within 14 days after a period of inpatient hospital confinement. Benefits payable for hospice centers that are designated areas of hospitals will be paid the same as inpatient hospital confinement; or 2. Hospice Care Team - Pays actual charges up to the amount shown per visit, limited to 1 visit per day, for home care services by a hospice care team. Home care services are hospice services provided in the patient's home. Benefit is payable only if home care services begin within 14 days after a period of hospital confinement. Does not pay for food services or meals other than dietary counseling, or services related to well-baby care, or services provided by volunteers, or support for the family after the death of the covered person.</p>	1. Up to \$100 per day 2. Up to \$100 per visit; max. 1 visit per day	1. Up to \$200 per day 2. Up to \$200 per visit; max. 1 visit per day	1. Up to \$300 per day 2. Up to \$300 per visit; max. 1 visit per day
BENEFIT CATEGORY 2 - RADIATION AND CHEMOTHERAPY Choose 2 to 4 units in this category.	2 UNITS	3 UNITS	4 UNITS
<p>Blood, Plasma and Platelets Pays actual charges, up to the amount shown per 12 month period, for blood, plasma and platelets (including transfusions and administration charges); processing and procurement costs; and cross-matching. Does not pay for blood replaced by donors.</p>	Actual charges up to \$5,000 per 12 mo. period	Actual charges up to \$7,500 per 12 mo. period	Actual charges up to \$10,000 per 12 mo. period

BENEFIT CATEGORY 2 – RADIATION AND CHEMOTHERAPY Choose 2 to 4 units in this category.	2 UNITS	3 UNITS	4 UNITS
<p>Radiation and Chemotherapy Pays actual charges, up to the amount shown per 12 month period for radiation therapy and chemotherapy received by a covered person.</p> <p>This benefit is limited to the amount shown per 12 month period beginning with the first day of benefit under this provision. Administration of radiation therapy or chemotherapy other than by medical personnel in a physician's office or hospital, including medications dispensed by a pump, will be limited to the costs of the drugs only, subject to the maximum amount payable per 12 month period.</p>	Actual charges up to \$5,000 per 12 mo. period	Actual charges up to \$7,500 per 12 mo. period	Actual charges up to \$10,000 per 12 mo. period
BENEFIT CATEGORY 3 – SURGERY AND RELATED BENEFITS Choose 1 to 3 units in this category.	1 UNIT	2 UNITS	3 UNITS
<p>Surgery When a covered surgery is performed on a covered person, this benefit pays the actual charges, up to the amount listed in the Schedule of Surgical Procedures for the specific procedure. Two or more procedures performed at the same time through one incision are considered one operation; we pay the amount for the procedure with the highest benefit. Covered surgery performed on an outpatient basis is paid at 150% of the scheduled benefit. This benefit does not pay for surgeries covered by other benefits in the Schedule of Benefits.</p>	Up to \$1,500 per surgery; depends on surgery	Up to \$3,000 per surgery; depends on surgery	Up to \$4,500 per surgery; depends on surgery
<p>Anesthesia Pays actual charges not to exceed 25% of the amount paid for the Surgery Benefit for anesthesia received.</p>	Up to 25%	Up to 25%	Up to 25%
<p>Ambulatory Surgical Center Pays actual charges for the use of an Ambulatory Surgical Center, up to the amount shown for a surgical procedure covered under the Surgery Benefit that is performed at an Ambulatory Surgical Center.</p>	Actual charges up to \$250 per day	Actual charges up to \$500 per day	Actual charges up to \$750 per day
<p>Second Surgical Opinion Pays actual charges up to the amount shown for the second surgical opinion, if physician recommends surgery. This second opinion must be rendered prior to surgery being performed, and obtained from a physician not in practice with the physician rendering the original recommendation.</p>	Actual charges up to \$200	Actual charges up to \$400	Actual charges up to \$600
<p>Bone Marrow or Stem Cell Transplant* Pays amounts shown for the following types of bone marrow or stem cell transplants performed on a covered person:</p> <ol style="list-style-type: none"> 1. A transplant which is other than non-autologous; 2. A transplant which is non-autologous for the treatment of cancer or specified disease, other than for Leukemia; 3. A transplant which is non-autologous for the treatment of Leukemia. <p>* This benefit is payable only once per covered person, per calendar year.</p>	Up to \$500/ calendar year	Up to \$1,000/ calendar year	Up to \$1,500/ calendar year
	Up to \$1,250/ calendar year	Up to \$2,500/ calendar year	Up to \$3,750/ calendar year
	Up to \$2,500/ calendar year	Up to \$5,000/ calendar year	Up to \$7,500/ calendar year
BENEFIT CATEGORY 4 – MISCELLANEOUS BENEFITS Available in 1 unit only.	1 UNIT	2 UNITS	3 UNITS
<p>Inpatient Drugs and Medicine Pays actual charges made by the hospital for drugs and medicine, while hospital confined up to the amount shown, for each day of continuous hospital confinement. This benefit does not pay for drugs and/or medicine covered under the Radiation and Chemotherapy Benefit.</p>	Up to \$25 per day	n/a	n/a
<p>Ambulance Pays actual charges up to amount shown per continuous hospital confinement for transportation by a licensed ambulance service or a hospital owned ambulance to or from a hospital in which the covered person is confined.</p>	Actual charges up to \$100	n/a	n/a
<p>Physical or Speech Therapy Pays actual charges up to amount shown per day, for physical or speech therapy for restoration of normal body function.</p>	Up to \$50 per day	n/a	n/a

BENEFIT CATEGORY 4 - MISCELLANEOUS BENEFITS Available in 1 unit only.	1 UNIT	2 UNITS	3 UNITS
<p>Outpatient Lodging Pays actual cost of daily lodging up to the amount shown per day when a covered person receives radiation or chemotherapy treatment on an outpatient basis, provided the specific treatment is authorized by the attending physician and cannot be obtained locally. Benefit is the actual cost of a single room in a motel, hotel, or other accommodations acceptable to AWD, up to a maximum of \$2,000/12 months during treatment. Outpatient treatment must be received at a treatment facility more than 100 miles from the covered person's home.</p>	Up to \$50 per day; up to \$2,000 per 12 mo. period	n/a	n/a
<p>Prosthesis Pays actual charges up to the amount shown for prosthetic devices which are prescribed as a direct result of surgery and which require surgical implantation.</p>	Up to \$2,000 per amputation	n/a	n/a
<p>Waiver of Premium If, while coverage is in force, the insured employee becomes disabled due to cancer first diagnosed after the effective date of coverage and remains disabled for 90 days, we pay premiums after such 90 days for as long as the insured employee remains disabled.</p>	Yes	n/a	n/a
<p>Physician's Attendance Pays actual charges up to the amount shown for a visit by a physician during hospital confinement. Benefit is limited to one visit by one physician per each day of hospital confinement. Admission to the hospital as an inpatient is required.</p>	Up to \$50 per day	n/a	n/a
<p>Non-Local Transportation Pays the following benefit for treatment at a hospital (inpatient or outpatient); or radiation therapy center; or chemotherapy or oncology clinic; or any other specialized freestanding treatment center nearest to the covered person's home, provided the same or similar treatment cannot be obtained locally. Benefit pays actual cost of round trip coach fare on a common carrier or \$0.40/mile, up to 700 miles, for round trip personal vehicle transportation. "Non-Local" means a round trip of more than 70 miles from the covered person's home to the nearest treatment facility. Does not cover transportation for someone to accompany or visit the person receiving treatment, visits to a physician's office/clinic or services other than actual treatment.</p>	Coach fare or \$0.40 per mile	n/a	n/a
<p>Family Member Lodging and Transportation Pays the following benefits for one adult member of the covered person's family to be near the covered person, when a covered person is confined in a non-local hospital for specialized treatment: 1. Lodging -- The actual cost of a single room in a motel, hotel, or other accommodations acceptable to AWD, up to the amount shown per day. Benefit is limited to 60 days for each period of continuous hospital confinement. 2. Transportation -- The actual cost of round trip coach fare on a common carrier or \$0.40/mile personal vehicle allowance, up to 700 miles per continuous hospital confinement. Does not pay the Family Member Transportation Benefit if the personal vehicle transportation benefit is paid under the Non-Local Transportation Benefit, when the family member lives in the same city or town as the covered person.</p>	1. Up to \$50 per day 2. Coach fare or \$0.40 per mile	n/a	n/a
<p>New or Experimental Treatment Pays actual charges, up to the amount shown per 12 month period, for new or experimental treatments. New or experimental treatments are covered for cancer and specified disease when: the treatment is judged necessary by the attending physician, and no other generally accepted treatment produces superior results in the opinion of the attending physician. This benefit is limited to the amount shown per 12 month period beginning with the first day of benefit under this provision. This benefit does not pay if benefits are payable for treatment covered under any other benefit in this Schedule of Benefits.</p>	Actual charges up to \$5,000 per 12 mo. period	n/a	n/a
<p>Comfort/Anti-Nausea Benefit Pays the actual charges up to amount shown per calendar year for anti-nausea medication prescribed for a covered person by a physician. This benefit does not pay for medication administered while the covered person is an inpatient.</p>	Up to \$200 per calendar year	n/a	n/a

OPTIONAL BENEFITS You may also choose from the following.

Cancer Initial Diagnosis (First Occurrence)

Available in 1 to 5 units. Pays a one-time benefit of \$1,000 per unit when a covered person is diagnosed for the first time as having cancer other than skin cancer. The first diagnosis must occur after the effective date of coverage for that covered person. Benefit is payable only once per covered person.

Cancer Screening Benefit

Available in 1 to 4 units. Pays \$25 per unit per calendar year for one of the following cancer screening tests performed: bone marrow testing, CA15-3 (cancer antigen 15-3 – blood test for breast cancer), CA125 (cancer antigen 125 – blood test for ovarian cancer), CEA (carcinoembryonic antigen – blood test for colon cancer), chest X-ray, colonoscopy, flexible sigmoidoscopy, hemocult stool analysis, mammography, pap smear, PSA (Prostate Specific Antigen – blood test for prostate cancer) and Serum Protein Electrophoresis (test for myeloma). This benefit is paid regardless of the result of the test.

Intensive Care Unit

Available in 2 to 8 units. Pays \$100 per unit for each day of confinement in a hospital intensive care unit. Begins with the first day of admission and pays up to 45 days. For time periods less than a day (24 hours), a pro-rata share of the daily benefit is paid. Pays actual charges for ambulance transportation to a hospital for admission to an intensive care unit for a covered confinement; This benefit is not paid if paid under the Ambulance Benefit of the base coverage.

This optional benefit is not disease specific and pays a benefit for covered confinement in a hospital intensive care unit for any covered illness or accident from the very first day of confinement. No benefits are paid if confinement is due to an attempted suicide or intentional self-inflicted injury; intoxication or being under the influence of drugs not prescribed or recommended by a physician; or alcoholism or drug addiction. Benefits are not paid under this rider for continuous hospital intensive care unit confinements that occur during hospitalization that begins before the rider date. Children born within 10 months of the effective date are not covered for any continuous confinement benefit that occurs or begins during the first 30 days of such child's life.

Participation

Number of Full-Time Eligible Employees	200-499	500-999	1,000+
Required Participation	25%	20%	15%

Eligibility

You determine the criteria for eligibility (such as length of service or hours worked per week). This information will need to be included in the group application. Issue ages are 18 and above if actively at work. Employees who are insured under any individual cancer policy through AWD will be excluded (may vary by state).

Canceling Policy

This coverage can be canceled: 1. by us; or 2. by the policyholder. We may cancel or offer to modify this policy, with at least (31 days) written notice to the policyholder, if: 1. less than the required percentage of those eligible for coverage are participating; or 2. this policy has been in effect more than 12 months; or 3. the policyholder does not promptly provide us with information that is reasonably required; or 4. the policyholder fails to perform any of its obligations that relate to

the policy; or 5. fewer than 10 employees are insured. If the premium is not paid, the policy will terminate automatically at the end of the grace period. The policyholder must pay us all premiums due for the full period each plan is in force.

Underwriting

No health questions are asked on the enrollment form at the time of initial enrollment. An evidence of insurability form must be completed for insureds electing coverage after their initial enrollment period. New employees becoming eligible for coverage after the initial enrollment period may be enrolled during the 31 day period after the date such new employee is first eligible to apply, without providing evidence of insurability.

COBRA

This group health plan is subject to the Consolidated Omnibus Reconciliation Act

of 1985 (COBRA). Most employers sponsoring group health plans must offer to their covered employees and their families the opportunity for a temporary continuation of coverage at group rates in certain instances where coverage would otherwise end. AWD offers servicing for the administration of this continuation coverage through our Group COBRA Administration Unit.

The Request for Group Insurance form asks whether you want AWD to perform COBRA Administration. This question must be answered. If you do want AWD COBRA Administration, then complete the COBRA Administration Services Agreement [CASA]. This signed agreement must accompany the Request for Group Insurance if you want AWD COBRA Administration.

Conversion Privilege

If the coverage of a covered employee terminates for reasons other than non-payment of premium, or if coverage of a spouse covered under the policy terminates due to divorce or death of the covered employee, or if coverage of a covered child terminates due to the child becoming married or reaching age 22 (26 if a full-time student), such covered person can obtain a covered policy of insurance (called the converted policy), without evidence of insurability. Obtaining that policy is subject to the following conditions: 1. Application for the converted policy must be made to us within 31 days (within 60 days of final divorce decree in case of divorce) after the coverage terminates. 2. The converted policy premium is at the rate for the class of risk at the applicant's age for insurance provided as of the date of the conversion. 3. Any conditions excluded in this coverage are excluded in the converted policy. No other pre-existing conditions apply. The Pre-existing Condition and Contestability provisions are waived to the extent that such periods have been met under this coverage. Benefits payable to the applicant under the converted coverage are reduced by benefits payable under this coverage. 4. The converted policy will be a similar policy or a policy providing lesser benefits, at the applicant's option. When conversion is due to divorce, other dependents covered under this coverage may be covered under such new policy or under this coverage as the employee and former spouse may elect. They may not be covered under both policies. If this coverage or a new policy is in force on the employee or former spouse, and either of them re-marry, such new spouse may be covered under the appropriate policy. We must be advised of the re-marriage by the completion of a new application for such new spouse. This new application is subject to our approval. The employee or former spouse must pay the premiums appropriate to such new

coverage in order to have it issued and maintained in force.

Absent from Work on the Date Coverage Would Normally Begin

If the employee is absent from work due to injury, sickness, temporary layoff or leave of absence, coverage for that employee begins on the date he or she returns to active employment. This applies to an employee's initial coverage, as well as any increase or addition to coverage that occurs after such employee's initial coverage is effective.

Termination of Coverage

The employee's coverage under the policy ends on the earliest of: 1. the date the policy is canceled; or 2. the last day of the period for which such employee made any required contributions; or 3. the last day such employee is in active employment; or 4. the date such employee is no longer in an eligible class; or 5. the date such employee's class is no longer eligible. We will provide coverage for a payable claim that occurs while the employee is covered under the policy. If the employee's spouse is a covered person, the spouse's coverage ends upon valid decree of divorce or death of the covered employee. If the employee's child is a covered person, the child's coverage ends on the certificate anniversary next following the date the child is no longer eligible. This is the earliest of: a. when the child marries; or b. reaches age 22 (26 if a full-time student attending an educational institution of higher learning beyond high school). Coverage does not terminate on an unmarried child who: 1. is incapable of self-sustaining employment by reason of mental or physical incapacity; and 2. became so incapacitated prior to the attainment of the limiting age of eligibility under this coverage; and 3. is chiefly dependent upon the employee for support and maintenance. Dependent coverage continues as long as this coverage remains in force and the dependent remains in such condition. Proof

of the incapacity and dependency of the child must be furnished within 60 days of the child's attainment of the limiting age for eligibility. Thereafter, such proof must be furnished as frequently as may be required, but no more frequently than annually after the child's attainment of the limiting age for eligibility. If we accept a premium for coverage extending beyond the date, age or event specified for termination as to a covered person, then coverage continues during the period for which such premium was accepted. This does not apply where such acceptance was based on a misstatement of age.

Pre-existing Condition

A pre-existing condition is a disease or physical condition for which medical advice or treatment was received by the covered person during the 12 month period prior to the effective date of the covered person's coverage. We do not pay for loss due to a pre-existing condition as defined during the 12 month period beginning on the date that person became a covered person.

Exclusions and Limitations

The policy does not pay for any loss except for losses due directly from cancer or specified disease and any other conditions or diseases caused or aggravated by cancer or a specified disease. Diagnosis must be submitted to support each claim. Treatment must be received in the United States or its territories.

Allstate at WorkSM

Allstate Workplace Division offers employees insurance products that protect their financial security and well-being. After all, it's always been Allstate's business to protect families and their assets. Millions of Americans have been trusting us for more than 70 years. And it's not just because we're one of the nation's largest insurance companies. Or that we get excellent ratings from independent agencies like Standard & Poor's, Moody's and A.M. Best. It's because we take the time to understand our customers' concerns and advise them on what's best for them. To us, relationships with our customers are our biggest asset.



Allstate.
FINANCIAL

Workplace Division

Coverage is provided by policy form GVCP2, or state variations thereof. This brochure highlights some features of the group coverage but is not the insurance contract. Only the actual policy provisions control. The policy itself sets forth, in detail, the rights and obligations of both the policyholder and the insurance company. This is a Limited Benefit Cancer and Specified Disease Policy. This is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Financial Workplace Division.

Allstate Workplace Division is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a wholly-owned subsidiary of The Allstate Corporation. ©2002 American Heritage Life Insurance Company

allstate.com

Catholic Healthcare West
 CHW VOLUNTARY BENEFITS

A COMPREHENSIVE VOLUNTARY BENEFITS PROGRAM FOR THE
ELIGIBLE EMPLOYEES OF Catholic Healthcare West

ADMINISTERED BY

*The Farmington
Company*[®]

"people helping people"



WHY DOES CHW OFFER VOLUNTARY BENEFITS?

Because our employee population is so unique and diverse.

While your employer paid benefits provide a very comprehensive, overall level of coverage and protection, it would be impossible to give each person exactly what they and their families need. VOLUNTARY BENEFITS gives benefit-eligible employees the opportunity to easily obtain additional benefits which they believe have value for themselves or their families.

VOLUNTARY BENEFITS... make the most of your benefits plan.

WHAT ARE THE ADVANTAGES OF VOLUNTARY BENEFITS?

Choice. You have the opportunity to review the various programs being made available and then choose to participate or not. Your decision does not change the benefits being provided under any employer-sponsored benefit programs.

Convenience. VOLUNTARY BENEFITS are paid through the convenience of payroll deduction.

Acceptance. In many cases you, and perhaps an immediate family member, will have a better opportunity to obtain coverage than you may otherwise, especially if there are medical issues or concerns.

Portability. Most of these programs may be taken with you with no change in premiums or benefits, should you leave or retire from Catholic Healthcare West.

We realize that you are anxious to learn more about these advantages, so onto...



HOW DO I ENROLL?

You will receive notice when you can learn more about your VOLUNTARY BENEFITS by meeting with a licensed benefit representative from our program administrator, The Farmington Company. At this meeting, you will receive enough information to make an informed decision. Those who are interested will be asked to enroll at that time. Should you choose not to participate when first eligible and wish to apply in the future, additional evidence of insurability may be required. You may participate in this program, on the 1st of the month following 30 days of employment, if you work 40 or more hours per pay period. Additional information may be available at www.farmingtonco.com/plan/ (username: CHWSC2000, password: CHWSC) or call 800-621-0067.



Catholic Healthcare West CHW VOLUNTARY BENEFITS

... MAKING THE MOST OF YOUR BENEFITS PLAN

LIFE INSURANCE

Life Insurance is the cornerstone of most families' personal financial plan.

A Group Term Life Plan, no matter how generous, could never meet the diverse needs of all employees. Advantages of this program are:

- ▶ Family Coverage - Design your own program for you, your spouse and your children. You may insure one person or your entire family.
- ▶ Permanent/Term - for a lifetime or a short time.
 - cash value accumulates more quickly since exempt from current taxation; and,
 - builds paid-up insurance values as plan matures.
- ▶ Convenience of payroll deduction.
- ▶ Affordable - You choose the premiums and coverages that suit your budget and needs.
- ▶ Favorable Underwriting - No physical exams. Limited coverage may be available for employees and family members regardless of health problems, when first eligible; subsequently, health underwriting is applicable.
- ▶ Portability - Unlike group term, policies may be taken with you when you leave or retire with no change in premium or benefits.

CRITICAL ILLNESS INSURANCE

Focus on getting better, not on worrying about paying your bills.

- ▶ Benefits are paid lump sum, tax free (under current tax law) directly to you upon diagnosis of a covered critical illness.
- ▶ Covered Illnesses are: heart attack, invasive cancer and stroke (primarily), plus scheduled benefits for end-stage kidney (renal) failure, cancer insitu, major organ transplant, coronary artery bypass surgery and permanent paralysis due to an accident.
- ▶ Available for employee, spouse and dependent children.
- ▶ Dollars are paid in addition to medical and disability benefits.

DISABILITY INSURANCE

This insurance replaces income due to a covered sickness or off-the-job accident.

Most families suffer financial hardship when they miss a paycheck for several months. This important program provides a benefit of up to 25% of your salary to a maximum of \$5,000 per month (tax free). You must be continuously disabled through your elimination period before benefits are payable.

- ▶ Partial Benefits - May even be payable for partial disabilities and/or pre-existing conditions.
- ▶ Waiting/Elimination Period - You may begin to collect benefits after 14 days from a sickness or non-work related injury.
- ▶ Benefit Period - 6 months. The benefit will pay up to 6 months until your long-term disability plan begins to pay.
- ▶ Guaranteed Issue (GI) - The first time you become eligible for this program, no evidence of insurability is required for up to \$3,000 of coverage. If you choose not to participate when first eligible and apply after your initial enrollment period, or if you are covered and become ineligible for that coverage, then health underwriting will be required.

your benefits,
your choices ...
... for a changing world



ACCIDENT INSURANCE

Receive benefits paid directly to you in the event of an accident that requires medical attention.

Employee and family members are eligible. Insurance pays for covered accidents, 24 hours a day, 7 days a week. These valuable payments are in addition to Medical Plan reimbursements. This is helpful in defraying the cost of deductibles and co-insurance. This plan also pays in addition to State Disability and Workers' Compensation. Specific amounts are payable for injuries like lacerations, burns and fractures. After 12 months of coverage, a Wellness Benefit is payable each year to an employee and one covered family member.

PRE-PAID LEGAL SERVICES

Who would you call if you needed a lawyer?

Most employees do not have wills and many have had the need for legal advice but did not know whom to call. A pre-paid Legal Plan is a great solution since, for a low fee, it provides:

- ▶ Unlimited Phone Calls and Letter Writing to and from an attorney.
- ▶ Document Review.

- ▶ Preparation and Updating of Wills.

Significant guaranteed discounts on other legal services including custody, contractor disputes, personal injury, landlord/tenant, traffic violations and auto.

ALTERNATIVE MEDICAL DISCOUNT PLAN

Receive discounts on alternative treatments not covered by major medical insurance.

Many of us complement traditional medical care with treatments like Massage Therapy, Chiropractic and Acupuncture. This discount plan is accepted by over 1600 providers in Southern California alone and also offers discounts at many health related retail stores. No referrals or claim forms are needed.



don't miss out on this
voluntary benefits program



For more information, contact:

*The Farmington
Company*[®]

"people helping people"

www.farmingtonco.com/plan/

username: CHWSC2000

password: CHWSC

800-621-0067

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Catholic Healthcare West

CHW

The Farmington Company

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ALTERNATIVE MEDICAL PLAN

ACCIDENT INSURANCE

LEGAL DISCOUNT SERVICES

CRITICAL ILLNESS INSURANCE

LIFE INSURANCE

SHORT TERM DISABILITY

**DON'T MISS OUT ON
THIS OPPORTUNITY...**

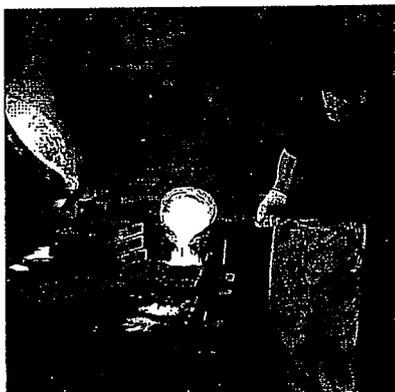
EXCITING NEWS ABOUT Catholic Healthcare West's
VOLUNTARY BENEFITS



VOLUNTARY BENEFITS PROGRAM

Jarden Corporation's VOLUNTARY BENEFITS PROGRAM provides an opportunity for employees to select coverage, which meets individual insurance needs, and to pay through the convenience of payroll deductions. The voluntary programs are portable, which means that if you leave or retire from Jarden Corporation, you can take them with you on a direct bill basis.

Jarden Corporation's VOLUNTARY BENEFITS PROGRAM is administered by Farmington Administrative Services, Inc. For more information on coverage, please contact Farmington at 1-866-251-9528, Monday through Friday from 8 am to 5 pm, EST or log onto www.benefitsselect.net. Farmington's e-mail address is cs@farmingtonco.com.



JARDEN corporation VOLUNTARY BENEFITS

... MAKING THE MOST OF YOUR BENEFITS PLAN

VOLUNTARY INDIVIDUAL UNIVERSAL LIFE INSURANCE

This plan differs from group term life because it is an individual policy, which can build cash value that earns interest. As your family obligations transition to building a home, paying for college tuition and retirement planning, this may be a plan for you to consider. *Highlights of the Universal Life plan are:*

- ▶ No Physicals Required - If you are actively at work, you may apply for coverage by completing a simple application and no physical exams are required. Health questions may be asked based on the level of coverage for which you're applying.
- ▶ Family Coverage - Employee, Spouse & Dependent Children coverage is available even if you decide not to purchase coverage for yourself.
- ▶ Living Benefit Option - This provision allows for the insured to receive a percentage of the policy's death benefit amount in the event of a diagnosis that limits life expectancy to a certain period of time. The provisions of this option vary by state.
- ▶ Long Term Care Rider - Policies with face amounts of at least \$10,000 include a rider which provides some benefits to cover the costs of long-term care. This rider is not available in all states.
- ▶ Waiver of Monthly Deduction - Waives the policy's monthly deduction during a disability if the insured employee becomes disabled prior to age 65 and remains disabled for at least six months.

The Universal Life Insurance program is underwritten by Provident Life & Accident Insurance Company. Universal Life plan provisions vary by state.

ACCIDENT INSURANCE PLAN

This program is designed to help offset the co-payments and deductibles incurred due to an accident and provide additional coverage for death caused by an accident. Coverage includes both on and off the job injuries and accidents (24 hour coverage).

Highlights of the accident plan are:

- ▶ Base Plan Includes Injury and Accident Benefits - Scheduled payments for hospitalization, ambulance, emergency room treatment, fractures, dislocations, burns, etc.
- ▶ Accidental Death & Dismemberment Benefits are also included in the base plan.
- ▶ No Health Questions - There is no need to complete a medical questionnaire to apply for the base plan. You must be actively at work to apply for coverage.
- ▶ Family Coverage Is Available - Coverage is available for your spouse and eligible children.
- ▶ Sickness Hospital Confinement Rider - You have the option of adding a rider that pays benefits for hospitalization due to a covered sickness. Health questions are required to apply for this rider. Pre-existing condition limitations and other exclusions also apply.

The Accident Insurance Plan is underwritten by Provident Life and Accident Insurance. Rates and coverage vary by state.

your benefits,
your choices ...
... for a changing world



SPECIFIED CRITICAL ILLNESS INSURANCE

Traditional health and disability programs do not cover many costs associated with the onset of a critical illness. Examples of the costs that are not covered include home renovations to accommodate wheelchair access, private duty nursing, extended rehabilitation, treatment outside of the health plan's network, and experimental care options.

The Critical Illness plan provides a lump-sum benefit, based on the date of diagnosis, for one of the following critical illnesses: Heart Attack, Stroke, End Stage Renal (Kidney) Failure, Major Organ Transplant, Permanent Paralysis (Due to a covered accident and continuing for a period of 180 consecutive days), and Coronary Artery Bypass Surgery. Does your family have a history of any of these conditions? *Highlights of the plan include:*

- ▶ **Lump Sum Benefit Amount** - You may use the payment however you choose.
- ▶ **No Reduction in Benefits** due to health insurance, disability insurance and other coverages.
- ▶ **Benefit Amounts Ranging from \$5,000-\$50,000** - You select the amount that is right for you and your family.
- ▶ **Family Coverage** - You may apply for coverage for your spouse and eligible children.
- ▶ **Cancer and Carcinoma in Situ Rider** - If you are not enrolled in the Cancer Assistance Plan, you have the option of adding a rider, which would provide a benefit payment in the event of a diagnosis of cancer or carcinoma in situ.

Specified Critical Illness is underwritten by Provident Life and Accident Company in all states except New York. In New York, the plan is called Specified Insurance for Critical Illness and is underwritten by First Unum Life Insurance Company. The Specified Critical Illness plan is not available in CT. Rates and coverage vary by state.

CANCER ASSISTANCE PLAN

The Cancer Assistance Plan is primarily designed to help ease the financial burden that accompanies the onset of a diagnosis of cancer. *Highlights include:*

- ▶ **Benefits** provided for hospitalization, tests, treatment, surgery, anesthesia, ambulance and other cancer-related expenses.
- ▶ **Waiver of Premium** provision is automatically included in the policy.
- ▶ **Optional Specified Disease Benefit** that adds coverage for other serious health conditions.
- ▶ **Optional First Occurrence Benefit** which pays an additional lump sum benefit for a first-time internal cancer (excluding skin) diagnosis.
- ▶ **No Reduction in Benefits** due to health insurance, disability insurance and other coverages.
- ▶ **Family Coverage** - You may apply for coverage for your spouse and eligible children.

The Cancer Assistance Plan is underwritten by Provident Life and Accident Insurance Company. The Cancer Assistance plan is not available in all states. Rates and coverage vary by state.



LONG TERM CARE INSURANCE

Long Term Care insurance provides coverage for a policyholder who has become chronically ill and has suffered the loss of at least two (2) activities of daily living (bathing, dressing, toileting, transferring, continence and eating) or who has suffered a severe cognitive impairment (such as Alzheimer's disease).

- ▶ Depending upon your coverage level, your application may require medical underwriting (a medical questionnaire). Benefits may be subject to a pre-existing condition exclusion.
- ▶ Once you qualify, benefits are paid monthly and can be used however you want with no bills or invoices to submit.
- ▶ Your spouse, parents, parents-in-law, grandparents and grandparents-in-law may apply for coverage, as well.
- ▶ Levels of coverage include Long Term Care Facilities, Assisted Living Facilities, Professional Home Care and, an option to receive care by a friend or family member.

The Long Term Care Insurance plan is underwritten by Unum Life Insurance Company of America.

For more information,
contact our administrator:

The Farmington
Company®

"people helping people"

www.benefitselect.net
1-866-251-9528

don't miss out on this
voluntary benefits program



EXCITING NEWS ABOUT JARDEN CORPORATION
VOLUNTARY BENEFITS

DON'T MISS OUT ON THIS OPPORTUNITY...

VOLUNTARY INDIVIDUAL UNIVERSAL LIFE INSURANCE
ACCIDENT INSURANCE PLAN
SPECIFIED CRITICAL ILLNESS INSURANCE
CANCER ASSISTANCE PLAN
LONG TERM CARE INSURANCE



For more information,
contact our administrator:

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A VOLUNTARY BENEFITS PROGRAM FOR THE ELIGIBLE EMPLOYEES OF AES/PHEAA

OFFERED BY

*The Farmington
Company®*

"people helping people"

VOLUNTARY BENEFITS

These voluntary programs are offered in addition to our other benefits and are intended to give our employees an opportunity to better address their individual insurance needs. Programs are paid through the convenience of payroll deductions. You may take your policies with you, with no change in premium or coverage, should you retire or leave AES/PHEAA.





PHEAA
Creating Access to Education

VOLUNTARY BENEFITS

... MAKING THE MOST OF YOUR BENEFITS PLAN



SUPPLEMENTAL LIFE INSURANCE

Permanent life insurance is available for eligible employees, their spouses, children and/or grandchildren. Employees do not need to buy a policy on themselves to cover a family member. This whole life insurance program features level premiums, fixed death benefits, and guaranteed cash value accumulation. Premiums do not increase and benefits do not decrease as the insured gets older. This is an excellent way to own and control life insurance protection for final expenses.

SHORT TERM DISABILITY

This program provides additional dollars, in the event of a covered off-the-job accident or sickness that results in a disability. Monies are paid directly to you, tax-free under current tax law, to use however you wish (i.e. mortgage, car payments, etc.). This plan is for employees only. There are no medical questions during the initial enrollment or after becoming newly eligible. There are no medical exams required, ever.

CRITICAL ILLNESS INSURANCE

This benefit is paid lump-sum, tax-free directly to you upon diagnosis of a covered critical illness. Covered illnesses are heart attack, stroke, end-stage kidney (renal) failure, major organ transplant, permanent paralysis due to an accident, cancer, and coronary artery bypass surgery and are available for employee, spouse, and dependent children. Dollars are paid in addition to medical and disability benefits.

ACCIDENT INSURANCE

Receive benefits paid directly to you in the event of an accident that requires medical attention. Employee and family members are eligible. Insurance pays for covered accidents, 24 hours a day, 7 days a week. These valuable payments are in addition to Medical Plan reimbursements. This is helpful in defraying the cost of deductibles and co-insurance. This plan will pay in addition to any salary continuance plan and/or Workers' Compensation. Specific amounts are payable for injuries like lacerations, burns and fractures.

For more information,
please contact:

*The Farmington
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"people helping people"

www.farmingtonco.com

To view your program details, go to Plan Information and enter:

User ID: phe01 and Password: phe2005

(800) 621-0067



Horizon Whole Life Insurance

A Voluntary Worksite Insurance Program

Issued by ReliaStar Life Insurance
Company, a member of ING.

ING 

Perhaps you have children. Perhaps you have a spouse or aging parents – or, perhaps you are single with responsibilities that require your attention.

Did you know the average funeral costs \$6,000?† Could your family pay for this – or other expenses – if they lost your income unexpectedly? If you are the primary provider for your family, a plan of financial protection can help safeguard against the untimely loss of your income.

Easy to Understand

Horizon Whole Life insurance provides insurance coverage with a guaranteed death benefit to meet long-term insurance needs. You can take comfort in the guaranteed level premiums and the cash value accumulation throughout the length of the policy. Horizon Whole Life insurance is a traditional life insurance option for meeting insurance needs over one's lifetime.

Now is a good time to look at your life insurance needs. Within the past few years have you...

- Increased your consumer debt?
- Changed your income, financial responsibilities, or goals?
- Purchased a new home or car?
- Had any children or included aging parents or other relatives in your financial responsibilities?
- Evaluated the effect of inflation on your current life insurance coverage?

If you said "Yes" to any of these questions, you may not have enough life insurance.

Why individual whole life insurance coverage?

Whole life insurance is designed to provide a base of life insurance coverage for your lifetime. It offers you life insurance protection, tax-deferred* cash accumulation (based on current tax laws), and cash value loan privileges – all in one policy.

The premium you pay is based on the death benefit you select and the optional riders you choose as well as your age and tobacco status. The insurance coverage, premium amounts, and cash value are guaranteed as long as you meet the required premium payments. Other benefits of this whole life policy include the following...

Benefits

Financial protection

Because you care for your family and you want to leave your beneficiaries some financial security, the death benefit of your life insurance policy can provide money to help them meet financial obligations. These tax-free proceeds (based on current tax laws) could be used by the beneficiary to help pay for childcare, reduce bills, or help with educational expenses, among other options.



Now, fast forward 20 or 30 years from now. Has your picture changed? Are your loved ones comfortable? Is your lifestyle protected? Are your responsibilities covered?

Your family and your responsibilities are depending on you.

Payroll deduction

Providing protection for your family has never been easier. Since your premium is paid through payroll deduction, you eliminate the need to write checks and pay postage.

Affordable

Because this policy is owned by you, you choose the coverage or premium amount that fits your budget, subject to company guidelines.

Portable

Should you retire or leave the Company, you can take the policy with you and choose one of a number of convenient payment plans.

Guaranteed

The coverage you choose and the policy premium are guaranteed to be fixed for the life of the policy as long as you meet the required premium payments. No need to worry about whether your policy will be there when you need it most.

Guaranteed cash values

Whole life insurance builds guaranteed cash values as long as you pay your premiums.

Cash value loans

Once cash value accumulates, the policy-owner can borrow against it at the rate shown in the policy. Interest is payable in advance. The death benefit will be reduced by the amount of any outstanding loan and unpaid accrued interest.

Suicide clause

For suicide within two years from the policy's date of issue, benefits will be limited to payment of all premiums paid without interest less any policy loan and loan interest.

Optional Benefits

To apply for coverage on your spouse and/or dependent children and grandchildren**, you must be a permanent benefit eligible employee working 20 or more hours a week*** who is actively at work at the time of application and for the first payroll deduction.

Spouse coverage

Your spouse is eligible to apply for insurance by meeting eligibility requirements, even if you are eligible but choose not to apply for insurance for yourself.

Child coverage

Your dependent children and grandchildren** age 15 days through 24 years are eligible to apply for life insurance coverage based on the following:

1. A \$12,500, \$15,000, \$20,000 or \$25,000 individual whole life insurance policy is available to both dependent children and grandchildren**, ages 15 days through 24 years, by meeting eligibility requirements.

2. A children's term insurance rider – available in benefit amounts of \$2,000 through \$10,000 – can be attached to either your policy or your spouse's policy. This rider insures all of your eligible, dependent children ages 15 days through 24 years. Once the child reaches the policy anniversary after his or her 25th birthday, the insurance can be converted to an individual whole life or universal life insurance policy up to five times the term coverage without evidence of insurability. The new individual policy must be for at least the minimum amount issued for the policy plan selected.

¹ The Director - September 2004

* This communication (and any attachments) is not intended or written to be used, and cannot be used by the recipient or any other person, for the purpose of avoiding any tax penalties that may be imposed on such person, and cannot be used or referred to, in promoting, marketing, or recommending to another party any transactions or matters addressed herein.

** Grandchildren who are residents of New York state and under the age of 14½ years are not eligible.

*** 16+ hours for healthcare workers

Accelerated Benefit Rider



Why is this coverage important?

The Accelerated Benefit Rider (ABR) offers you the comfort of knowing that your life insurance policy can help you meet financial obligations if you are diagnosed with a terminal illness, as defined in the rider. You may choose to exercise this rider and have up to 50 percent of the eligible death benefit paid to you, the policyowner, while the insured is still living.

Why is this coverage important?

Upon diagnosis of a terminal illness, a person can be faced with a number of unexpected expenses. The Accelerated Benefit Rider offers access to part of the life insurance death benefit while the insured is living.

Who is eligible?

Any employee, spouse, and/or dependent child who is eligible for our Whole Life Insurance policy is eligible for the Accelerated Benefit Rider.

How does the rider work?

If an insured has fewer than 12 months to live,* the policyowner can elect to receive up to 50 percent of the eligible death benefit up to \$250,000,* but not less than \$10,000 unless otherwise noted in your rider. The rider allows a one-time, lump sum payment. Proceeds are paid upon receipt of written proof of the terminal illness. Proof must be provided by a licensed physician.* There is an administrative fee when the accelerated benefits are requested.

Premiums or other payments required to keep the policy in force will continue to be due, and interest charges will accrue on the amount paid to the policyowner. The policy death benefit, and the owner's access to cash value will be reduced by the amount already paid under this rider as well as any accrued interest charges and any fees.

This benefit is exercised at the discretion of the policyowner, and the decision on how the proceeds are spent is up to the policyowner.

The policyowner cannot be made to utilize this rider by any government agency for the purpose of applying for or keeping a government entitlement or benefit, nor can any creditor make the policyowner utilize this benefit to meet their respective claims. Receipt of the accelerated benefit may be taxable, or may adversely affect your eligibility for Medicaid or other government benefits. You should consult your personal tax advisor to assess the impact of this benefit.

This rider can be terminated upon a written request from the policyowner.

How is terminal illness defined?*

A non-correctable illness or physical condition that, with reasonable degree of medical certainty, will result in the death of the insured in less than 12 months from the date of a written statement, by a physician, in a form acceptable to the Company.*

How much does the rider cost?

There is no premium or monthly deduction for this rider. A benefit payment is considered a lien against the policy and interest will be charged on the lien. If the lien is unpaid at time of death, the lien and any interest due will be repaid to the Company out of the proceeds of the policy. Upon approval of a benefit claim, there will be an administrative charge included in the lien.

* May vary by state

This rider has exclusions and terms under which it may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or ING Employee Benefits.

This brochure is a brief description of coverage and is not a contract. Read your policy and riders carefully for exact terms and conditions.



www.ing.com/us www.ingemployeebenefits-us.com/payroll
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Products and services offered through the ING family of companies.
ABR RIDER #: NP-B-ORD-AB-04-R (Form # may vary by state. Rider may not be available in all states.)
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133407 PD.R.PA.15-2 (2/06) WL-124 (2/06)



Accidental Death Benefit Rider

Why is this coverage important?

The permanent loss of income that may result from an accidental death can create a financial hardship for your family. By choosing the Accidental Death Benefit Rider, additional financial protection may be secured.

Who is eligible?

Any employee or spouse age 15 through 60 years who is eligible for our Whole Life Insurance policy is eligible to apply for the Accidental Death Benefit Rider.

How does this rider work?

The Accidental Death Benefit Rider provides an additional benefit equal to the base policy face amount if the insured dies in a covered accident. The maximum additional benefit available is \$150,000. The rider terminates on the policy anniversary on which the insured is 65.

How much does the rider cost?

Annual premiums vary depending on the age of the insured and the amount of the coverage.

Annual Premium Per \$1,000

Age	Premium	Age	Premium	Age	Premium	Age	Premium
15	1.04	27	1.04	39	1.04	51	1.04
16	1.04	28	1.04	40	1.04	52	1.04
17	1.04	29	1.04	41	1.04	53	1.04
18	1.04	30	1.04	42	1.04	54	1.04
19	1.04	31	1.04	43	1.04	55	1.04
20	1.04	32	1.04	44	1.04	56	1.04
21	1.04	33	1.04	45	1.04	57	1.04
22	1.04	34	1.04	46	1.04	58	1.04
23	1.04	35	1.04	47	1.04	59	1.04
24	1.04	36	1.04	48	1.04	60	1.04
25	1.04	37	1.04	49	1.04		
26	1.04	38	1.04	50	1.04		

Exclusions*

Risks not covered are as follows:

1. War, any act of war (including any armed aggression resisted by the armed forces of any country or combination of countries), whether such war is declared or undeclared.
2. Taking his or her own life.
3. Any bodily or mental infirmity or disease, except a bacterial infection occurring with or through an accidental injury.
4. Committing or attempting to commit an assault or felony.
5. The voluntary taking of any drug, medication, or sedative – unless prescribed by a physician – or any poison (except for food poisoning) including carbon monoxide.
6. Operating, riding in, or descending from any kind of aircraft, or subsequent drowning, if the insured:
 - Is a pilot, officer, or member of the crew, or
 - Is in an aircraft which is being flown for the purpose of descent from such an aircraft while in flight or
 - Is giving or receiving any kind of training or instructions, or
 - Has any duties aboard such aircraft.

* May vary by state.

This rider has exclusions and terms under which it may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or ING Employee Benefits.

This brochure is a brief description of coverage and is not a contract. Read your policy and riders carefully for exact terms and conditions.



www.ing.com/us www.ingemployeebenefits-us.com/payroll

Issued by ReliaStar Life Insurance Company, a member of ING.

Administrative & Home Office: 20 Washington Avenue South, Minneapolis, MN 55401.

Products and services offered through the ING family of companies.

ADB Rider #: NP-B-ORD-ADB-93-R (Form # may vary by state. Rider may not be available in all states.)

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133408 PD.PPA.13-2 (12/05) WL-125 (12/05)

ING

Waiver of Premium Rider

Why is this coverage important?

A disability that prevents you from working can be a financial hardship for you and your family. You should have the security of knowing that your insurance policy will continue if you become disabled as defined in the rider.

Who is eligible?

Any employee under age 56 who is eligible for our Whole Life Insurance policy is eligible to apply for the Waiver of Premium Rider. This rider is available to employees only.

How does the rider work?*

This rider allows the continuation of your life insurance policy by waiving the monthly deductions of the base policy, and any riders after the insured has been totally disabled for four consecutive months. The waiver continues throughout the duration of the disability.

Any recurrence of the disability will be covered:

- Provided the original disability continued for at least four consecutive months and
- Any recurrence is within 30 days of the initial recovery, and the recurrence is due to the same or related causes.

This rider terminates on the policy anniversary on which the insured is age 60. Such termination will not affect an eligible claim for disability occurring earlier.

How is total disability defined?*

Total disability is defined as either of the following:

- The insured's incapacity, because of bodily injury, disease, or mental disease, to engage in the principal duties of his or her occupation or profession for pay or profit during the first 24 months of the disability; thereafter, any occupation or profession for which the insured becomes reasonably suited by education, training, or experience.
- The total and irrecoverable loss of the sight of both eyes, or the use of both hands, or the use of both feet, or the use of one hand and one foot. Waiver of Premium will be granted after loss of sight or limbs even though the insured may be able to engage in an occupation. The four month disability continuance does not apply to loss of sight or limbs.

Exclusions.*

No monthly deduction will be waived under the terms of this rider if total disability results from an intentionally self-inflicted injury, while the insured is in the military service of any country, or from an act of war, declared or undeclared. This rider and policy must be in force when disability began.

How much does the rider cost?

Premiums vary depending on the age of the insured and the amount of coverage.

Annual Premium Per \$1,000

Age	Premium	Age	Premium
15		36	
16		37	
17		38	
18		39	
19		40	
20		41	
21		42	
22		43	
23		44	
24		45	
25		46	
26		47	
27		48	
28		49	
29		50	
30		51	
31		52	
32		53	
33		54	
34		55	
35			

* May vary by state.

This rider has exclusions and terms under which it may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or ING Employee Benefits.

This brochure is a brief description of coverage and is not a contract. Read your policy and riders carefully for exact terms and conditions.



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WMD Rider #: NP-B-ORD-WOP-93-R (Form # may vary by state. Rider may not be available in all states.)

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133410 PD.PPA.16-1 (2/06) WL-127 (2/046)



Level Term to 65 Rider

Your working years are a busy and exciting time for your family, but expenses – such as your home mortgage and other loans, costs of living, vacations, activities and your children's education – can certainly add up.

The Term to Age 65 rider provides your family with additional security to cover these expenses by allowing you to increase your insurance coverage during these important working years.

Who is eligible?

Any employee or spouse between the ages of 18 and 55 who is eligible for our Whole Life policy is eligible to apply for the Term to Age 65 rider.

How does this rider work?

The Term to Age 65 rider provides an additional death benefit to age 65. The insured may add this rider to the Whole Life policy.

The Term to Age 65 rider may have cash values at some ages and will terminate at age 65. Although the insured may terminate the rider at any time, it cannot be reduced.

If the insured takes his/her life within two years from the Rider Effective Date, benefits will be limited to premiums paid for the rider without interest.

How much does the rider cost?

Annual premiums vary depending on the age of the insured and the amount of the coverage. The premium for the term rider will be based on the insured's age at time of issue.

The rider has exclusions and terms under which it may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or ING Employee Benefits.

This brochure is a brief description of coverage and is not a contract. Read your policy and rider carefully for exact terms and conditions.

Sample level term to Age 65 Rider Rates*

No Tobacco		Tobacco	
Issue Age	Weekly Rate per \$1,000	Issue Age	Weekly Rate per \$1,000
25		25	
35		35	
45		45	
55		55	

* Please note: Actual premiums will be determined at the time of policy issue based on actual benefit amount



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 T65 Rider #: NP-B-ORD-TERM-93-R (may vary by state, not available in all states.)
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133831 PD.PA.17-1 (7/05) WL-131 (7/05)





Accident Insurance

Your Preferred Plan

Issued by ReliStar Life Insurance
company, a member of ING.

ING 

Because you never know what the future will bring.



And you cannot anticipate what one accident could mean to your financial stability. This coverage helps you be prepared. And it's smart to be prepared for those unforeseen accidents that occur in life.

One of out twelve Americans sought medical attention for an injury. National Safety Council Injury Facts, 2005-2006 edition.

Features of Accident Insurance

Our Accident Insurance can help cover the unexpected costs related to accident expenses. This policy pays a specific benefit amount for:

- initial care such as ambulance, emergency room, and hospitalization;
- follow-up care such as outpatient doctor's treatment, and medical devices;
- injuries, including burns, dislocations and fractures
- catastrophic accident
- accidental death.

This is a limited benefit policy. There is no coverage for hospital, medical-surgical or major medical expenses.

Who can be covered?

You are eligible to apply for this coverage as long as you are 18 years or older, a permanent, benefits-eligible employee who meets the hours-worked-per-week requirement and you are actively at work on the enrollment date and for the first payroll deduction. You may also apply for this coverage for your spouse and dependent children.

Spouse & Dependent Child Coverage

Spouse and Dependent Child Coverage are issued as riders:

- **Spouse Accident Rider:** Coverage is available to the spouse, as long as the employee is covered and the spouse is 18 through 74 years of age.

- **Child(ren's) Accident Rider:** Coverage is available to unmarried, natural, adopted or step children of the insured from birth through 24* years as long as the employee is covered. Age restrictions are waived for handicapped dependent children.

Guaranteed acceptance

During the initial enrollment period, this coverage is available to you on a guaranteed issue basis.

Portability

Should you retire or leave the company for any reason after the first payroll deduction, this coverage can be taken with you with no decrease in benefits. As long as you continue coverage, spouse and dependent coverage can also be continued with no change in premium amount. A direct bill payment option must be elected. Depending on the billing options selected, a modest billing fee may be included.

Convenient Coverage

The availability of payroll deduction makes your plan convenient to pay for.

BENEFITS

Benefit payments

Accident Insurance pays you a specified amount, defined in the schedule of benefits, for specific services and conditions resulting from a covered accident.

* May vary by state



SCHEDULE OF COVERAGE

Accident Insurance

A. Initial Care:	
Ambulance - ground	120
Ambulance - air	600
Emergency room	180
Initial Dr visit	60
B. Accident Hospital Care	
Surgery - open abdominal, thoracic	1,200
Surgery - exploratory or without repair	120
Blood/plasma/platelets	360
Hospital admission	900
Hospital confinement (up to 365 days)	240
ICU confinement (up to 14 days)	480
Coma (duration of 14 or more consecutive days)	6,000
Transportation (up to 3 per accident)	360
Family lodging (up to 30 days)	120
C. Follow-up Care	
Follow-up physician treatment	60
Medical appliances	60
Physical Therapy (up to 6 treatments)	30
Prosthetic Device - one	600
Prosthetic Device - 2 or more	1,200
D. Common Injuries	
Burns	
2nd degree - at least 36%	900
3rd degree -at least 9, less than 35 sq in	1,800
3rd degree - 35 or more sq in	12,000
Skin grafts	25% of burn benefit
Emergency Dental Work - crown	180
Emergency Dental Work - extraction	60
Eye Injury - surgery	240
Eye Injury - removal of foreign object	240
Torn Knee Cartilage - surgical repair	600
Torn Knee Cartilage - surgery with no repair or if cartilage is shaved	120
Laceration (total of all lacerations)	
Treated, no sutures	30
Sutures, up to 2"	60
Sutures, 2-6"	240
Sutures, over 6"	480
Ruptured Disk - surgical repair	480
Tendon/Ligament/Rotator Cuff - one, surgical repair	480
Tendon/Ligament/Rotator Cuff - 2 or more, surgical repair	720
Tendon/Ligament/Rotator Cuff - exploratory arthroscopic surgery with no repair	120
Concussion (diagnosed with x-ray, CAT scan and/or MRI)	120
Paralysis - quadriplegia	12,000
Paralysis - paraplegia	6,000
Dislocations (closed & open reduction)	
Hip joint	2,400 - 4,800
Knee	1,200 - 2,400
Ankle or foot bone(s) other than toes	960 - 1,920
Shoulder	360 - 720

This is a brief outline of available benefits. Please refer to your policy and certificate for exact terms and conditions. Per covered person unless otherwise indicated. May vary by state

Elbow	360 - 720
Wrist	360 - 720
Finger/Toe	120 - 240
Hand bone(s) other than fingers	360 - 720
Lower jaw	360 - 720
Collarbone	360 - 720
Partial dislocations	25% of Closed Reduction Amount
Fractures (closed & open reduction)	
Hip	1,800 - 3,600
Leg	960 - 1,920
Ankle	360 - 720
Kneecap	360 - 720
Foot (excluding toes, heel)	360 - 720
Upper Arm	420 - 840
Forearm, hand, wrist (except fingers)	360 - 720
Finger, toe	60 - 120
Vertebral body	960 - 1,920
Vertebral processes	360 - 720
Pelvis (except Coccyx)	960 - 1,920
Coccyx	240 - 480
Bones of face, excluding nose	420 - 840
Nose	120 - 240
Upper jaw	420 - 840
Lower jaw	360 - 720
Collar Bone	360 - 720
Rib or ribs	300 - 600
Skull - simple (except bones of face)	1,200 - 2,400
Skull - depressed (except bones of face)	3,000 - 6,000
Sternum	360 - 720
Shoulder blade	360 - 720
Chip fractures	25% of Closed Reduction Amount
E. AD&D	
Accidental Death	
Insured	30,000
Spouse	12,000
Children	6,000
Common Carrier	
Insured	60,000
Spouse	24,000
Children	12,000
Dismemberment	
Loss of both hands, both feet, or the sight of both eyes	18,000
Loss of one hand or one foot and sight of one eye	18,000
Loss of one hand and one foot	18,000
Loss of one hand or one foot	9,000
Loss of two or more fingers or toes	1,800
Loss of one finger or toe	900
Catastrophic Accident*	
Insured	120,000
Spouse	60,000
Children	60,000

*catastrophic benefit reduced by 50% at age 65 & 75% at age 70

ACCIDENT INSURANCE-PREFERRED PLAN

Accident Insurance Exclusions*

The Policy does not cover any losses that are caused by or occur as the result of:

1. war or act of war, whether declared or undeclared;
2. riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
3. operating, learning to operate, serving as a crew member of or jumping, parachuting or falling from any aircraft or hot air balloon, including those which are not motor-driven; Accident Insurance will cover flying as a fare paying passenger;
4. engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or any similar activities;
5. participating or attempting to participate in an illegal activity;
6. committing or trying to commit suicide or injuring oneself, whether sane or not;
7. any Sickness or declining process caused by a Sickness;
8. practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
9. having a work related injury, unless an On Job accident coverage type is shown on the Plan Summary for Policyholder;
10. an accident occurring while the Covered Person for whom a claim is being made was operating a motorized vehicle while intoxicated. By intoxication, we mean the blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the Accident occurred;
11. Injury that occurs while the insurance is not in force.

About Us

ING Employee Benefits offers a broad array of products and services to meet the financial needs of employers and their employees. Most products and services are provided by ReliaStar Life Insurance Company and ReliaStar Life Insurance Company of New York, which are wholly-owned subsidiaries of ING Groep N.V. ING Groep N.V. is an Amsterdam based global leader in integrated financial services with banking, insurance and asset management businesses in more than 60 countries. Each insurer is solely responsible for the financial obligations under the policies it issues. Some products are not available in all states.

This brochure is a brief description of coverage. The policy, and certificate, and any riders should be read carefully for exact terms and conditions, exclusions and limitations.

* May vary by state.



For more than 100 years, the American Hospital Association has been a powerful symbol of quality. AHA Solutions, a subsidiary of the AHA, awards the AHA endorsement only to products and services that

help hospitals achieve organizational excellence.

Healthcare organizations that select AHA-endorsed products support the AHA's efforts on behalf of the nation's hospitals. AHA Solutions is proud to reinvest its profits in the AHA's mission: creating healthier communities.

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Product and services offered through the ING family of companies.

(Varies by state. May not be available in all states.) Policy Form Number: RL-ACC2005-POL, RL-ACC2005-SAR, RL-ACC2005-RCHILD

Accident Insurance

Sickness Hospital
Confinement Rider

Why is this coverage important?

The Sickness Hospital Confinement Rider is an important addition to your Accident Insurance Policy. This rider pays a daily benefit if you or anyone covered by the rider is confined to a hospital because of a covered sickness.

Who is eligible?

Any employee, spouse or dependent who has applied for the Accident coverage is eligible to apply for this rider.

Note: Coverage is not available for any applicant pregnant at the time of application.

How does the rider work?

This rider provides a benefit of \$100 per day up to 30 days for employee and spouse. A benefit of \$75 per day up to 30 days is available for dependent child. All coverage under this rider terminates at age 65 if the employee is no longer actively at work.

Exclusions and Limitations*

- Excludes emergency room treatment, outpatient treatment or a stay of less than 20 hours in an observation unit.
- Excludes confinement as a result of alcoholism, drug addiction, dental care, elective procedures, psychiatric or psychological conditions.
- Does not pay for hospital confinement of a newborn child following birth unless the child is injured or sick.
- For the first 12 months following the rider effective date, there is no benefit payable if a covered person is hospital confined due to a pre-existing condition. The hospital confinement will be considered due to a pre-existing condition if the covered person's confinement begins in the first 12 months after the rider effective date and the covered person has received medical treatment, consultation, care, or services including diagnostic measures, or took prescribed drugs or medicines for the condition or conditions causing their confinement in the 12 months just prior to the rider effective date.

* May vary by state

This rider has exclusions and terms under which it may be continued in force or discontinued. For costs and complete details of coverage, call or write your insurance agent or ING Employee Benefits.

This brochure is a brief description of coverage and is not a contract. Read the rider carefully for exact terms and conditions.

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ING 

THIS SPRING, STATE OF ARIZONA EMPLOYEES CAN BENEFIT FROM A NEW LAPTOP EVERY DAY, EVERYWHERE.



FREE SHIPPING!

On computer purchases placed from March 15 to April 15 when you enter mention promo code SPRING.

Order Now!
Other products available.
Call or go online.

Dell Inspiron 1501 laptop

15.1" WXGA Screen

1.6GHz Processor

4GB RAM

60GB Hard Drive

Use your new computer to:

- Do research on the Internet
- Communicate with friends and family
- Help with schoolwork

All from the comfort of *your home.*



Benefits of Purchasing Power

- No credit check
- 12 month payment plan
- Easy payroll deduction
- Brand-name computers
- Convenient home delivery

Qualifying is easy

- You must be at least 18 years of age
- You must be an employee of the State of Arizona for at least 6 months. Employees may contact the ADOA Human Resources Service Center at 542-4700 for information about program eligibility.
- You must have a bank account or credit card (to be used only in case of non-payment via payroll deduction)

Order online now at www.azstatepurchasingpower.com
or call 542-4700



Purchasing Power features products from the following manufacturers:

DELL Gateway. *lenovo.*



Back to School Savings

Just for AFSCME Maine Membership Benefit-Trust Members

Finally!

A program that benefits
you every day...



D7100 Laptop bundle

Desktops starting as low as \$499⁹⁹ bi-weekly

Laptops starting as low as \$689⁹⁹ bi-weekly

Electronic accessories starting as low as \$15⁹⁹ bi-weekly

See website for details. Offer ends 7/31/06.

...Purchasing Power

a voluntary member benefit

payroll deduction

Check out our
Web specials

July 15 - July 31, 2006



A gift that benefits you every day.

As a member of our pension plan, you can take a tax deduction to help you save for the future. It's the perfect gift this holiday season.



Gateway M255-E notebook computer.

FREE!

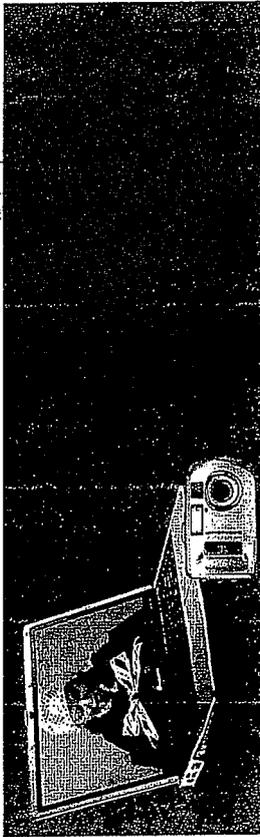
Kodak digital camera with the purchase of Gateway's M255-E notebook computer.



Gateway M255-E notebook computer.

Gateway's M255-E notebook computer is available in select stores. See us for details.

Gateway.com



Order online now at www.asea.purchasingpower.com

Or by phone: 888-923-6236



PRST STD
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CUMMING, GA
PERMIT #130

Benefits of Purchasing Power

- No credit check
- 18 month payment plan
- Easy payroll deduction
- Brand-name computers and electronics
- Convenient home delivery

Qualifying is easy

- You must be at least 18 years of age
- You must be a full-time, active employee of the State of Alabama for at least 6 months
- You must earn at least \$16,000 a year
- You must have a bank account or credit card (to be used only in case of non-payment via payroll deduction)

Purchasing Power features products from the following manufacturers:

DELL™ Gateway. *lenovo.*

Gear Up for Back to School 2006!

Dear Tyson Team Member,

What better way to get everything you need in time for the school year than with **Purchasing Power**, the every day benefit. Through this unique Team Member benefit program, Tyson Team Members may purchase new computers regardless of credit status and with the convenience of payroll deduction.

This program includes customized brand name computer bundles from Dell and Gateway designed to meet your computing needs. Whether you want to further your education, enhance your career, give your children an advantage in the classroom or enjoy surfing the World Wide Web, **Purchasing Power** has the right computer bundle for you.

All computer bundles include a monitor, all-in-one color printer (scans, copies, prints), speakers, keyboard, mouse, software and a 3 year manufacturer warranty. As a special bonus, most qualifying computer purchases entitle you to a gift card from Office Depot. **Purchasing Power's** complete customer service team and 24 hour web support can assist you with your order questions. And for your convenience, your order is shipped directly from the manufacturer to your home.

Sincerely,

Mark Humphries

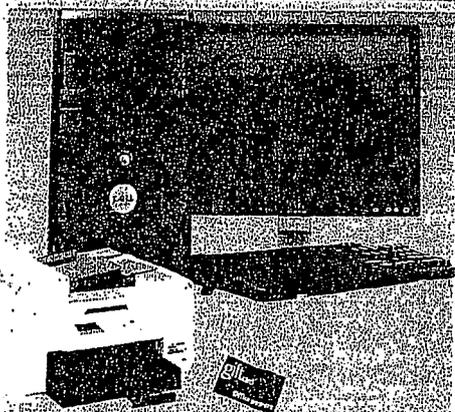
Mark Humphries
Program Manager



Order online now at www.tyson1-purchasingpower.com

Or by phone 800-903-0703

WE SPEAK SPANISH!
HABLAMOS
ESPAÑOL!



D100 Specs

Celeron D 325 (2.5 GHz)
80 GB Hard Drive
1 GB RAM
Flat Panel LCD Monitor
CD-RW/DVD Combo
All-in-One Printer
\$50 Office Depot Gift Card
1 Year Warranty
3 Year McAfee Internet Security



G100 Specs

Celeron M410 (1.4 GHz)
40 GB Hard Drive
256 MB RAM
CD-RW/DVD
All-in-One Printer
\$50 Office Depot Gift Card
3 Year Warranty
3 Year Accidental Damage
(Not applicable in Florida)



Benefits of Purchasing Power

- No credit check
- 12-month payment plan
- Easy payroll deduction
- Pre-configured computer bundles
- Brand name computer products

Qualifying is easy

- You must be at least 18 years of age
- You must be a full-time, active Tyson Team Member for at least 2 years
- You must earn at least \$16,000 a year
- You must have a bank account or credit card (to be used only in case of non-payment via payroll deduction)

A gift that benefits you every day.

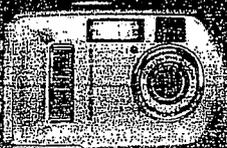
Limited time offer!

Open enrollment dates are from November 15th - November 30th. Paperwork must be returned to Purchasing Power by December 7th.

Gateway M255-E
notebook computer

FREE!

Kodak digital camera
with the purchase of
Gateway's M255-E
notebook computer.



Panasonic 42" Plasma TV



AFSCME Maine
Membership Benefit Trust

AFSCME Maine Member Benefit Trust members can use convenient payroll deduction to find the ideal gift this holiday season.

Benefits of Purchasing Power

- No credit check
- 12 month payment plan
- Easy payroll deduction
- Brand-name computers and electronics
- Convenient home delivery

Qualifying is easy

- You must be at least 18 years of age
- You must be a member of AFSCME Maine Member Benefit Trust
- You must earn at least \$16,000 a year
- You must have a bank account or credit card (to be used only in case of non-payment via payroll deduction)

Order online now at
www.purchasingpower.com

Or by phone 800-537-3134

Purchasing Power features products from the following manufacturers:

DELL™ Gateway **lenovo**

New Benefits for State Employees Include Purchasing Power

Full service provider of employee computer purchase programs

An every day benefit for you and your family



Benefits of Purchasing Power

- No credit check
- 12 month payment plan
- Easy payroll deduction
- Brand-name computers
- Convenient home delivery

Qualifying is easy

- You must be at least 18 years of age
- You must be a benefit eligible employee of the State of Arizona for at least 6 months. Employees may contact the ADOA Human Resources Service Center at 542-4700 for information about program eligibility.
- You must have a bank account or credit card (to be used only in case of non-payment via payroll deduction)

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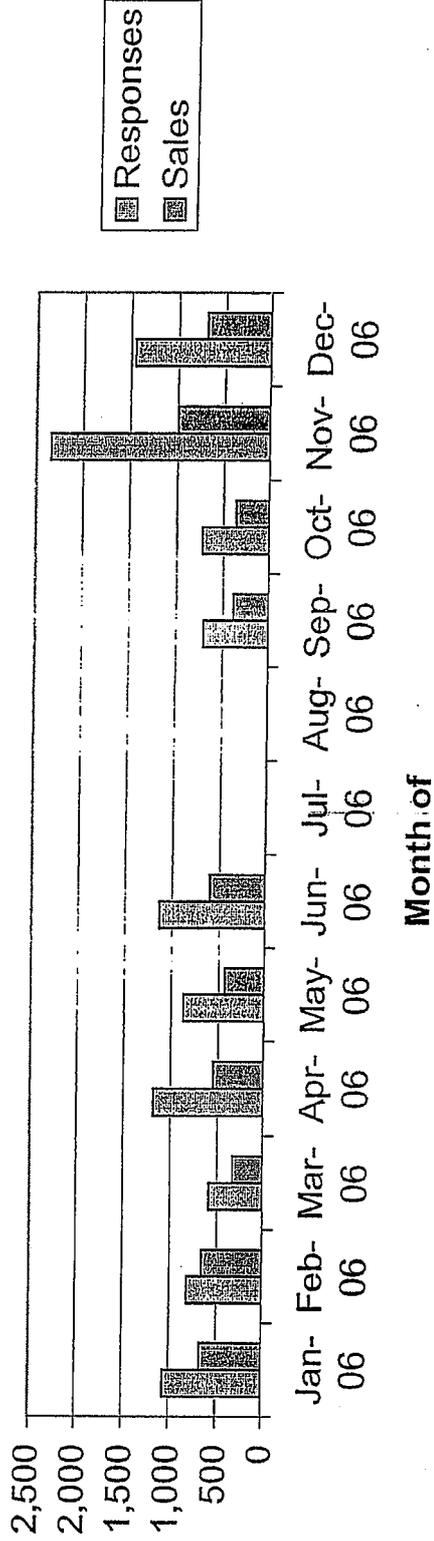
Sample Reports
(Auto,
Home,
Computer Purchase)

Sample Report
Travelers Monthly Results



Month	Quotes			Sales				
	Resp	Auto	Home	Other	Total	Auto	Home	Other
Sep-06	706	296	214	154	388	126	163	99
Oct-06	722	336	300	118	365	109	180	76
Nov-06	2,341	1,164	1,375	1,369	994	261	383	350
Dec-06	1,447	891	648	455	688	249	264	175
Jan-06	1,060	556	523	366	677	218	279	180
Feb-06	810	438	418	281	656	222	253	181
Mar-06	578	308	259	194	336	118	129	89
Apr-06	1,176	542	121	16	546	218	207	121
May-06	875	569	431	307	429	160	168	101
Jun-06	1,130	650	592	502	599	226	216	157

Monthly Results



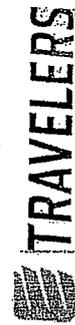
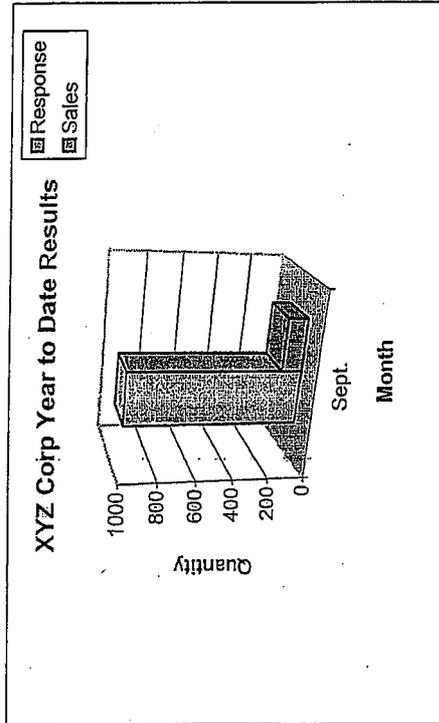
XYZ

Travelers Auto and Home Insurance Program Monthly Results Year to Date through (Date)

MONTH	RESPONSE	QUOTES				SALES			
		Total	Auto	Home	Other	Total	Auto	Home	Other
Sept.	954	523	320	180	23	110	27	19	13
Oct.									
Nov.									
Dec.									
Total	954	523	320	180	23	110	27	19	13

*Sales close ratio based on number of policies sold/issued to number of quotes provided.

YTD Declines = 28 for underwriting/36 for IFS (credit score)



Sample | Account Data for XYZ

		Mar-06	Mar-06	chg	3 M0 O5	12ME	12 Mo 04	12 Mo 03	
Policies In Force	Auto	515	458	12.4%	515	515	520	464	
	Home	281	256	9.8%	281	281	291	265	
	Other	101	89	13.5%	101	101	108	87	
	Total	897	803	11.7%	897	897	919	816	
New Business Count	Auto	9	5	80.0%	17	132	126	115	
	Home	6	1	500.0%	8	76	74	68	
	Other	3	1	200.0%	3	36	41	31	
	Total	18	7	157.1%	28	244	241	214	
Policies Lost as % In Force (both New and Renewals lost)	Auto	32.3%	7.9%	(24.4)	16.9%	16.4%	15.1%		
	Home	33.9%	23.1%	(10.8)	24.7%	19.9%	18.1%		
	Other	47.1%	39.6%	(7.5)	37.0%	27.0%	23.0%		
	Total	34.5%	16.4%	(18.1)	21.8%	18.7%	16.9%		
New Business Written Premium	Auto	\$9,015	\$3,996	125.6%	\$13,307	\$86,915	\$82,210	\$76,339	
	Home	\$2,549	\$261	876.6%	\$2,923	\$20,711	\$19,447	\$16,598	
	Other	\$124	\$7	1671.4%	\$114	\$1,569	\$2,086	\$1,811	
	Total	\$11,688	\$4,264	174.1%	\$16,344	\$109,195	\$103,743	\$94,748	
Written Premium	Auto	\$29,570	\$33,246	-11.1%	\$106,541	\$451,206	\$452,425	\$399,165	
	Home	\$6,892	\$6,466	6.6%	\$15,814	\$86,065	\$86,069	\$65,682	
	Other	\$35	\$360	-90.3%	\$1,297	\$5,784	\$6,668	\$5,627	
	Total	\$36,497	\$40,072	-8.9%	\$123,652	\$543,055	\$545,162	\$470,474	
Written Commission	Auto	\$971	\$1,048	-7.3%	\$3,403	\$14,033	\$14,024	\$12,494	
	Home	\$219	\$224	-2.2%	\$485	\$2,640	\$2,674	\$2,142	
	Other	\$1	\$11	-90.9%	\$38	\$147	\$189	\$251	
	Total	\$1,191	\$1,283	-7.2%	\$3,926	\$16,820	\$16,887	\$14,887	
Earned Premium	Auto	\$36,702	\$33,685	9.0%	\$110,491	\$431,719	\$417,229	\$374,802	
	Home	\$7,051	\$5,658	24.6%	\$20,745	\$80,263	\$75,787	\$59,430	
	Other	\$467	\$486	-3.9%	\$1,496	\$6,328	\$6,227	\$5,170	
	Total	\$44,220	\$39,829	11.0%	\$132,732	\$518,310	\$499,243	\$439,402	
Adjuster's Incurred Losses	Auto	\$49,416	\$33,715		\$86,666	\$293,124	\$269,010	\$242,366	
	Home	\$594	\$0		\$16,144	\$36,310	\$20,166	\$6,964	
	Other	\$0	\$0		\$2,736	\$2,736	\$0	\$2,401	
	Total	\$50,010	\$33,715		\$105,546	\$332,170	\$289,176	\$251,731	
Adjuster's Incurred Loss Ratio	Auto	134.6%	100.1%	(34.6)	78.4%	67.9%	64.5%	64.7%	<u>2yrs+vtd</u> 66.3%
	Home	8.4%		(8.4)	77.8%	45.2%	26.6%	11.7%	27.7%
	Other			nmf	182.9%	43.2%		46.4%	39.8%
	Total	113.1%	84.6%	(28.4)	79.5%	64.1%	57.9%	57.3%	60.3%

Sample Application and/or Claim Forms

(Cancer Insurance,

Universal Life,

Computer Purchasing)

PL110-PLUS

Application for Life Insurance

Portable, Permanent Individual Life Insurance for the Employee and Family

MetLife

Flexible Premium Life Insurance
to Age 100

Policy Form: PRFNG-NI-99

For the eligible employees of
Specimen

Product Highlights

Permanent Life Insurance
to Age 100

Marketed by
Specimen

Option to Extend Coverage
to Age 110

Minimal Cash Value
Premiums Dedicated Primarily
to Purchase Life Insurance

Level Premium Guarantees
Coverage for a Significant
Period of Time

Unique Limited Right to Partial
Refund of Premium if Future
Premium Required to
Continue Coverage Increases

No Surrender Charges Apply

Accelerated Death Benefit Due
to Terminal Condition Included

Convenient Premium Payments
Through Payroll Deduction

Portable When You Leave
Employment

Waiver of Premium Included
for selected Ages

Express Issue | Bi-Weekly Pay

FOR USE ONLY IN
Pennsylvania



WORKSITE | SERIES

Underwritten By

Texas Life Insurance Company®

A MetLife Company PO BOX 830 | WACO, TEXAS 76703

Portable, Permanent, Individual Life Insurance for Employees and Their Families

As an employee, you can apply for valuable life insurance protection on you and your family under eligibility guidelines established for your employer. Your employer has conveniently agreed to permit you to pay premiums through payroll deduction. This is a summary only. Policy provisions prevail. This brochure is not a contract or an offer to contract.

Minimal Cash Values Buy this policy for its life insurance protection, not its cash value. The primary benefit is life insurance. Payment of the Table Premium produces a small cash value (Benchmark Cash Value).

Permanent Coverage Unlike group term life insurance, PL110-plus is a personally owned, permanent individual life insurance policy to age 100 that can never be canceled or reduced as long as you pay the necessary premiums, even if your health changes.

Guaranteed Period Continuous, timely, and uninterrupted payment of the Table Premium guarantees coverage for the Guaranteed Period shown. Texas Life (We) cannot legally predict the premium required to continue coverage after the Guaranteed Period. It may be lower, the same, or higher than the Table Premium. However, if the premium to continue coverage is ever higher, We guarantee a limited right to a partial refund of premium (described below).

Guaranteed Limited Right to Partial Refund of Premium If a premium higher than the Table Premium is ever required to continue coverage after the Guaranteed Period, you have the choice to:

- a. Pay the higher premium(s) required to continue coverage; or,
- b. Surrender the policy and receive a partial refund of premium equal to 60 times the minimum monthly premium due at issue (five years worth of Table Premium). You are eligible for this refund if the actual cash value equals or exceeds the Benchmark Cash Value and you have taken no prior partial surrenders.

Option to Extend Coverage to Age 110 By Written Request you can extend coverage all the way to Age 110. Death benefits are generally income tax free, but tax results beyond age 99 are currently unknown. Future tax laws may or may not provide favorable tax results for this extension.

Portable Once issued, continued employment is not a condition to continue coverage. Coverage is guaranteed as long as required premiums are paid, even after you retire or terminate employment. When employment ends, you can pay equivalent monthly premiums directly or by bank draft (for monthly direct payments we add a monthly fee not to exceed \$2.00). Other modes are available.

Accelerated Death Benefit Due to a Terminal Condition For no added premium, the policy includes an Accelerated Death Benefit Due to Terminal Condition Rider (Form ULABR-99). In the event of terminal condition you may elect to make a claim for an Accelerated Death Benefit while the insured is still alive in lieu of the insurance proceeds otherwise payable at death. The single sum benefit is 92% of the insurance proceeds less an administrative fee of \$150. This is not a long-term care benefit. Terminal Condition means an injury or sickness diagnosed and certified by a qualifying physician that, despite appropriate medical care, is reasonably expected to result in death within 12 months. We can, at our expense, rely exclusively on the opinion of a physician We choose. A 90-day exclusion period applies (unless resulting from accidental bodily injury). Other conditions and limitations apply. Pay premiums faithfully, because the rider terminates if the policy ever lapses for non-payment of premium, even if the policy is later reinstated. The

right to accelerate benefits under this rider does not extend to any Child Term Life Insurance Rider. However, if the Accelerated benefit is paid, the Child Rider is paid-up term insurance to each insured child's age 25. Payment of the Accelerated Death Benefit terminates the policy and all optional benefits/riders without further value.

Individual and Family Coverage is Easy to Apply For Subject to age and amount restrictions, you may apply for an individual policy on your life or your spouse's life (see chart next page for spouse's minimum/maximum amounts). An individual policy for \$ 25,000 is also available on each of your children ages 6 months-18, and even on each of your grandchildren ages 6 months-16. (If you apply for coverage on yourself, you may cover children under the Child Term Life Insurance Rider in lieu of individual policies). Proof of insurability is required. Most policies are issued based upon the answers to three work and health related application questions.

Optional Benefits According to the guidelines established for your employer, your application will include the following benefit for an additional cost depending upon your issue age.

Waiver of Premium Benefit This benefit to age 60 (Issue Ages 17-55) guarantees coverage during the Insured's continued total disability. Self-inflicted or war-related disability is excluded. Notice and proof provisions apply. (Form ULCL-WP-95).

Child Term Life Insurance Rider In lieu of an individual policy on each child, if you are age 59 or less you may apply for a Child Term Life Insurance Rider for \$10,000. It insures children and stepchildren named in the application who are ages 15 days through age 18. Children born or adopted thereafter are covered 15 days after birth. Coverage is one-half the amount on children ages 15 days to age one. Coverage continues to age 25. Coverage is paid-up to the insured child's age 25 if the primary insured dies. Coverage terminates at the primary insured's age 65. (Form ULPP-CIR-94).

Policy Mechanics and Other Important Details Premiums are flexible. However, we highly recommend payment of the Table Premium during the Guaranteed Period, and that you take no partial surrenders or policy loans. Table Premium produces a small cash value (Benchmark Cash Value). Paying a lesser premium results in an actual cash value which is less than Benchmark Cash Value, causing the policy to lapse. Premiums less a premium load create cash value to pay monthly administrative loads and cost of insurance. Cash value up to Benchmark Cash Value is currently credited the guaranteed interest rate of 5.75% per annum. Excess cash value is currently credited the guaranteed interest rate of 4.50% per annum. We, at any time, and in our sole discretion, may credit higher than guaranteed interest rates. Likewise, We may charge cost of insurance rates which are less than the policy's maximum rates, but only when actual cash value equals or exceeds Benchmark Cash Value. No surrender charges apply. Loads include 4.00% of premium, \$1.50 per month and monthly administrative loads. Two year suicide and contestable clauses apply. The policy loan rate is 7.40% in advance. Surrenders and loans may be deferred for up to six months. A Surrender Comparison Index is provided at policy delivery, or earlier upon request. Additional information is available upon request.

IMPORTANT NOTICES | PLEASE READ THE FOLLOWING NOTICES REGARDING ACCELERATED DEATH BENEFITS CAREFULLY

Important Notice The insurance proceeds, cash values, and loan values will all be reduced to zero and will no longer be payable if Texas Life pays the Accelerated Death Benefit.

determine the effect on you. Neither Texas Life nor its agents are authorized to give tax or legal advice.

Important Tax Notice The Accelerated Death Benefit under this rider is intended to qualify for favorable income tax treatment under the Internal Revenue Code of 1986. If the Accelerated Death Benefit qualifies for such favorable tax treatment, the benefit will be excludable from your income and not subject to federal income taxation. Tax laws relating to acceleration of life insurance benefits are complex. You should consult a qualified tax or legal advisor to

Public Assistance Program Notice Receipt of the Accelerated Death Benefit may affect your, your spouse's or your family's eligibility for medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You should consult a qualified tax or legal advisor and social services agencies concerning how receipt of such payment will affect your, your spouse's and your family's eligibility for public assistance.

INTERIM INSURANCE: Interim insurance will be in force on the application date if these conditions are met: (1) the insurance is purchased through payroll deduction; (2) the Salary Deduction Authorization is signed; and, (3) the proposed insured is insurable at standard rates under Our rules and usual practice. Interim insurance remains in effect until the earlier of: (a) the Policy Date; (b) the date We decline the application; (c) the date We notify the applicant that s/he is ineligible for interim insurance; or, (d) the 90th day after the application date. In Kansas, clauses (3) and (d) do not apply, and clauses (b) and (c) apply only when We refund all premiums.

MONTHLY LOADS PER \$1,000 OF FACE AMOUNT FOR ISSUE AGES SHOWN

Issue Age →	6mo.-1	2	3	4	5	6	7	8	9	10	11	12	13	14
Highest Load	0.1299	0.1308	0.1308	0.1308	0.1308	0.1308	0.1308	0.1308	0.1308	0.1308	0.1458	0.1400	0.1308	0.1208
Lowest Load	0.0616	0.0474	0.0375	0.0350	0.0408	0.0591	0.0908	0.0166	0.0199	0.0291	0.0233	0.0133	0.0383	0.0399
Zero After Year	9	9	9	9	9	9	9	11	13	15	12	14	15	16
Issue Age →	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Highest Load	0.1099	0.1283	0.1200	0.1141	0.1099	0.1099	0.1308	0.1316	0.1408	0.1408	0.1408	0.1508	0.1600	0.1591
Lowest Load	0.0383	0.1074	0.1066	0.1066	0.1066	0.1066	0.1266	0.1275	0.1374	0.1391	0.1374	0.1441	0.1491	0.1441
Zero After Year	16	5	5	5	5	5	5	5	5	5	5	5	5	5
Issue Age →	29	30	31	32	33	34	35	36	37	38	39	40	41	42
Highest Load	0.1666	0.1724	0.1683	0.1825	0.1950	0.2066	0.2274	0.2349	0.2408	0.2541	0.2758	0.2949	0.3016	0.3283
Lowest Load	0.1475	0.1491	0.1408	0.1483	0.1541	0.1583	0.1699	0.1699	0.1675	0.1741	0.1900	0.2041	0.2058	0.2266
Zero After Year	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Issue Age →	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Highest Load	0.3433	0.3766	0.3883	0.4091	0.4374	0.5208	0.5624	0.5816	0.6541	0.6908	0.7416	0.7966	0.8783	0.9083
Lowest Load	0.2358	0.2616	0.2650	0.2749	0.2891	0.3550	0.3766	0.3741	0.4274	0.4475	0.4199	0.3441	0.1591	0.1875
Zero After Year	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Issue Age →	57	58	59	60	61	62	63	64	65	66	67	68	69	70
Highest Load	0.9274	0.9333	0.9608	0.9891	1.0325	1.0683	1.1933	1.3033	1.4033	1.6491	1.8000	1.7708	1.7208	1.6416
Lowest Load	0.2833	0.4591	0.5216	0.4875	0.4725	0.4583	0.5425	0.2250	0.8733	0.1433	1.2758	1.3350	0.0674	0.4033
Zero After Year	5	5	5	5	5	5	5	5	4	4	3	3	4	4

OPTIONAL BENEFITS BI-WEEKLY COST:

Waiver of Premium/Cost of Insurance Benefit 10% of Base Plan Table Premium
 Children's Term Life Insurance Rider Add \$ 2.40 for \$10,000

EXPRESS ISSUE AMOUNTS OF COVERAGE AVAILABLE ON SPOUSE

Spouse's Issue Age	Spouse's Minimum Face Amount	Spouse's Maximum Face Amount	
		If Employee Does Not Apply	If Employee Also Applies
17-49	\$ 25,000	\$ 25,000	\$ 50,000
50-65	10,000	10,000	25,000
66-70	10,000	10,000	10,000

Texas Life Insurance Company® BI-WEEKLY PREMIUMS

A MetLife Company

PL110-plus Standard Risk Table Premiums --- Express Issue

Issue Age (ALB)	Bi-Weekly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$40,000	\$50,000	\$75,000	\$100,000	
6 mo-10										53
11-15										51
16										62
17-20										57
21										59
22										58
23-25										55
26										55
27-28										54
29										53
30-31										52
32										52
33										53
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65										82
66										83
67										84
68										84
69										83
70										83

PL110-plus is a permanent life insurance plan to 100 that can never be cancelled as long as you pay the necessary premiums. After the first 100 days, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

Texas Life Insurance Company® BI-WEEKLY PREMIUMS

A MetLife Company

PL110-plus Standard Risk Table Premiums --- Express Issue

Issue Age (ALB)	Prem For \$10,000 Face	Life Insurance Face Amounts for Bi-Weekly Premiums Shown								GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
		Includes Added Cost for Waiver of Premium Benefit (Ages 17-55) Employee Group Size 50 & Up								
17-20		41,236	56,994	72,752	88,509					57
21		38,182	52,772	67,363	81,953	96,543				59
22		38,182	52,772	67,363	81,953	96,543				58
23-25		36,818	50,887	64,957	79,026	93,095				55
26		35,549	49,133	62,717	76,301	89,885				55
27-28		34,364	47,495	60,626	73,758	86,889				54
29		33,255	45,963	58,671	71,378	84,086	96,794			53
30-31		32,216	44,527	56,837	69,148	81,458	93,769			52
32		30,321	41,907	53,494	65,080	76,667	88,253	99,840		52
33		28,636	39,579	50,522	61,465	72,407	83,350	94,293		53
34		27,129	37,496	47,863	58,230	68,596	78,963	89,330	99,697	53
35		25,144	34,752	44,361	53,969	63,577	73,186	82,794	92,402	54
36			33,136	42,297	51,459	60,620	69,782	78,943	88,104	54
37			31,663	40,418	49,172	57,926	66,680	75,434	84,189	54
38			29,684	37,891	46,098	54,306	62,513	70,720	78,927	55
39			27,401	34,977	42,552	50,284	57,704	65,280	72,855	56
40			25,444	32,478	39,513	46,548	53,582	60,617	67,652	57
41				29,816	36,274	42,732	49,190	55,648	62,106	59
42				26,747	32,540	38,333	44,127	49,920	55,713	61
43					29,503	34,756	40,008	45,261	50,513	63
44					26,984	31,789	36,593	41,397	46,201	64
45						28,963	33,340	37,717	42,094	66
46						26,599	30,618	34,638	38,658	67
47							28,577	32,329	36,081	68
48							26,554	30,040	33,526	68
49								27,824	31,053	69
50			10,713	13,675	16,637	19,599	22,561	25,523	28,485	71
51				12,457	15,156	17,854	20,552	23,250	25,949	72
52				11,227	13,659	16,091	18,522	20,954	23,386	74
53				10,218	12,431	14,644	16,857	19,070	21,284	76
54					11,406	13,436	15,467	17,498	19,528	77
55					10,638	12,532	14,426	16,320	18,214	78
56					11,234	13,222	15,209	17,197	19,185	77
57					10,884	12,810	14,736	16,662	18,588	77
58					10,511	12,371	14,230	16,090	17,950	76
59					10,078	11,861	13,645	15,428	17,211	75
60						11,172	12,851	14,531	16,211	76
61						10,257	11,800	13,342	14,884	77
62							10,730	12,133	13,535	79
63								11,026	12,301	80
64								10,105	11,273	81
65									10,456	82
66										83
67										84
68										84
69										83
70										83

PL110-plus is a permanent life insurance plan to 100 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

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SAMPLE FOR REVIEW

**Disclosure Notice For Accelerated Death Benefit Due to Terminal Condition
Rider Form ULABR-99; Policy Form PRFNG-NI-99
Read the sales material and rider carefully**

For no additional premium, the life insurance contract Form PRFNG-NI-99 includes an Accelerated Death Benefit Due to Terminal Condition Rider. In the event of a Terminal Condition You may elect to make a claim for an Accelerated Death Benefit while the insured is still alive in lieu of the insurance proceeds otherwise payable at the insured's death.

Upon payment of the Benefit, the Contract and all other optional benefits and riders will terminate without further value. The exception is the Children's Term Life Insurance Rider. If added at the time the Contract was issued it then becomes paid-up term insurance to each insured child's age 25.

Terminal Condition means an injury or sickness diagnosed and certified by a qualifying physician that, despite appropriate medical care, is reasonably expected to result in the death of the insured within 12 months. Texas Life has the right to a second opinion by a physician of its own choosing, and to rely exclusively on the opinion of such physician.

The Accelerated Death Benefit amount is 92% of the insurance proceeds payable less an administrative charge of \$150. The Benefit is payable in a single sum.

EXCLUSIONS, REDUCTIONS AND LIMITATIONS

There are exclusions, reductions and limitations that apply to the Accelerated Death Benefit. These include:

- a. the Terminal Condition diagnosis must first be made at least ninety (90) days after the Effective Date of the Rider, unless the Condition results from accidental bodily injury;
- b. Insurance Proceeds, cash values, and loan values will be reduced to zero and will not be paid if the Accelerated Death Benefit is paid;
- c. any irrevocable beneficiary and any assignee to which the Contract is then collaterally assigned must consent to the payment of the Accelerated Death Benefit;
- d. the Accelerated Death Benefit will not be paid if upon the death of the Insured all or a portion of the Insurance Proceeds are payable to a former spouse or trustee as part of a divorce decree or property settlement, or child support order;
- e. if the Contract terminates for nonpayment of premium the Accelerated Death Benefit cannot be reinstated; and,
- f. if the Contract terminates for nonpayment of premium or because it reaches the final date for coverage there will not be a benefit payable under the Accelerated Death Benefit Rider.

The amount of any Accelerated Death Benefit is dependent upon the amount of Insurance Proceeds which results from adjustments for prior partial surrenders and outstanding Contract loans.

FORM: O3M017PA R02/04

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EXAMPLE FOR REVIEW

Texas Life Insurance Company®

LIFE INSURANCE APPLICATION

A MetLife Company

POST OFFICE BOX 830, WACO, TEXAS 76703-0830

FOR HOME OFFICE USE ONLY

Plan Name: PL110-plus PRFNG-NI-99

1st Deduction Date: _____ Employer: _____

Policy Number: _____

Proposed Insured(s)	Sex	Social Sec No.	BirthDate	Age ¹	Face Amt ²	Premium
Employee Name	Hire Date					
Last: _____	First: _____ MI: _____	M/F				
Spouse Name	Occupation					
Last: _____	First: _____ MI: _____	M/F				
Children						
	M/F					
	M/F					
	M/F					
	M/F					

Total premium: \$

Home Address	Add Riders	Employee	Spouse	Child
Street/P.O. Box:	Accidental Death	N/A	N/A	N/A ³
City: _____ State: _____ Zip: _____	Waiver Premium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ³
Personal E-mail Address:	Child Term \$10,000	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Phone — Day: () _____ Evening: () _____	Add Rider Premium to amounts above			

Payroll is per: Week Bi-Week Semi-Month Month Skip

Beneficiary for: (Employee is beneficiary of spouse/child unless stated below). If contingent desired, state below.

Employee: _____ Relationship: _____

Spouse: _____ Relationship: _____

Children: _____ Relationship: _____

1. Will proposed coverage replace or change any existing insurance or annuity policy? Yes No If "Yes", identify and complete replacement form. Company: _____ Policy No: _____

2. During the last six months, has the proposed insured:

	Employee		Spouse		Children	
	Yes	No	Yes	No	Yes	No
a. Been actively at work on a full time basis, performing usual duties? If not, furnish details below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
b. Been absent from work due to illness or medical treatment for a period of more than five consecutive working days? If so, furnish details below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
c. Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation therapy, dialysis treatment, or treatment for alcohol or drug abuse? If so, furnish details below.	<input type="checkbox"/>					

QUES NO.	NAME	DETAILS TO QUESTION

Any person who knowingly and with intent to defraud any insurance company or other person files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

REPRESENTATIONS: I represent to the best of my knowledge and belief that all statements and answers in this application are complete, true and correctly recorded, and are made as a consideration for the insurance applied for. I understand that Texas Life Insurance Company will rely on my statements and answers as being true and complete in deciding whether to issue insurance on the proposed insured(s). Insurance is effective under the policy only when it is delivered to the owner, if the full first premium is paid in cash and all of the statements in this application remain correct and complete.

X _____ X _____ X _____
 Employee (and policyowner) Signature Spouse Signature if to be insured Child age 18 or older if to be insured

X _____
 Enroller/Agent Signature Print Enroller/Agent Name Agt No. Date City State

(1) Age as of Issue Date. (2) or Face Amount purchased by premium shown, if less. (3) If age 17 and higher.

Texas Life Insurance Company®
A MetLife Company

Agent Certification

REPLACEMENT OF INSURANCE

To the best of my knowledge the insurance applied for is is not to replace existing insurance or annuity.

PURPOSE OF INSURANCE

Texas Life encourages a thorough consideration of the applicant's insurable needs as they affect his/her broader financial objectives. Based upon my discussion with the applicant, he/she indicated that the insurance applied for is for one or more of the following needs (check all that apply):

- Burial/Final Expense Income Replacement Mortgage Cancellation
 Other: _____

USA PATRIOT ACT

I have confirmed the identity of the Applicant from the following photographic identification:

Check One

- Employer ID Driver's License Passport

Other government-issued ID (Describe): _____

ID Number: _____ Issuing Entity: _____

Applicant's Citizenship: USA Other: country of legal residence: _____

AGENT STATEMENT

I hereby certify that I have: (a) completed the "Replacement of Insurance", "Purpose of Insurance" and "USA Patriot Act" sections above; (b) delivered to the Applicant Sales Brochure Series form 06M049mb-PA EXP-B-WP, the Privacy Notice, the Disclosure Notice For Accelerated Death Benefit Due to Terminal Condition, and the Pennsylvania Disclosure Statement; and, (c) presented only guaranteed policy benefits and costs.

X _____
Enroller/Agent Signature: _____ Date

ALSO COMPLETE PENNSYLVANIA DISCLOSURE STATEMENT FORM 1068-R01/99

FORM: 04M006-PA

Texas Life Insurance Company® SUPPLEMENT TO APPLICATION

A MetLife Company

POST OFFICE BOX 830, WACO, TEXAS 76703-0830

Supplement to Application from (Employee): _____
 Employee Social Security: _____ Application Date: _____

3. Within the past five years, has any proposed insured:	Employee		Spouse		Children	
	Yes	No	Yes	No	Yes	No
a. Consulted a physician, been observed at a hospital or clinic, or been advised to have a surgical operation?	<input type="checkbox"/>					
b. Had an X-ray, EKG, lab test, blood test, or any other medical test or study?	<input type="checkbox"/>					
c. Used heroin, cocaine, marijuana, PCP, or any other narcotic, hallucinogenic, sedative or legally controlled substance, except as prescribed by a physician?	<input type="checkbox"/>					
d. Been diagnosed or treated by a member of the medical profession as having AIDS (Acquired Immune Deficiency Syndrome) or the HIV (Human Immunodeficiency Virus) infection?	<input type="checkbox"/>					

4. Within the past ten years, has any proposed insured had or been treated for:						
a. Heart or circulatory disease or abnormality, chest pain, shortness of breath, murmur, stroke, or high blood pressure?	<input type="checkbox"/>					
b. Alcohol or drug abuse, or disorder of the stomach, liver, intestines, or kidneys?	<input type="checkbox"/>					
c. Cancer, tumor, diabetes, or disorder of the blood?	<input type="checkbox"/>					
d. Asthma, lung disease, seizure, depression, or mental, psychiatric, or neurologic disorder?	<input type="checkbox"/>					

5. Is any proposed insured taking any prescribed medication at regular intervals? If "Yes", indicate name of medication in Details below.	<input type="checkbox"/>					
6. Within the past 12 months, has any proposed insured smoked a cigarette or used tobacco in any form?	<input type="checkbox"/>					

7. What is the height, weight, and birth state of each proposed insured?	First Name	Hgt.: Wgt.	Birth State
8. Personal physician for each proposed insured (if none, enter "None")			
Proposed Insured Physician Address City, State			

9. Details, including date, diagnosis, type of treatment, and current condition			Name, address and phone # of physician(s)
Ques No.	Proposed Insured	Details	

Any person who knowingly and with intent to defraud any insurance company or other person files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

REPRESENTATIONS: I represent to the best of my knowledge and belief that all statements and answers in this Supplement to Application are complete, true and correctly recorded, and are made as a consideration for the insurance applied for. I understand that Texas Life Insurance Company will rely on my statements and answers as being true and complete in deciding whether to issue insurance on the proposed insured(s). Insurance is effective under the policy only when it is delivered to the owner, if the full first premium is paid in cash and all of the statements in the application and this Supplement to Application remain correct and complete.

X _____ X _____ X _____
 Employee (and policyowner) Signature Spouse Signature if to be insured Child age 18 or older if to be insured

X _____
 Enroller/Agent Signature Print Enroller/Agent Name Agt No. Date City State

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STANDARD FOR REVIEW

Authorization to Release Information
Two pages

AUTHORIZATION

For underwriting and claim settlement purposes regarding me or any child(ren) under the age of 18 named below, I authorize:

- Any medical practitioner; any medical facility; any other medical entity; any insurer; any consumer reporting agency; and MIB Group, Inc. (MIB) to give Texas Life Insurance Company ("Company") information about me or such child(ren) including:
 - personal information and data;
 - entire medical file for the last ten (10) years, including medical information, records and data (such as: office visits; out-patient treatment; hospitalization; drugs prescribed; medical test results; information about sexually transmitted diseases; and other similar information);
 - information related to alcohol and drug abuse and treatment;
 - information, records and data relating to Acquired Immune Deficiency Syndrome (AIDS) or AIDS related conditions, including Human Immuno-deficiency Virus (HIV) test results; and
 - information, records and data relating to mental illness.
- The Company to redisclose information received pursuant to this Authorization as authorized by me in writing or as otherwise permitted by applicable law.
- The Company to request and obtain: consumer investigation; or motor vehicle reports.
- Any employer, business associate, financial institution, or government agency to give the Company any information or data that it may have about: occupations; avocations; driving record; finances; character; reputation; and aviation activities.

I understand that:

- Information, records and data received that the Company receives pursuant to this Authorization will be used and maintained by the Company as described in the Company Consumer Privacy Notice, a copy of which was given to me.
- All or part of the information, records and data that the Company receives pursuant to the Authorization may be disclosed to MIB. Such information may also be disclosed to and used by: any reinsurer; any Company employee; or any affiliate or independent contractor who performs a business service for the Company on the insurance applied for or on existing insurance with the Company. Information may also be disclosed as otherwise required or permitted by applicable laws.
- Information related to alcohol and drug abuse that has been disclosed to the Company may be protected by Federal Regulations 42 CFR part 2. This information may be redisclosed as provided in this Authorization.

- Medical information, records and data disclosed may have been subject to federal and state laws or regulations, including federal rules issued by Health and Human Services, 45 CFR Parts 160-164. These rules set forth standards for the use, maintenance and disclosure of such information by health care providers and health plans. Once disclosed to the Company, this information may no longer be subject to those laws or regulations.
- Information obtained pursuant to this Authorization about me or such child(ren) may be used, to the extent permitted by law, to determine the insurability of other family members.
- If underwriting determines that an investigative consumer report is needed, I will be contacted by the consumer reporting agency and interviewed in connection with its preparation.
- This Authorization will end 24 months from the date on this form or sooner if prescribed by law. I may revoke it at anytime by writing to the Company and advising it that I have revoked this Authorization. Any action taken before the Company has received my revocation will be valid.
- I have a right to receive a copy of this form.

A photocopy of this form is as valid as the original form.

SIGNATURES

(Parent or Guardian, if a proposed insured is under age 18, sign on line for proposed insured.)

Proposed Insured # 1

Date:

Print Name of Proposed Insured # 1

Proposed Insured # 2

Date:

Print Name of Proposed Insured # 2

Witness

Date:

Texas Life Insurance Company® **REPLACEMENT FORM**
A MetLife Company

Pennsylvania
Notice Regarding Replacement of Life Insurance and Annuities
Two pages

You have indicated that you intend to replace existing life insurance or annuity coverage in connection with the purchase of our life insurance or annuity policy. As a result, we are required to send you this notice. Please read it carefully.

Whether it is to your advantage to replace your existing insurance or annuity coverage, only you can decide. It is in your best interest, however, to have adequate information before a decision to replace your present coverage becomes final so that you may understand the essential features of the proposed policy and your existing insurance or annuity coverage.

You may want to contact your existing life insurance or annuity company or its agent for additional information and advice or discuss your purchase with other advisors. Your existing company will provide this information to you. The information you receive should be of value to you in reaching a final decision.

If either the proposed coverage or the existing coverage you intend to replace is participating, you should be aware that dividends may materially reduce the cost of insurance and are an important factor to consider. Dividends, however, are not guaranteed.

You should recognize that a policy which has been in existence for a period of time may have certain advantages to you over a new policy. If the policy coverages are basically similar, the premiums for a new policy may be higher because rates increase as your age increases. Under your existing policy, the period of time during which the issuing company could contest the policy because of a material misrepresentation or omission concerning the medical information requested in your application, or deny coverage for death caused by suicide, may have expired or may expire earlier than it will under the proposed policy. Your existing policy may have options which are not available under the policy being proposed to you or may not come into effect under the proposed policy until a later time during your life. Also, your proposed policy's cash values and dividends, if any, may grow slower initially because the company will incur the cost of issuing your new policy. On the other hand, the proposed policy may offer advantages which are more important to you.

If you are considering borrowing against your existing policy to pay the premiums on the proposed policy, you should understand that in the event of your death, the amount of any unpaid loan, including unpaid interest, will be deducted from the benefits of your existing policy thereby reducing your total insurance coverage.

FORM: 411-PA

After we have issued your policy, you will have 20 days from the date the new policy is received by you to notify us you are canceling the policy issued on your application and you will receive back all payments you made to us.

You are urged not to take action to terminate or alter your existing life insurance or annuity coverage until you have been issued the new policy, examined it and have found it acceptable to you.

Information on policy being replaced

Issuing Company: _____ Policy Number: _____

Applicant Signature: _____ Date: _____

Agent Signature: _____ Date: _____

Texas Life Insurance Company®

A MetLife Company

Privacy Notice - Three pages

Thank you for your application. We will review what you told us and may get further information if needed.

READ THIS NOTICE CAREFULLY

It describes how we learn about you and anyone else who is to be insured under the policy you applied for. It tells how we treat that information. We are required by law to give you this notice.

WHY WE NEED INFORMATION

We need to know about you (and anyone else to be insured) to provide the insurance and other products and services you've asked for. We may also need it to administer your business with us, evaluate claims, process transactions and run our business. And we need information from you and others to help us verify identities in order to prevent money laundering and terrorism.

We need to know your address, age and other basic information. But we may need more information, including finances, employment, health, hobbies or business conducted with us, with other MetLife companies (our "affiliates") or with other companies.

HOW WE GET INFORMATION

What we know about you (and anyone else to be insured) we get mostly from you. But we may also have to find out more from others in order to make sure that what we know is correct and complete. Other sources may include adult relatives, employers, consumer reporting agencies, health care providers and others. Some sources may give us reports and may disclose what they know to others. We may ask for medical information about you. The Authorization you signed when you applied for insurance permits these sources to tell us about you. So we may, for instance, at our expense:

- Ask for a medical exam — Ask for blood and urine tests
- Ask health care providers to give us health data, including information about alcohol or drug abuse

This will help us decide eligibility for insurance from us and what we should charge for it. We may also ask a consumer reporting agency for a "consumer report" about you (or anyone else to be insured). Consumer reports may tell us about a lot of things, like:

- Work and work history — Mode of living — Finances — Reputation — Dangerous sports activity — Driving record

If we ask an agency for an "investigative" report about you - which means that they will ask others about you - we will ask them to contact you as well. The information may be kept by the consumer reporting agency and given to others as permitted by law. The agency will give you a copy of the report it provides to us, if you ask the agency and can provide adequate identification. If you write to us, we will tell you if we have asked for a consumer report about you, and give you the name, address and phone number of the consumer reporting agency.

MIB Group, Inc. ("MIB") is a commonly used source of information. It is a nonprofit association of life insurance companies. We and our reinsurers may give MIB health or other information about you. If you apply for life or health coverage from a member of MIB, or claim benefits from a member company, MIB may give that company any information it has about you. If you contact MIB, it will tell you what it knows about you. You have the right to ask MIB to correct its information about you. You may write to MIB, Inc., Post Office Box 105, Essex Station, Boston, Massachusetts 02112, call MIB at (866) 692-6901 (TTY (866) 346-3642 for the hearing impaired) or contact MIB at www.mib.com.

FORM: 03M001 REV 01/05

HOW WE PROTECT WHAT WE KNOW

We treat what we know about you confidentially. We tell our employees to carefully handle your information. They may get your information only with a good reason. We take steps to secure our computer data bases and safeguard the information we have.

HOW WE USE AND DISCLOSE WHAT WE KNOW ABOUT YOU

We may use what we know about you to help us serve you better. We may use it, and disclose it to our affiliates and others, for any purpose allowed by law; for example, to:

- Help us evaluate your request for a product
- Process information for us
- Perform research for us
- Help us run our business
- Help us comply with the law
- Audit our business
- Confirm or correct what we know about you
- Help us prevent fraud and other crimes
- Help us process claims and other transactions

When we disclose information to others to perform business services for us, they must take appropriate steps to protect this information. And they may use the information only for the purposes of performing those business services.

Other reasons we may disclose what we know about you include:

- Doing what a court or government agency requires us to do; for example, complying with a search warrant or subpoena
- Telling another company what we know about you, if we are or may be selling all or any part of our business or merging with another company
- Giving information to the government so that it can decide whether you may get government-paid benefits
- Telling your health care provider about a medical problem that you have, but may not be aware of
- Giving your information to a peer review organization if you have health insurance with us
- Giving your information to someone who has a legal interest in your insurance, such as someone who lent you money and holds a lien on your policy

Generally, we will disclose only the information we consider reasonably necessary to disclose and no more. We may use what we know about you in order to offer you our other products and services. We may also provide information to others outside of the MetLife companies, such as marketing companies, to help us offer our own products and services to you. In addition, we can tell you about our affiliates and the products they offer.

Unless you tell us not to (see "You Can Make an 'Opt Out' Election" below), we may disclose certain information to our affiliates so that they can offer their products and services directly to you. Our affiliates include life, car and home insurers, securities firms, broker-dealers, a bank, a legal plans company and financial advisors. In the future, we may have affiliates in other businesses. In addition, if we have joint marketing agreements with other unaffiliated companies, we may give them information about you so that we can offer products to jointly or so they can offer products and services endorsed or sponsored by us to you. But we will not share information for joint marketing if you tell us not to or if the law that applies to you does not allow it.

You can make an "Opt Out" Election: You can tell us not to share your information to let our affiliates market their products directly to you, or not to disclose your information to a third party in connection with a joint marketing arrangement. An "opt-out" election form will be provided to you at the time the policy is issued. You can also obtain an "opt out" election form by calling us at 1-877-638-7684 or by writing to us at the address at the end of this Notice.

Even if you do not "opt out," we will not disclose your health information to another company to permit it to market its products to you. We will also not share your information with other unaffiliated companies who may want to market their products directly to you, unless it is in connection with a joint marketing arrangement (as described above). For example, we will not sell or otherwise disclose your information to a catalog company.

YOU CAN SEE AND CORRECT YOUR INFORMATION

Generally, we will let you review what we know about you if you ask us in writing. (Because of its legal sensitivity, we will not show you anything that we learned in connection with a claim or lawsuit.) Also, if the law allows us to do so, we may decide to disclose what we know about your health only through your health care provider. If you

tell us that what we know about you is incorrect, we will review it. If we agree with you, we will correct our records. If we do not agree with you, you may tell us in writing, and we will include your statement when we give your information to anyone outside MetLife.

YOU CAN GET OTHER MATERIAL FROM US

In addition to any other privacy notice we may give you, we must give you a summary of our privacy policy once each year. You may have other rights under the law. If you want to know more about our privacy policy, please contact us at our website, www.metlife.com, or write to us, c/o MetLife Privacy Office, P.O. Box 489, Warwick, Rhode Island 02887-9954.

EXAMPLE FORM