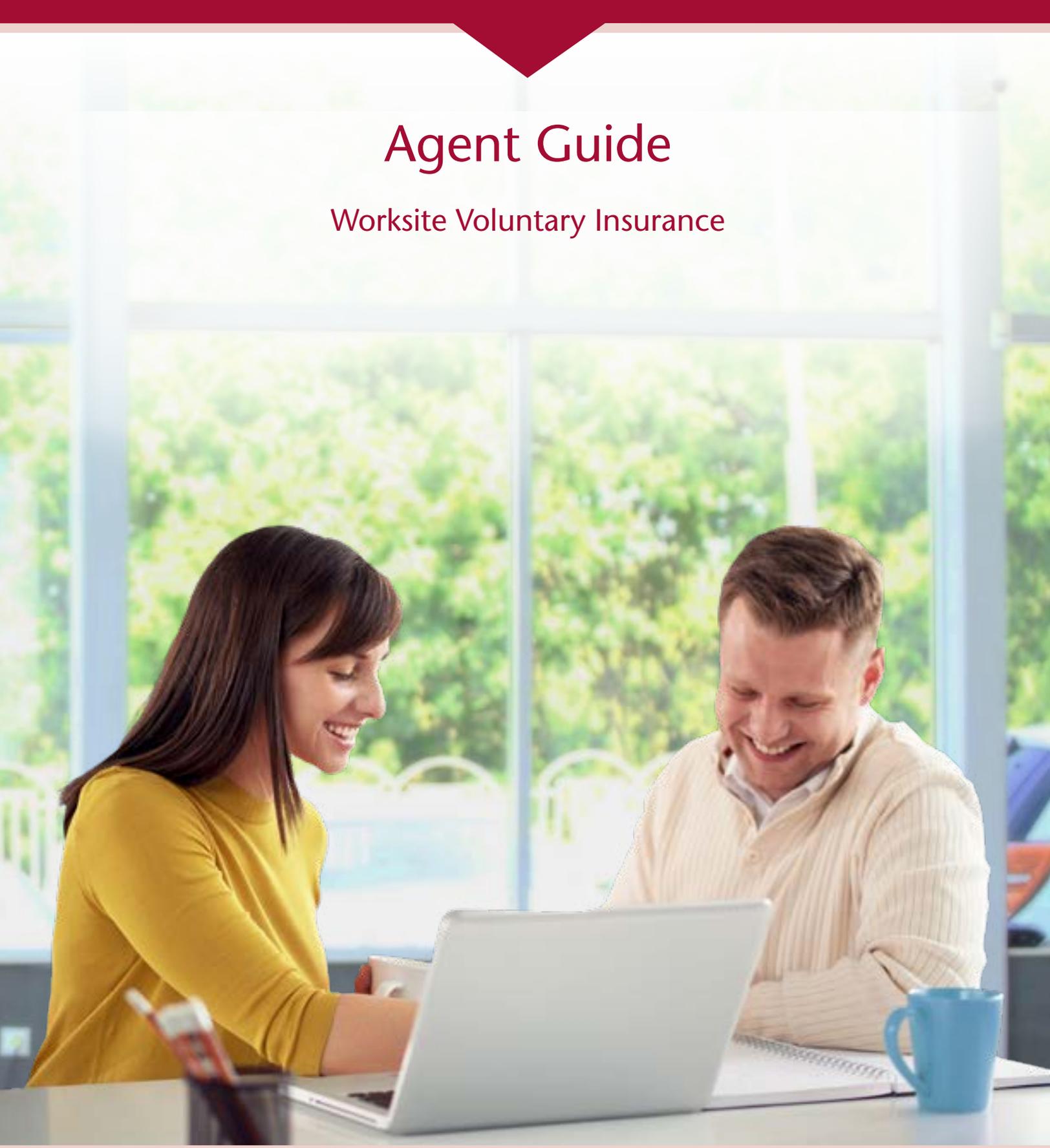


# Agent Guide

## Worksite Voluntary Insurance



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# Agent Introduction

**This guide is for agent use only. Please note product availability and features may vary by state. The actual policy language is the ultimate authority; refer to the policy and riders for complete details, limitations, exceptions and reductions.**

Thank you for choosing Illinois Mutual as your worksite insurance provider. For over a century we've been providing quality insurance products to hard-working Americans. We understand that voluntary worksite products can help provide a competitive edge for today's employers and affordable coverage for employees.

This Worksite Insurance Agent Guide is designed to assist you in selling our products and to provide you with comprehensive information about Illinois Mutual's worksite insurance products and services. By reading this guide, you have taken a great first step on your path to selling worksite insurance.

## ILLINOIS MUTUAL'S GROWTH

We are committed to helping more hard-working Americans get the security and peace of mind they need. To deliver on this commitment, we focus on our financial strength, product developments, technology enhancements, and an online presence that allows our agents and customers to interact with us. Please visit our corporate website at [www.IllinoisMutual.com](http://www.IllinoisMutual.com).

Illinois Mutual, headquartered in Peoria, Illinois, is an experienced provider of life insurance, disability income insurance and worksite insurance. Founded in 1910, the Company conducts business in 47 states through an extensive network of independent agents.

## WORKSITE SALES TEAM

At Illinois Mutual, we are always interested in understanding our agents better and offering the service and support they need to succeed. This agent's guide is designed to assist you in selling our worksite insurance products. Because you play such an important part in our mutual success, we're providing you with all the valuable information you will need to work with us in this exciting marketplace.

Our Worksite sales team is here to provide assistance to you during the pre-sale, enrollment and submission process. You may contact one of our Worksite Sales Specialists at (800) 437-7355, ext. 782, during our normal business hours Monday – Thursday 7:45 a.m. to 4:30 p.m. and Fridays 7:45 a.m. to 12:15 p.m. CST.

Please notify our Worksite sales team whenever you are in need of a formal proposal or rate quote for a specific case.

## WEBSITE – AGENT FORUM

The Agent Forum includes all the tools you will need to sell our worksite insurance products. To access the Agent Forum, go to our website at [www.IllinoisMutual.com](http://www.IllinoisMutual.com), and click on "Agents" to log in or register.

In just three simple registration steps, you have immediate access to the Agent Forum and can get started on the following:

- Receive immediate notice of underwriting action
- View your commission statements 24/7
- Get a real-time snapshot of your business activity
- Review your clients' in force policies
- Maximize cross-selling opportunities
- Search the Resource Library for free sales and marketing tools
- See key Company updates, announcements and information

# Agent Introduction

## AGENT RESPONSIBILITY AND LIMIT OF AUTHORITY

Each agent's contract provides that you shall observe the instructions set forth in this Worksite Guide and any additional instructions that may be provided.

As an agent, you are not authorized to make either verbal or written statements that might be construed as binding Illinois Mutual, unless they are actually stated in Illinois Mutual's contracts.

All circulars or advertisements promoting Illinois Mutual or Illinois Mutual's products which have not been prepared by the Home Office must first have written Home Office approval prior to use.

Any matters involving legal questions or state insurance departments' actions must be referred to Illinois Mutual's Legal Department immediately. No further action by you is necessary without Home Office instruction.

Illinois Mutual pays its claims as promptly as possible. Unless specifically authorized in writing by Illinois Mutual, you must not settle a claim or make any promises in reference to a claim.

## REBATES AND MISREPRESENTATION

You are prohibited from making or giving any:

1. Statements misrepresenting the terms, benefits or advantages of any policy;
2. Misleading representations as to the financial condition of any company;
3. Misleading or incomplete comparison of the policies of any competitor;
4. Rebate of the premiums or;
5. Valuable consideration as an inducement for the purchase of the policy.

## MARKET CONDUCT

Your long-term success in the insurance industry depends on a reputation for fair dealing and integrity. That's why making sure your clients understand what they are buying is so important.

Here are some tips to help you maintain successful market conduct:

1. Maintain regular contact with your clients.
2. Respond promptly to business inquiries.
3. Keep detailed records specifying what products were recommended and why.
4. Keep copies of all correspondence.
5. Have written acknowledgment of all forms and proposals used.

## STATE APPROVALS

Please contact our Worksite sales team to find out if a product has been approved in your state prior to case submission.

# Agent Introduction

## AGENT CONTRACTING AND COMMISSIONS

Illinois Mutual sells insurance products in all states except NY, DC, AK, and HI; however, not all products are offered in all states. Insurance applications taken in states where Illinois Mutual is not licensed or where a product is not available are not accepted. Applications from someone whose resident state is NY, DC, AK, or HI also are not accepted (see [Form 3192](#), Cross-Border Sales Policy). You must be properly licensed in all states where you sell, solicit or negotiate insurance. We require policies to be delivered in the application state.

## APPOINTMENT GUIDE

State requirements are subject to change. Please contact our Agent Contracting and Commissions team at (800) 437-7355, ext. 753 to verify current licensing requirements for the state in which you are submitting business.

1. **Concurrent Appointment States:** In the following states, agents can be appointed after submitting the first application:

|               |                  |                  |
|---------------|------------------|------------------|
| Alabama**     | Maine**          | Oklahoma**       |
| Arizona       | Maryland         | Oregon           |
| Arkansas**    | Massachusetts**  | Rhode Island     |
| California†   | Michigan**       | South Carolina** |
| Colorado      | Minnesota**      | South Dakota**   |
| Connecticut** | Mississippi**    | Tennessee**      |
| Delaware**    | Missouri         | Texas^           |
| Florida***    | Montana**        | Utah**           |
| Georgia**     | Nebraska**       | Vermont**        |
| Idaho**       | Nevada**         | Virginia^        |
| Illinois      | New Hampshire**  | Washington**     |
| Indiana       | New Jersey**     | West Virginia**  |
| Iowa^         | New Mexico**     | Wisconsin**      |
| Kansas^       | North Carolina** | Wyoming**        |
| Kentucky**    | North Dakota^    |                  |
| Louisiana**   | Ohio^            |                  |

2. Agents must be appointed prior to taking policy applications in the following states\*:

Pennsylvania^^

All agents must be licensed in the application state at the time of writing an application. The agent application to Illinois Mutual can be on file in the Home Office or can accompany the application (except in pre-appointment states). Agents who sell life insurance products also must complete an Anti-Money Laundering (AML) program through LIMRA or provide Illinois Mutual with certification of completion through another vendor.

Note: Some states have time limits within which Illinois Mutual must appoint agents. These time limits start on the date the first policy application is submitted to the Home Office. Policy applications will be declined if we do not receive your agent application in sufficient time to process your appointment within the time limit. Time limits are as follows (refer to state charts at left):

† **14-day states.** These states require Illinois Mutual to appoint within 14 days of receipt of first application.

\*\* **15-day states.** These states require Illinois Mutual to appoint within 15 days of receipt of first application.

^ **30-day states.** These states require Illinois Mutual to appoint within 30 days of receipt of first application.

\*\*\* **45-day states.** These states require Illinois Mutual to appoint within 45 days of receipt of first application.

^^ Agent can write on the day Illinois Mutual processes the appointment (minimum 3 working days from the date agent's paperwork is received in the Home Office).

# Guidelines for Voluntary Worksite Products

Illinois Mutual's portfolio of voluntary worksite products includes several Worksite insurance products including: Term Life, Short Term Disability - Individual, Accident, Critical Illness and Short Term Disability - Group.

You will find that our products were designed with the Employees in mind, recognizing their need for affordable, high-quality insurance backed by a financially strong company that truly cares about its policyowners.

## MINIMUM CASE SIZE

Our minimum case size is 3 eligible Employee lives (determined on actively at work full-time Employees). Cases with 10 or more eligible lives may qualify for special Guaranteed Issue underwriting on a post-enrollment basis. Cases with 100 or more eligible lives may qualify for special Guaranteed Issue underwriting on a pre-enrollment basis. Please refer to the underwriting section for each individual product for further details.

## MINIMUM LIST BILL SIZE

We require a minimum of 2 separate Employees to purchase one or more of our products in order to establish a list billing. Any cases submitted with fewer than 2 separate Employees purchasing one or more of our products will be returned.

## ELIGIBILITY REQUIREMENTS

### Employer Eligibility

- Groups must have been in existence for 1 year<sup>1</sup>
- Group is not subject to seasonal fluctuations<sup>2</sup>
- Group must not have a high concentration (25%) of uninsurable occupations<sup>2</sup>
- Group must not be heavily financed by federal, state or local government entities or dependent on the procurement of government contracts
- Group is not, or is not owned by, a Sovereign Nation
- 50% or more of the group is not in commissioned sales<sup>2,3</sup>
- 50% or more of the group is not related by blood or marriage<sup>3</sup>
- Group is not a union, health and welfare fund, or similar entity<sup>3</sup>

*This list is not all inclusive. Illinois Mutual reserves the right to reject any business or industry which does not meet our underwriting criteria.*

<sup>1</sup> For Short Term Disability - Group only: Group must be in business more than 6 months.

<sup>2</sup> Not applicable in MI

<sup>3</sup> Unless approved by Home Office.

### Employee Eligibility

- Employees must be actively at work at the time of application and working a minimum of 20<sup>†</sup> hours per week to be considered full-time. Seasonal or temporary Employees are not eligible for coverage.<sup>‡</sup>
- The Employee is also not considered actively at work if his or her normal duties are restricted due to health or if he or she is on a leave of absence.
- In the event 1099 contract workers are included, they must also have at least 6 months of continuous service with the employer group and 50% or more of the employer group cannot be related by blood or marriage.

These worksite products are available to all Employees who are U.S. citizens, and permanent U.S. residents possessing a green card. Term Life, Accident and Critical Illness are available to Spouses meeting these eligibility requirements if the Employee also applies. Spouses engaged in hazardous occupations may not be eligible.

Newly eligible Employees or new hires are eligible for Guaranteed Issue underwriting subject to case approval.

For Term Life, Short Term Disability - Individual and Critical Illness, Employees who were previously eligible for coverage, but waived coverage at either the original enrollment or at a past open enrollment, are not eligible for Guaranteed Issue and must apply for coverage on a Simplified Issue basis.

Individuals who previously purchased coverage on a Guaranteed Issue basis may apply for additional coverage up to the Guaranteed Issue limit established for the case.

<sup>†</sup> May vary based on Industry Classification and product.

<sup>‡</sup> For Short Term Disability – Group only: Actively at Work means the employee must be performing all the duties of the position with the Employer at least 30 hours per week (15 hours or more per week in NH; 17 1/2 hours or more per week in VT).

# Guidelines for Voluntary Worksite Products

## PRE-TAX AND EMPLOYER PAID PLAN SUPPORT

Illinois Mutual currently does not provide support of any of its Worksite products on a pre-tax basis, e.g., cafeteria plan or Sec. 125 plan.

In addition, Illinois Mutual currently does not provide any support for employer-paid plans (ERISA). Our current systems, processes and customer service model can only efficiently support 100% voluntary Employee-paid payroll deduction plans.

## SUBMITTING A CASE - WORKSITE REQUEST FOR PROPOSAL

The Home Office must approve all cases prior to enrollment. A Request For Proposal form is required to be submitted for all prospective employer groups. Once a case is sold, Worksite Case Data Report, [Form 8021](#), and Employer Agreement, [Form 8031](#), must be completed and submitted to the Home Office. On certain cases a census may be required. If required, the census must be submitted as an Excel file.

Upon approval of the case, you will be sent a Plan Design that describes the benefits and other features of the coverages. The Plan Design will also include the rates that are to be used for enrollment. These rates will be based on the case's payroll frequency. You will also be sent all the supplies necessary to enroll the employer group.

The Worksite Insurance Proposal Request, [Form 8034](#), Worksite Case Data Report, [Form 8021](#), and Employer Agreement, [Form 8031](#), are available through our Supply Department or online through the Agent Forum at [Agent.IllinoisMutual.com](http://Agent.IllinoisMutual.com).

## NEW HIRES AND RE-ENROLLMENT GUIDELINES

### *New Hires*

After the initial enrollment, agents may enroll newly hired Employees through the earlier of 120 days from the date they are first eligible to apply for coverage or the end of the employer's next annual re-enrollment period. Enrollment for new hires is based on how the case was originally approved.

### *Re-enrollments*

Re-enrollments should occur annually. Employees who waived coverage during their initial enrollment period may apply for coverage on a Simplified Issue basis.

For Worksite Accident coverage only, eligible Employees can apply for coverage under the base policy and include any available riders at any time.

For any re-enrollment, an agent may request an account status which contains existing coverage information for all participants within the case. If no changes or additions are made from the previous enrollment, agents only need to notify the Home Office of any scheduled re-enrollments. If the agent is making changes or adding an additional product to any scheduled re-enrollment, a new Case Data Report must be completed and submitted for approval. Upon notification or approval of a re-enrollment, supplies will be sent to the agent.

## STATE OF CONTRACT

The state of contract is the location where the applications are taken (signed and dated).

## UNDERWRITING DEFINITIONS

- **Guaranteed Issue (GI):** No health questions are required. Underwriting will notify you if the group meets the participation requirements for Guaranteed Issue.
- **Simplified Issue (SI):** Limited underwriting based on a few health questions. The Simplified Issue section of the application should be completed on all applicants until participation requirements have been satisfied.
- **Modified Issue (MI):** Underwriting is based on several health questions when an individual applicant is applying for more than the Guaranteed or Simplified Issue limit.

# Guidelines for Voluntary Worksite Products

## SOCIAL SECURITY NUMBER

Applicants are considered for insurance by providing a valid Social Security number.

## WORKSITE COMMISSION CONFIRMATION FORM

After enrollment, all applications should be submitted to Illinois Mutual's Underwriting Department along with the Commission Confirmation Form, [Form 8022](#). This form will be included in your supply order or is available online through the Agent Forum at [Agent.IllinoisMutual.com](#).

## COVERAGE EFFECTIVE DATE

For Worksite Accident, Worksite Term Life, Worksite Short Term Disability - Individual, Worksite Critical Illness, and Worksite Short Term Disability - Group: Coverage begins on the 1st of the month in which payroll deductions or Electronic Funds Transfer (EFT)\* begin.

\*Electronic Funds Transfer not available with Short Term Disability - Group.

## EFFECTIVE DATE OF POLICY

The effective date of the Policies will be determined by our Policy Service Department once the case is sold. After submitting a Case Data Report on a sold case, a Representative from our Policy Service Department will contact the Controlling Agent to inform him or her of the effective date of the policies to be issued.

## ISSUE AGE

The issue age of all Worksite policies issued except for Short Term Disability - Group will be determined by the age of the applicant at date of application. For Short Term Disability - Group, the issue age will be determined based on age of last birthday prior to the group's anniversary date.

## MIB, Inc. Notice

The MIB, Inc. Notice, [Form 2826](#), should be given to the proposed insured at the time the application is written.

## PROXY

The Proxy that appears on the application should be completed in all states except IA, MD, OK, SC and TN. For Worksite Short Term Disability - Group, the Proxy appears on the Application for Group Insurance completed by the Employer, not on individual Employee Enrollment Forms.

## PAPER ENROLLMENT

Here are some tips to help avoid delaying the issuance of the coverage:

- Fill out the application accurately and completely. The majority of the business is underwritten based on Yes/No answers to the application.
- Applications are often different by state for the same product. Please be sure you have the correct applications for the state where you are writing the business.
- Have the Employee complete a Payroll Deduction, [Form 8024](#), or Electronic Funds Transfer, [Form 3176](#), when signing the application.
- Be sure to sign and date all the applications and include your agent number.
- Once you submit the applications to our Underwriting Department, you will be kept apprised as to the status of the business being processed via email.
- **Do not collect or remit premium with application.**

Completed applications should be faxed, emailed (if encrypted) or mailed to our Underwriting Department along with a completed Commission Confirmation Form, [Form 8022](#), at:

Fax: (800) 884-7607 or (309) 636-0121  
Email: [worksiteapplications@IllinoisMutual.com](mailto:worksiteapplications@IllinoisMutual.com)  
Mail: 300 SW Adams Street  
Peoria, IL 61634

## ONLINE ENROLLMENT

Online enrollment is available. Please contact our Worksite sales team at (800) 437-7355, ext. 782, for available online enrollment options.

# Guidelines for Voluntary Worksite Products

## POLICY ISSUE AND DELIVERY

Our Home Office Underwriting Department processes all Worksite business. Our goal is to work closely with the agent and/or enroller to process these applications as quickly and accurately as possible.

When applications are received in our Underwriting Department, the applications are matched to their case file and each application is assigned a policy number.

Guaranteed Issue limits are confirmed. For Simplified Issue or Modified Issue, applications are reviewed for eligibility and completion. Any additional information required will be requested by the Worksite Underwriting Specialists via email.

Policies are issued and a copy of the application is included with each policy. Policies are then placed in individual folders for mailing. We do our best to mail all family policies together, but separation sometimes occurs due to the volume of applications being processed.

Normal turnaround time for policy issue is 10 to 15 working days. Delays may occur depending on case size and number of pending applications. Application eligibility and completion will affect turnaround time.

All policies are mailed directly to the insured's home. Any application pending delivery requirements for more than 30 days after the issue date will be closed.

## LIST BILLS

The Case Data Report, [Form 8021](#), is used to establish a new list bill or add individuals to an existing list bill group.

Billings may be listed: 1) alphabetically, 2) alphabetically by department, 3) numerically by Employee number or 4) numerically by Employee by department.

All of our Worksite products are designed to have premiums payroll deducted on a weekly, bi-weekly, semi-monthly or monthly basis.

Monthly bills will be sent to employers each month. The premium payment due date will be listed on the bill. Please contact your Worksite Sales Team for additional information related to billing cycles, as this information may vary by employer group and/or coverages selected. Each employer will be contacted

to confirm the billing process, and a Worksite Payroll Administrative Guide will be provided to the employer.

## ELECTRONIC FUNDS TRANSFER (EFT)

As an alternative to payroll deduction, any case can be set up on an Electronic Funds Transfer (EFT)\*. It's easy and convenient. Have all applicants sign and complete the Authorization for Electronic Funds Transfer Form, [Form 3176](#). Send the completed form and the application for insurance. If your client has more than one policy, we will establish a convenient combined payment plan for all the policies to keep them in force with just one Electronic Funds Transfer.

We will establish contact with the bank. The withdrawal will then appear on the client's bank statement. For those clients using banks that do not provide EFT service, an authorized check payment will be noted on their monthly bank statement like any other check.

## POLICY SERVICE

Our Policy Service Department handles all service work, including billing, terminations, cancellations and premium processing on all of our Worksite products. Contact Policy Service for help with any questions you may have by phone at (800) 437-7355, ext. 756, or by email at [PSDWorksite@IllinoisMutual.com](mailto:PSDWorksite@IllinoisMutual.com).

## CLAIMS

For claims information and forms, contact our Claims Department at:

300 SW Adams Street  
Peoria, IL 61634  
Phone: (800) 437-7355  
Accident Claims, ext. 751  
Critical Illness Claims, ext. 751  
Short Term Disability - Individual Claims, ext. 752  
Short Term Disability - Group, ext. 747  
Life Claims, ext. 746

Fax: (309) 673-8137  
Email: [Claims@IllinoisMutual.com](mailto:Claims@IllinoisMutual.com)

*\*Electronic Funds Transfer (EFT) not available with Short Term Disability - Group.*

# Worksite Term Life Insurance†

## POLICY DESCRIPTION (POLICY FORM LT17)

Worksite Term Life is a guaranteed premium term life insurance policy, renewable to age 95. Premiums are guaranteed level for the initial term period of 10 or 20 years or To Age 65. The policy may be renewed after the initial term period at annually increasing rates until age 95. No conversion option.

## POLICY FEATURES

### Issue Ages (Spouse/Domestic Partner eligible through Other Insured Term Rider. Children eligible through Child Term Insurance Rider)

Employee and Spouse/Domestic Partner: 18-70  
10-Year Term

Employee and Spouse/Domestic Partner: 18-60  
20-Year Term

Employee and Spouse/Domestic Partner: 18-55 To Age 65 Term

Child: 0 to 18

### Minimum Issue:

Employee and Spouse/Domestic Partner: \$25,000  
Child: \$5,000

### Maximum Issue:

Employee: \$150,000  
Spouse/Domestic Partner: Lesser of \$150,000 or the Employee's benefit amount  
Child: \$10,000

### Policy Fees

A \$50 annual policy fee is built into the premium structure.

### Coverage Effective Date

Coverage will begin on the first of the month in which payroll deduction or EFT begins.

### Premium Information

Premiums are level and guaranteed for the initial term period of 10 years, 20 years or To Age 65. The initial premiums are based on:

- Issue age at time of application
- Tobacco use
- Premium period selected

After the initial term period ends, the policy may be renewed at annually increasing rates until the Employee's age 95.

### Guaranteed Issue (GI)/Simplified Issue (SI)

Requirements for Guaranteed Issue (GI) must be satisfied by Employee lives. GI will be on a post-

enrollment basis. Each applicant will be asked 4 health questions in the Simplified Issue section of the application (5 if applying for Child Term Insurance Rider). If the participation requirements are met with Employee lives, then GI coverage will be available. If participation is not met, eligibility will be determined based upon the health questions on the application. If coverage greater than Simplified Issue amount is desired, the 4 additional questions of the Modified Issue section of the application must also be completed.

### Guaranteed Issue (GI) Eligibility\*

#### Post-Enrollment

Minimum Group Size 10 eligible Employee lives with 20% participation, minimum 3 lives issued.

#### 10-50 Eligible Employee Lives

- 20% participation  
Employee: up to \$50,000  
Spouse/Domestic Partner: up to \$25,000  
Child: up to \$5,000

#### 51-99 Eligible Employee Lives

- 15 – 19.99% participation  
Employee: up to \$50,000  
Spouse/Domestic Partner: up to \$25,000  
Child: up to \$5,000

- 20% or better participation

Employee: up to \$75,000  
Spouse/Domestic Partner: up to \$35,000  
Child: up to \$10,000

The Simplified Issue section of all applications should be completed.

#### Pre-Enrollment

Minimum Group Size 100 eligible Employee lives with 20% participation desired.

Employee: up to \$100,000  
Spouse/Domestic Partner: up to \$50,000  
Child: up to \$10,000

†Not available in MT

\*GI Limits will be the total limit for all life policies issued on a GI basis to an individual, aggregating any existing ISWL and Worksite Term Life. Additional coverage may be applied for up to the product maximum on an SI basis.

# Worksite Term Life Insurance

## **Simplified Issue (SI) Eligibility**

Amounts up to \$75,000 require completion of 4 medical questions (5 if applying for Child Insurance Rider)

Minimum of 3 eligible Employee lives with 2 Employee lives issued

No participation requirements

## **Modified Issue (MI) Eligibility**

Amounts from \$75,001 to \$150,000 require completion of 4 additional medical questions

Minimum of 3 eligible Employee lives with 2 Employee lives issued

No participation requirements

## **INCLUDED RIDER**

### **Terminal Illness Accelerated Death Benefit Rider (Policy Form 5786)**

This rider, automatically included at no additional premium, allows an accelerated payment of life insurance proceeds when a licensed physician diagnoses the Employee with a medical condition that is expected to result in death within 24 months (12 months in FL). The amount available for acceleration may not exceed 75% of the policy's Amount of Insurance. The minimum accelerated benefit payment is \$5,000.

Certain charges accrue when an Accelerated Death Benefit is paid. Acceleration of death benefits creates a lien that reduces (and may terminate) the policy's death benefit and the cash available for loans, withdrawals, and nonforfeiture options. Interest on the lien continues to accumulate after the payment date. Only one benefit may be paid during any 12-month period. The policy may not support more than one accelerated benefit payment. Refer to the appropriate rider form for the contract state for full disclosure of terms.

Payments made under this rider are intended to qualify for favorable tax treatment under the Internal Revenue Code. However, benefits may be taxable. Your clients should consult a qualified tax advisor prior to purchasing the policy.

Accelerated Death Benefit Payments may affect eligibility for or the amount of certain state or federal government benefits such as Medicaid or Supplemental Security Income (SSI). This rider is not intended to be a substitute for long-term care insurance, health insurance, or nursing home insurance.

# Worksite Term Life Insurance

## OPTIONAL BENEFITS AND RIDERS

### Accidental Death Benefit Rider (Policy Form 5783)

**Issue Ages:**

Employee: 18-60

This rider provides a death benefit to the Employee's beneficiaries equal to the face amount of the base policy if the Employee's death results solely from accidental bodily injury as defined in the rider.\* This rider terminates on the policy anniversary on or after the Employee's 61st birthday.

\*In CA, rider provides benefit if Employee's death is proximately caused by accidental bodily injury as defined in the rider.

### Child Term Insurance Rider (Policy Form 5789)

**Issue Ages:**

Children: 0-18

This rider provides level term insurance on the Employee's children named in the application and children at least 15 days old born to or adopted by the Employee while the policy and rider are in force. A child's coverage ends on the first policy anniversary on or after the child's 25th birthday. The rider ends on the policy anniversary on or after the Employee's 71st birthday unless canceled earlier. No conversion option.

### Disability Waiver of Premium Rider (Policy Form 5785AC(R))

**Issue Ages:**

Employee: 18-60

This rider waives policy premiums, including rider premiums, during the Employee's Total Disability.

Total Disability or Totally Disabled\* means, during the first 24 months, that the insured, due to sickness or injury, is unable to perform the substantial and material duties of his or her occupation. After 24 months, Total Disability or Totally Disabled means that the insured, due to sickness or injury, is unable to perform the substantial and material duties of any job for which he or she is or may become reasonably suited by education, training, or experience.

The waiver benefit begins after a six-month elimination period is satisfied and all conditions are met.

If the insured's Total Disability begins before the policy anniversary immediately preceding the insured's 60th birthday and continues to the first policy anniversary on or after the insured's 65th birthday, the waiver benefit is provided until the policy is surrendered, is canceled, or terminates for any reason. If the insured's Total Disability begins on or after the policy anniversary immediately preceding the insured's 60th birthday, the waiver benefit is provided until the earliest of: a) The date the insured's Total Disability ends; b) The policy anniversary occurring while the insured is age 65, or the Rider Expiry Date, if later; or c) The date the policy is surrendered, is canceled, or terminates for any reason.

Premiums will not be waived for any disability beginning on or after the rider's expiry date.

The rider ends on the policy anniversary on or after the insured's 66th birthday, unless at that time the waiver benefit has been provided continuously since before the policy anniversary immediately preceding the Insured's 60th birthday.

\*Total Disability definition differs in CA. Please see the policy for details.

### Other Insured Term Rider (Policy Form 5787)

**Issue Ages:**

10 Year 18-70

20 Year 18-60

To Age 65 18-55

This rider provides level term insurance on a Spouse/ Domestic Partner while the Employee's policy and the rider are in force. After the rider's initial term period ends, coverage may be renewed at annually increasing rates until the earlier of the base policy's expiry date or the Other Insured's age 95. No conversion option.

# Worksite Term Life Insurance

## FIELD UNDERWRITING GI AND SI

GI is available for cases with these specifications on a post-enrollment basis:

**Minimum group size of 10 eligible employee lives with 20% participation, minimum 3 lives issued**

10-50 Eligible Employee Lives

Employee: up to \$50,000

Spouse/Domestic Partner: up to \$25,000

Child: up to \$5,000

**For groups size of 51-99 eligible employee lives 15 – 19.99% participation**

Employee: up to \$50,000

Spouse/Domestic Partner: up to \$25,000

Child: up to \$5,000

**20% or better participation**

Employee: up to \$75,000

Spouse/Domestic Partner: up to \$35,000

Child: up to \$10,000

GI Limits will be the total limit for all life policies issued on a GI basis to an individual, aggregating any existing ISWL, and Worksite Term Life. Additional coverage may be applied for up to the product maximum on an SI basis.

Spouse/Domestic Partner and Children do not count toward number of eligible lives. The Simplified Issue section of all applications should be completed.

- GI is available for certain cases on a pre-enrollment basis with 100 lives or more and 20 percent participation desired. The participation rate is calculated based on the number of Employee applications received.
- For cases under 10 lives or when GI participation is not satisfied, all applications will be handled as SI, and 4 health questions will be used to determine insurability. If any of the 4 health questions in the SI section of the application are answered “Yes,” the applicant is not eligible for coverage.
- For benefit amounts greater than the GI or SI maximums, both the Simplified Issue and Modified Issue health questions must be answered to determine eligibility. If the case is under 10 lives or GI participation requirements are not satisfied and any of the SI questions are answered “Yes,” the applicant is not eligible for coverage. If any of the Modified Issue questions are answered “Yes,” the applicant is eligible only for the SI maximum. If the case satisfies GI requirements and any of the Modified or SI questions are answered “Yes,” the applicant is eligible only for the GI maximum.

GI = Guaranteed Issue SI = Simplified Issue

- Rates are unisex and tobacco distinct. The tobacco rates apply for any use of tobacco or nicotine-based products in the past 12 months.
- Employee must apply for coverage for Spouse/ Domestic Partner to be eligible.

### Spouse Signature

- On all applications for spousal coverage with face amounts in excess of \$50,000, signature of the proposed insured Spouse is required.
- In MI, MN, MO and MS, on all applications for Spousal coverage, regardless of the face amount, signature of the proposed insured Spouse is required.

## HEIGHT AND WEIGHT TABLE MALE/FEMALE

This table is a guide for Modified Issue only. An applicant who is below the minimum or above the maximum weight for his or her height is only eligible for the GI or SI amount.

| Height | Minimum Weight | Maximum Weight |
|--------|----------------|----------------|
| 4' 8"  | 89             | 168            |
| 9"     | 90             | 174            |
| 10"    | 91             | 180            |
| 11"    | 93             | 186            |
| 5' 0"  | 95             | 192            |
| 1"     | 98             | 198            |
| 2"     | 101            | 204            |
| 3"     | 105            | 212            |
| 4"     | 108            | 220            |
| 5"     | 111            | 224            |
| 6"     | 115            | 229            |
| 7"     | 118            | 233            |
| 8"     | 121            | 243            |
| 9"     | 125            | 250            |
| 10"    | 128            | 259            |
| 11"    | 131            | 265            |
| 6' 0"  | 135            | 273            |
| 1"     | 138            | 279            |
| 2"     | 141            | 289            |
| 3"     | 145            | 295            |
| 4"     | 148            | 300            |
| 5"     | 151            | 305            |
| 6"     | 155            | 310            |
| 7"     | 160            | 317            |

See Industry Classification Guide (A8132) for rates.

# Worksite Short Term Disability - Individual†

## POLICY DESCRIPTION (POLICY FORM WSD07\*)

Income protection is often overlooked when individuals consider insurance needs. But helping people protect one of their most valuable assets - their ability to earn an income - is important. Worksite Short Term Disability Income - Individual provides benefits for total disability beginning after the elimination period has been satisfied. Our flexible product provides two options:

- 1. Sickness and Off-Job Accident Coverage** – Benefits payable for disability due to sickness and off-the-job accidents. To apply for this option, select Sickness and Off Job Accident on the application.
- 2. 24-Hour Coverage** (Off Job Accident & Sickness and On Job Accident Benefits are equal) – Benefits payable for disability due to sickness and on-or-off-the job accidents. To apply for this option, select 24-Hour on the application. To apply for this option in the state of UT, a monthly benefit amount on the application should be filled in for both the Sickness and Off Job Accident and the On Job Accident. These benefits will be equal. This coverage option not available in Maine and Oregon.

## POLICY FEATURES

### Issue Ages

Employee: 17-64  
Spouses and children are not eligible

### Benefit Amounts

Minimum issue amount is \$400 per month. Maximum issue amount for Guaranteed or Simplified Issue is 60 percent of gross salary not to exceed \$3,000. For Modified Issue, the maximum issue amount is \$5,000. Available in increments of \$100.00. Existing coverage is offset against the maximums at time of underwriting.

For 1099 contract workers, the maximum issue amount for Guaranteed or Simplified Issue is 40% of gross salary not to exceed \$3,000. For Modified Issue, the maximum issue amount is \$5,000.

## Benefit Periods and Elimination Periods

| Benefit Period* | Accident Elimination Period**/<br>Sickness Elimination Period** |
|-----------------|---|
| 3 Months        | 0/7, 7/7, 0/14 and 14/14  |
| 6 Months        | 0/7, 7/7, 0/14, 14/14, 0/30 and 30/30                           |
| 12 Months       | 0/7, 7/7, 0/14, 14/14, 0/30, 30/30, 60/60 and 90/90             |
| 24 Months       | 0/7, 7/7, 0/14, 14/14, 0/30, 30/30, 60/60, 90/90 and 180/180    |
| 60 Months       | 14/14, 30/30, 60/60, 90/90 and 180/180                          |

\* 3-month benefit period not available in VA.

60-month benefit period not available in OR.

24-month & 60-month benefit period not available in UT.

\*\* RI & NJ: minimum 180 day EP or maximum 40 percent issue if shorter EP offered.

## Guaranteed Renewable

Guaranteed renewable to age 72.

## Waiver of Premium

Premiums are waived if the insured is totally disabled for 90 days. Premiums are not waived beyond the benefit period of the policy.

## Coverage Effective Date

Coverage will begin on the 1st of the month in which payroll deduction or EFT begins.

## Income Offsets

The Worksite Short Term Disability - Individual benefit payable is NOT reduced by Social Security Disability Income, Worker's Compensation or Employer Paid Time Off.

## Pre-Existing Condition Limitation

During the first 12 months after the Policy Effective Date, the Policy will not pay benefits:

- for any condition diagnosed or treated by a physician within 12 months prior to the Date of Issue; or
- for any condition which caused symptoms within 12 months prior to the Date of Issue that would have caused an ordinarily prudent person to seek medical diagnosis, care or treatment.

\*Policy Form WD13 in GA, MD and SC

†Not available in CA, MT, NH, NJ and VT

# Worksite Short Term Disability - Individual

## EXCEPTIONS AND REDUCTIONS\*

This policy does not provide benefits for Total Disability resulting from:

- (a) War or act of war, whether declared or undeclared;
- (b) Riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- (c) Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft, including those which are not motor-driven. This does not include flying as a fare paying passenger;
- (d) Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing or parakiting or any similar activities;
- (e) Participating or attempting to participate in an illegal activity and/or being incarcerated in a penal institution;
- (f) Committing or trying to commit suicide or injuring yourself intentionally, whether you are sane or not;
- (g) Addiction to alcohol or drugs, except for drugs taken as prescribed by your physician;
- (h) Practicing for or participating in any semi-professional or professional competitive athletic contest for which you receive any type of compensation or remuneration;
- (i) Having a neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind. However, Alzheimer's disease and other organic senile dementias are covered under this policy;
- (j) Having an On-Job Accident, unless an On-Job Total Disability Benefit is shown on the Policy Schedule;
- (k) Giving birth as the result of a normal pregnancy, including Cesarean, within the first nine months after the Policy Effective Date as shown on the Policy Schedule. Complications of a pregnancy will be covered to the same extent as any other sickness

\*See appendix on [page 42](#) for state-specific variations.

## RECURRENT DISABILITY

A recurrence of the insured's disability from the same or related causes will be considered a continuation of the prior period unless he/she has been engaged in any gainful occupation for more than 6 continuous months. The insured must be reasonably fit and have been performing all of the substantial and material duties of his/her occupation. If the disability is treated as a recurrent disability of the prior period, it will not be subject to a new Elimination Period or a new Maximum Total Disability Benefit Period.

## FIELD UNDERWRITING

Guaranteed Issue (GI) is available on a post-enrollment basis and pre-enrollment basis for cases meeting size and participation rate requirements. Each applicant should answer the health questions in the Simplified Issue section of the application. Once size and participation requirements are met, then GI coverage is available to the group.

Guaranteed Issue is not available in OH.

### Guaranteed Issue Eligibility

Post-Enrollment – Minimum group size of 10 eligible lives with 20% participation, minimum 3 lives issued.

Pre-Enrollment – Minimum group size of 100 eligible lives with 20% participation desired.

### Guaranteed Issue Amounts

60% of income up to amount below, based on Benefit Period

Minimum 10 eligible employees with 20% participation, minimum 3 lives.

| Eligible Lives | Participation                          | Benefit Period     | Minimum GI Elim | Max GI Ben Amt |
|----------------|--|--------------------|-----------------|----------------|
| 10 - 14        | Minimum 3 apps                         | 3 & 6 Months       | 0/7             | \$3,000        |
| 15 - 99        | 20% participation                      | 3, 6 and 12 Months | 0/7             | \$3,000        |
| 100+           | No participation required, 20% desired | 3, 6 and 12 Months | 0/7             | \$3,000        |

(GI N/A for BP greater than 12 Months)

# Worksite Short Term Disability - Individual

- For all cases under 10 lives and for cases not eligible for Guaranteed Issue, Simplified Issue applies and the applicants must answer the 3 Yes/No Health questions. If any of the 3 health questions in the Simplified Issue section of the application are answered “Yes,” the applicant is not eligible for coverage.
- If the applicant is requesting a monthly benefit amount greater than \$3,000, Modified Issue applies and the applicant must answer both the Simplified Issue (3 Yes/No questions) and the Modified Issue questions (height, weight and 4 health questions) on the application. On cases that have qualified for Guaranteed Issue, if any of the questions in the Simplified Issue section of the application are answered “Yes,” the applicant is only eligible for the Guaranteed Issue amount. If the case was not approved as Guaranteed Issue and any of the Simplified Issue questions are answered “Yes,” the applicant is not eligible for coverage. For all cases, if any of the questions in the Modified Issue section of the application are answered “Yes,” please provide details, and the application will be reviewed by our Underwriting Department on an accept or reject basis. If rejected, applicant is only eligible for the Guaranteed or Simplified Issue amount.
- The 60-month benefit period may not be available to all Industry Classes. Please contact the Worksite sales team for any “C” class groups requesting the 60-month benefit period.
- Rates are unisex.
- Rates do not vary by tobacco usage.
- Rates are separated into three age groups: 17-49, 50-59 and 60-64
- For Industry Classes B and C minimum length of employment is required for eligibility to apply for this coverage:
  - Industry Class B – Eligibility to apply requires 3 months of employment
  - Industry Class C – Eligibility to apply requires 6 months of employment

For Industry Class A - There is no minimum length of employment to be eligible to apply for this coverage.

## HEIGHT AND WEIGHT TABLE

### Male and Female

This table is a guide for Modified Issue only. If applicant is below the minimum or above the maximum weight for his or her height, they are only eligible for the Guaranteed Issue amount.

| Height | Minimum Weight | Maximum Weight |
|--------|----------------|----------------|
| 4' 8"  | 72             | 162            |
| 9"     | 74             | 166            |
| 10"    | 76             | 170            |
| 11"    | 77             | 174            |
| 5' 0"  | 79             | 178            |
| 1"     | 81             | 182            |
| 2"     | 83             | 186            |
| 3"     | 85             | 192            |
| 4"     | 87             | 197            |
| 5"     | 90             | 203            |
| 6"     | 92             | 208            |
| 7"     | 95             | 213            |
| 8"     | 97             | 219            |
| 9"     | 100            | 224            |
| 10"    | 102            | 230            |
| 11"    | 105            | 236            |
| 6' 0"  | 108            | 243            |
| 1"     | 110            | 248            |
| 2"     | 113            | 255            |
| 3"     | 117            | 263            |
| 4"     | 120            | 270            |
| 5"     | 124            | 278            |
| 6"     | 127            | 286            |
| 7"     | 132            | 296            |

**See Industry Classification Guide (A8132) for rates.**

# Worksite Accident Insurance†

## POLICY DESCRIPTION (POLICY FORM WSA07)

Accidents can happen to anyone, anywhere. When an accident occurs, we often seek medical treatment and end up with co-payments, deductibles and other out-of-pocket expenses. Accident insurance provides a benefit to the insured person for any purpose he or she chooses.

**The base Accident policy is a limited benefit policy that provides benefits for loss due to accidental bodily injuries only and does not provide benefits for loss due to sickness. Illinois Mutual accident coverage is not intended to replace major medical, medical expense or Medicare Supplement coverage. The Accident policy does not meet the Minimum Essential Coverage Requirements of the Affordable Care Act.**

We offer two Coverage types:

1. **24-Hour Coverage** – Provides coverage for accidents 24 hours a day, 7 days a week. Covers both on-the-job and off-the-job accidents.
2. **Off Job Only Coverage** – Provides coverage for accidents but excludes accidents which occur at work or while on the job. Not available in PA.

We offer four Benefit levels:

1. Economy
2. Standard
3. Preferred
4. Premium

We offer four Plan types:

1. Employee – covers the employee only.
2. Employee/Spouse – covers the Employee and Spouse.
3. One-Parent Family – covers the Employee and any dependent children.
4. Two-Parent Family – covers the Employee, Spouse and any dependent children.

Employers will choose which Coverage type and Benefit level to offer Employees and as well as which optional riders to offer. The Employee will be able to choose the Plan type and which of the offered riders he/she would like to add, as well as the benefit amount of each rider.

## POLICY FEATURES

### Issue Ages

Employee & Spouse: 18-69

Dependent Children: 0-21 or 23 if a full-time student\*\*

\*\*Dependent children age requirements vary by state.

### Guaranteed Issue

The base policy is Guaranteed Issue for eligible Employees (full-time working 20 hours or more per week\*), Spouses and children for qualifying industries.

Spouse and child benefits are the same as for the Employee unless specified otherwise.

\* Restricted Industries are required to work 30 hours per week to be eligible for coverage.

### Coverage Effective Date

Coverage will begin on the 1st of the month in which payroll deduction or EFT begins.

**Guaranteed Renewable** for life.

† Not available in CT, NH and NM.

# Worksite Accident Insurance

## FIELD UNDERWRITING

- All applications for the base policy are underwritten on a Guaranteed Issue basis. However, the Sickness Hospital Confinement Rider is not offered on a Guaranteed Issue basis and requires additional underwriting questions. If any of the medical questions are answered "Yes," the Hospital Sickness Rider is not available to the applicant.
- Rates are unisex.
- Rates do not vary by tobacco usage.
- Rates are separated according to four Plan/Coverage types: Employee, Employee & Spouse, One-Parent Family or Two-Parent Family.
- For Industry Class R, Restricted, eligible Employees must be working a minimum of 30 hours per week to be considered full time and must have been on the job for at least 6 months.
- For Industry Class STD, Standard, eligible Employees must be working a minimum of 20 hours per week to be considered full time<sup>‡</sup>. There is no minimum length of employment to be eligible for this coverage.
- Only one Worksite Accident policy per family will be issued.

<sup>‡</sup> For VT the minimum hours worked per week is 17.5 hours.

**Notice:** Base accident policy underwritten by Illinois Mutual provides benefits for loss due to accidental bodily injuries only and does not provide benefits for loss due to sickness. Illinois Mutual accident coverage is not intended to replace major medical, medical expense or Medicare Supplement coverage.

# Worksite Accident Insurance

## POLICY BENEFITS\*

| BENEFIT DESCRIPTION  | Economy<br>(8 Units) | Standard<br>(10 Units) | Preferred<br>(13 Units) | Premium<br>(15 Units) |
|--|----------------------|------------------------|-------------------------|-----------------------|
| <b>A. EMERGENCY CARE</b>   |                      |                        |                         |                       |
| <p><b>Ground Ambulance Transportation:</b> Pays the benefit for medically necessary ground ambulance transportation by a licensed professional ambulance company to or from a hospital or between medical facilities, for treatment of injuries received as the result of a covered accident. This benefit is payable for transports within 90 days after the covered accident. This benefit is payable once per covered person per covered accident.</p>                                  | \$240                | \$300                  | \$390                   | \$450                 |
| <p><b>Air Ambulance Transportation:</b> Pays the benefit for medically necessary air ambulance transportation by a licensed professional ambulance company to or from a hospital or between medical facilities, for treatment of injuries received as the result of a covered accident. This benefit is payable for transports within 48 hours after the covered accident. This benefit is payable once per covered person per covered accident.</p>                                       | \$480                | \$600                  | \$780                   | \$900                 |
| <p><b>Emergency Room Treatment:</b> Pays the benefit for examination and treatment by a physician in an emergency room. This benefit is payable for visits within the first 72 hours after the covered accident. This benefit is payable only once per covered person per covered accident. If the covered person is also eligible for an Initial Physician Visit Benefit, the Initial Physician Visit Benefit amount will be subtracted from the Emergency Room Treatment Benefit.</p>    | \$160                | \$200                  | \$260                   | \$300                 |
| <p><b>Initial Physician Visit:</b> Pays the benefit for examination and treatment by a physician following a covered accident. This benefit is payable for visits within the first 72 hours after the covered accident. This benefit is payable once per covered person per covered accident. If the covered person is also eligible for an Emergency Room Treatment Benefit, the Initial Physician Visit Benefit amount will be subtracted from the Emergency Room Treatment Benefit.</p> | \$40                 | \$50                   | \$65                    | \$75                  |
| <p><b>Follow-up Physician Treatment:</b> Pays benefit for follow-up treatment by a physician for injuries sustained in a covered accident. The benefit is only available to a covered person who is eligible to receive the Initial Physician Visit Benefit or the Emergency Room Treatment Benefit. This benefit is only payable within 30 days of the covered accident. This benefit is payable once per covered person per covered accident.</p>  | \$40                 | \$50                   | \$65                    | \$75                  |
| <p><b>Major Diagnostic Exams:</b> Pays the benefit if a covered person incurs a charge for one of the following required exams for injuries sustained in a covered accident: CT scan, MRI or EEG. This benefit is payable only once per calendar year, per covered person.</p>   | \$120                | \$150                  | \$195                   | \$225                 |

\*This Agent Guide provides a general description of Accident policy benefits. Details may vary by state. The terms of the policy will control.

# Worksite Accident Insurance

| BENEFIT DESCRIPTION   | Economy<br>(8 Units) | Standard<br>(10 Units) | Preferred<br>(13 Units) | Premium<br>(15 Units) |
|---|----------------------|------------------------|-------------------------|-----------------------|
| <p><b>Surgery:</b> Pays the benefit for surgery performed in a hospital or outpatient surgical facility. This benefit is payable for surgery that takes place within the first 72 hours after the covered accident. This benefit is payable only once per covered person per covered accident. This benefit is not available for surgery to repair a hernia.</p>  |                      |                        |                         |                       |
| Open abdominal or thoracic . . . . .  | \$800                | \$1,000                | \$1,300                 | \$1,500               |
| Exploratory or without repair. . . . .  | \$80                 | \$100                  | \$130                   | \$150                 |
| <p><b>Blood/Plasma/Platelets:</b> Pays the benefit for the transfusion, administration, cross matching, typing and processing of blood, plasma or platelets administered within the first 90 days after the covered accident. This benefit is payable only once per covered person per covered accident.</p>  | \$240                | \$300                  | \$390                   | \$450                 |
| <p><b>Medical Equipment:</b> Pays the benefit for medical equipment prescribed by a physician. This benefit is payable if use begins within the first 90 days after the covered accident. This benefit is payable once per covered person per covered accident. The following equipment is eligible: crutches, wheelchair, back brace, leg brace, and walker.</p>   | \$80                 | \$100                  | \$130                   | \$150                 |
| <p><b>Physical Therapy:</b> Pays the benefit for each day the insured receives physical therapy treatment by a physical therapist due to injury sustained in a covered accident. This benefit must be prescribed by a physician and provided by a physical therapist in an office or hospital on an inpatient or outpatient basis. This benefit is payable if the therapy begins within the first 60 days after the covered accident and completed within the first 6 months after the covered accident. This benefit is payable for a maximum of six treatments per covered person per covered accident.</p> | \$20                 | \$25                   | \$32.50                 | \$37.50               |
| <p><b>Prosthetic Device:</b> Pays the benefit for the purchase of a prosthetic device prescribed by a physician for use following the loss of the use of a hand, a foot or the sight of an eye as a result of a covered accident. Prosthetic devices do not include hearing aids, dental aids, including false teeth, eye-glasses, artificial joints or cosmetic prostheses such as hair or wigs. The benefit is payable if the prosthetic device is received within one year after the covered accident. This benefit is payable once per covered person per covered accident.</p>                           |                      |                        |                         |                       |
| One prescribed prosthetic device/artificial limb . . . . .  | \$400                | \$500                  | \$650                   | \$750                 |
| Two or more prosthetic devices. . . . .   | \$800                | \$1,000                | \$1,300                 | \$1,500               |

# Worksite Accident Insurance

| BENEFIT DESCRIPTION   | Economy<br>(8 Units) | Standard<br>(10 Units) | Preferred<br>(13 Units) | Premium<br>(15 Units) |
|---|----------------------|------------------------|-------------------------|-----------------------|
| <p><b>Burn:</b> Pays the benefit for burns caused by a covered accident. This benefit is payable only if treatment by a physician is within 72 hours after the covered accident. If the burns of the covered person meet more than one of the Burn Benefit Classifications the higher amount will be paid. This benefit is payable for one Burn Benefit per covered person per covered accident.</p>  |                      |                        |                         |                       |
| 2nd degree burns covering at least 36% of the body .....  | \$600                | \$750                  | \$975                   | \$1,125               |
| 3rd degree burns covering between 9 and 35 square inches of the body .....  | \$1,200              | \$1,500                | \$1,950                 | \$2,250               |
| 3rd degree burns covering at least 35 square inches of the body   | \$8,000              | \$10,000               | \$13,000                | \$15,000              |
| Skin grafts.....  | 25% of burn benefit  |                        |                         |                       |
| <p><b>Emergency Dental Work:</b> This benefit will pay for the repair or extraction of natural teeth as the result of a covered accident. This benefit is payable once per covered person per covered accident regardless of the number of teeth involved.</p>  |                      |                        |                         |                       |
| Broken teeth repaired with crown(s).....  | \$120                | \$150                  | \$195                   | \$225                 |
| Broken teeth resulting in extraction .....  | \$40                 | \$50                   | \$65                    | \$75                  |
| <p><b>Eye Injury:</b> This benefit will pay for the treatment of an eye injury as the result of a covered accident. This benefit is payable only if the injury requires surgery or the removal of a foreign object by a physician. This benefit is payable only if treatment by a physician is within 90 days after the covered accident. This benefit is not payable for an examination with anesthesia. This benefit is payable once per covered person per covered accident.</p> |                      |                        |                         |                       |
|   | \$160                | \$200                  | \$260                   | \$300                 |
| <p><b>Lacerations:</b> This benefit will pay for the treatment of a laceration as the result of a covered accident. If the laceration is severe enough to require stitches but the physician chooses to repair it another way, the benefit will be determined as if the laceration was stitched. This benefit is payable if treatment by a physician is within 72 hours after the covered accident. This benefit is payable once per covered person per covered accident.</p>       |                      |                        |                         |                       |
| Single laceration less than 2 inches .....  | \$40                 | \$50                   | \$65                    | \$75                  |
| At least 2 inches but not more than 6 inches (total of all lacerations).....  | \$160                | \$200                  | \$260                   | \$300                 |
| Over 6 inches (total of all lacerations) .....  | \$320                | \$400                  | \$520                   | \$600                 |
| Laceration(s) not requiring stitches, staples or glue .....   | \$20                 | \$25                   | \$32.50                 | \$37.50               |

# Worksite Accident Insurance

| BENEFIT DESCRIPTION   | Economy<br>(8 Units) | Standard<br>(10 Units) | Preferred<br>(13 Units) | Premium<br>(15 Units) |
|---|----------------------|------------------------|-------------------------|-----------------------|
| <p><b>Torn Knee Cartilage:</b> This benefit will pay for the treatment and surgical repair of torn knee cartilage. This benefit is payable if treatment by a physician is within 60 days after the covered accident. Surgical repair of the tear must occur within six months after the covered accident. This benefit is payable once per covered person per covered accident.</p>   |                      |                        |                         |                       |
| Exploratory surgery without repair or if cartilage is only shaved ...   | \$80                 | \$100                  | \$130                   | \$150                 |
| Surgical Repair.....  | \$400                | \$500                  | \$650                   | \$750                 |
| <p><b>Ruptured Disc:</b> This benefit will pay for the treatment and surgical repair of a ruptured disc. This benefit is payable if treatment by a physician is within 60 days after the covered accident. Surgical repair by a physician is required within 1 year after the covered accident. This benefit is payable once per covered person per covered accident.</p>   |                      |                        |                         |                       |
|   | \$320                | \$400                  | \$520                   | \$600                 |
| <p><b>Tendon/Ligament/Rotator Cuff:</b> This benefit will pay for the surgical repair of a torn, ruptured, or severed tendon or ligament or rotator cuff. If a covered person receives a fracture or a dislocation and tears or severs a tendon, ligament or rotator cuff, benefits are payable for the largest of either the Fracture, the Dislocation or the Tendon/Ligament/Rotator Cuff benefit. This benefit is payable if the injury is torn, ruptured or severed and repaired through surgery within 90 days after the covered accident. This benefit is payable once per covered person per covered accident.</p> |                      |                        |                         |                       |
| Surgical repair of one tendon/ligament.....   | \$320                | \$400                  | \$520                   | \$600                 |
| Surgical Repair of more than one.....   | \$480                | \$600                  | \$780                   | \$900                 |
| Exploratory surgery to help diagnosis .....   | \$80                 | \$100                  | \$130                   | \$150                 |
| <p><b>Concussion:</b> This benefit will pay for the treatment of a concussion diagnosed by a physician and confirmed by the use of some type of medical imaging procedure (i.e., x-ray, CAT scan or MRI). This benefit is payable if the concussion is diagnosed by a physician within 72 hours after the covered accident.</p>   |                      |                        |                         |                       |
|   | \$80                 | \$100                  | \$130                   | \$150                 |
| <p><b>Dislocation:</b> This benefit will pay for the reduction of a dislocation. The dislocation must require open or closed reduction by a physician. This benefit is payable if the dislocation is diagnosed by a physician within 90 days after the covered accident. This benefit is payable once per covered person per covered accident. Subsequent dislocations of the same joint in a different covered accident will not be covered.</p>   |                      |                        |                         |                       |
| Hip.....  | \$1,600              | \$2,000                | \$2,600                 | \$3,000               |

# Worksite Accident Insurance

| BENEFIT DESCRIPTION | Economy<br>(8 Units) | Standard<br>(10 Units) | Preferred<br>(13 Units) | Premium<br>(15 Units) |
|---------------------|----------------------|------------------------|-------------------------|-----------------------|
| Knee .....          | \$800                | \$1,000                | \$1,300                 | \$1,500               |
| Ankle or Foot ..... | \$640                | \$800                  | \$1,040                 | \$1,200               |
| Shoulder .....      | \$240                | \$300                  | \$390                   | \$450                 |
| Elbow .....         | \$240                | \$300                  | \$390                   | \$450                 |
| Wrist .....         | \$240                | \$300                  | \$390                   | \$450                 |
| Toe or Finger ..... | \$80                 | \$100                  | \$130                   | \$150                 |
| Hand .....          | \$240                | \$300                  | \$390                   | \$450                 |
| Lower Jaw .....     | \$240                | \$300                  | \$390                   | \$450                 |
| Collar Bone .....   | \$240                | \$300                  | \$390                   | \$450                 |

Benefit levels shown above are for CLOSED reductions. OPEN reductions are paid at 200% of the levels.

If a covered person receives more than one dislocation in a covered accident, this benefit will pay for all dislocations. However, the benefit will be no more than 200% of the benefit amount for the joint involved which has the highest benefit amount.

If a covered person receives a dislocation and a fracture in the same covered accident, this benefit will pay for both. However, the benefit will be no more than 200% of the benefit amount for the bone or joint involved which has the highest benefit amount.

If a covered person receives a dislocation or a fracture and tears or severs a tendon or ligament or a rotator cuff in a covered accident, only one benefit will be paid. The benefit will be the largest of either the Fracture, the Dislocation or the Tendon/Ligament/Rotator Cuff benefit.

If the reduction is done without anesthesia, the benefit will be reduced to 25% of what would have been paid for a closed reduction of the same joint.

If the dislocation is incomplete, the benefit will be reduced to 25% of what would have been paid for a closed reduction of the same joint.

# Worksite Accident Insurance

| BENEFIT DESCRIPTION  | Economy<br>(8 Units) | Standard<br>(10 Units) | Preferred<br>(13 Units) | Premium<br>(15 Units) |
|--|----------------------|------------------------|-------------------------|-----------------------|
| <p><b>Fracture:</b> This benefit will pay for the reduction of a fracture. The fracture must require open or closed reduction by a physician. This benefit is payable if the fracture is diagnosed by a physician within 90 days after the covered accident.</p>   |                      |                        |                         |                       |
| Hip .....  | \$1,200              | \$1,500                | \$1,950                 | \$2,250               |
| Leg.....   | \$640                | \$800                  | \$1,040                 | \$1,200               |
| Ankle.....   | \$240                | \$300                  | \$390                   | \$450                 |
| Kneecap .....  | \$240                | \$300                  | \$390                   | \$450                 |
| Foot (excluding toes/heel) .....   | \$240                | \$300                  | \$390                   | \$450                 |
| Upper Arm .....  | \$280                | \$350                  | \$455                   | \$525                 |
| Forearm, hand, wrist (excluding fingers) .....   | \$240                | \$300                  | \$390                   | \$450                 |
| Finger, toe .....  | \$40                 | \$50                   | \$65                    | \$75                  |
| Vertebrae (body of).....   | \$640                | \$800                  | \$1,040                 | \$1,200               |
| Vertebral Process .....  | \$240                | \$300                  | \$390                   | \$450                 |
| Pelvis (excluding coccyx) .....  | \$640                | \$800                  | \$1,040                 | \$1,200               |
| Coccyx.....  | \$160                | \$200                  | \$260                   | \$300                 |
| Face (excluding nose) .....  | \$280                | \$350                  | \$455                   | \$525                 |
| Nose .....   | \$80                 | \$100                  | \$130                   | \$150                 |
| Upper Jaw .....  | \$280                | \$350                  | \$455                   | \$525                 |
| Lower Jaw .....  | \$240                | \$300                  | \$390                   | \$450                 |
| Collar bone .....  | \$240                | \$300                  | \$390                   | \$450                 |
| Rib or Ribs.....   | \$200                | \$250                  | \$325                   | \$375                 |
| Skull  |                      |                        |                         |                       |
| Depressed .....  | \$2,000              | \$2,500                | \$3,250                 | \$3,750               |
| Simple.....  | \$800                | \$1,000                | \$1,300                 | \$1,500               |
| Sternum.....   | \$240                | \$300                  | \$390                   | \$450                 |
| Shoulder Blade.....  | \$240                | \$300                  | \$390                   | \$450                 |
| <p>Benefit levels shown above are for CLOSED reductions. OPEN reductions are paid at 200% of the levels.</p> <p>If a covered person receives more than one fracture in a covered accident, this benefit will pay for all fractures. However, the benefit will be no more than 200% of the benefit amount listed for the bone which has the highest benefit amount.</p> |                      |                        |                         |                       |

# Worksite Accident Insurance

| BENEFIT DESCRIPTION   | Economy<br>(8 Units) | Standard<br>(10 Units) | Preferred<br>(13 Units) | Premium<br>(15 Units) |
|---|----------------------|------------------------|-------------------------|-----------------------|
| <p>If a covered person receives a fracture and a dislocation in the same covered accident, this benefit will pay for both. However, the benefit will be no more than 200% of the benefit amount for the bone or joint involved which has the highest benefit amount.</p> <p>If a covered person receives a dislocation or a fracture and tears or severs a tendon or a ligament or a rotator cuff in a covered accident, only one benefit will be paid. The benefit will be the largest of either the Fracture, the Dislocation or the Tendon/Ligament/Rotator Cuff benefit.</p> <p>If the physician diagnoses the fracture as a chip fracture, the benefit will be reduced to 25% of what would have been paid for a closed reduction of the same bone.</p>  |                      |                        |                         |                       |
| <p><b>B. HOSPITAL CARE</b></p>  |                      |                        |                         |                       |
| <p><b>Hospital Admission:</b> Pays the benefit when an insured is admitted to a hospital as the result of a covered accident. This benefit is payable for the admission to a hospital within the first 6 months after the covered accident. Benefits will not be payable for emergency room treatment, for outpatient treatment or for a stay of less than 20 hours in an observation unit. This benefit is payable only once per covered person per covered accident.</p>  | \$800                | \$1,000                | \$1,300                 | \$1,500               |
| <p><b>Hospital Confinement:</b> Pays the benefit daily for up to 365 days of confinement in a hospital as the result of a covered accident. This benefit is payable for confinement that begins within the first 6 months after the covered accident. This benefit is payable for only one hospital confinement at a time even if the confinement is caused by more than one covered accident. This benefit will not be paid in addition to the Hospital Intensive Care Unit Confinement Benefit. This benefit will not be paid for emergency room treatment, for outpatient treatment or for a stay of less than 20 hours in an observation unit. If a covered person is discharged from the hospital and then reconfined within 90 days due to the same covered accident or due to a related condition, the reconfinement will be considered part of the previous hospital confinement(s). The total amount payable will not exceed 365 days.</p> | \$200                | \$250                  | \$325                   | \$375                 |
| <p><b>Hospital Intensive Care Unit Confinement:</b> Pays the benefit for up to 15 days of confinement in a hospital intensive care unit as the result of a covered accident. This benefit is payable for confinement that begins within the first 30 days after the covered accident. This benefit is payable for only one intensive care unit confinement at a time even if the confinement is caused by more than one covered accident. This benefit will not be paid in addition to the Hospital Confinement Benefit.</p>  | \$400                | \$500                  | \$650                   | \$750                 |

# Worksite Accident Insurance

| BENEFIT DESCRIPTION  | Economy<br>(8 Units) | Standard<br>(10 Units) | Preferred<br>(13 Units) | Premium<br>(15 Units) |
|--|----------------------|------------------------|-------------------------|-----------------------|
| <p><b>Transportation:</b> Pays the benefit when a covered person requires special treatment and confinement in a hospital located more than 100 miles from the covered person's residence or site of the accident for injuries sustained in a covered accident. This benefit is only payable if the special treatment is prescribed by a physician and not available locally. This benefit is not payable for transportation by ambulance or air ambulance to the hospital. This benefit is payable up to three trips per covered person per covered accident.</p> | \$240                | \$300                  | \$390                   | \$450                 |
| <p><b>Family Lodging:</b> Pays the benefit for a hotel or motel stay by a companion of a covered person while the covered person is confined to a hospital or intensive care unit more than 100 miles from the home of the covered person. This benefit is payable up to 30 days per covered person per covered accident.</p>  | \$80                 | \$100                  | \$130                   | \$150                 |
| <p><b>C. MAJOR INJURIES</b></p>  |                      |                        |                         |                       |
| <p><b>Accidental Death:</b> Pays the benefit for death due to injuries received in a covered accident. This benefit is payable if death due to injuries received in a covered accident occurs within 90 days after the covered accident. There is no accidental death benefit if the covered person is eligible for the Common Carrier Benefit.</p>  |                      |                        |                         |                       |
| <p><b>Common Carrier:</b> Pays the benefit for death due to injuries received in a covered accident while a fare-paying passenger on a common carrier. This benefit is payable if death due to injuries received in a covered accident occurs within 90 days after the covered accident.</p>   |                      |                        |                         |                       |
| <p><b>Main Insured</b></p>   |                      |                        |                         |                       |
| Common-Carrier Accidents . . . . .   | \$80,000             | \$100,000              | \$130,000               | \$150,000             |
| Other Accidents . . . . .  | \$40,000             | \$50,000               | \$65,000                | \$75,000              |
| <p><b>Spouse</b></p>   |                      |                        |                         |                       |
| Common-Carrier Accidents . . . . .   | \$20,000             | \$25,000               | \$32,500                | \$37,500              |
| Other Accidents . . . . .  | \$10,000             | \$12,500               | \$16,250                | \$18,750              |
| <p><b>Child</b></p>  |                      |                        |                         |                       |
| Common-Carrier Accidents . . . . .   | \$8,000              | \$10,000               | \$13,000                | \$15,000              |
| Other Accidents . . . . .  | \$4,000              | \$5,000                | \$6,500                 | \$7,500               |
| <p><b>Accidental Dismemberment:</b> Pays the benefit for dismemberment caused by a covered accident as shown below. This benefit is payable once per covered person per covered accident.</p>  |                      |                        |                         |                       |

# Worksite Accident Insurance

| BENEFIT DESCRIPTION   | Economy<br>(8 Units) | Standard<br>(10 Units) | Preferred<br>(13 Units) | Premium<br>(15 Units) |
|---|----------------------|------------------------|-------------------------|-----------------------|
| Loss of both hands, feet, sight in both eyes, or any combination of two of these . . . . .  | \$12,000             | \$15,000               | \$19,500                | \$22,500              |
| Loss of one hand, foot, or sight in one eye . . . . .   | \$6,000              | \$7,500                | \$9,750                 | \$11,250              |
| Two or more fingers or toes. . . . .  | \$1,200              | \$1,500                | \$1,950                 | \$2,250               |
| One finger or toe . . . . .<br>Note: Loss of sight must be permanent  | \$600                | \$750                  | \$975                   | \$1,125               |
| <b>Paralysis:</b> This benefit will pay for treatment of paralysis. Paralysis must be confirmed by a physician and based on documented evidence of the injury that caused the paralysis. The duration of the paralysis must be at least 30 days and expected to be permanent. The benefit may vary based on degree of paralysis. The benefit is payable once per covered person per covered accident. |                      |                        |                         |                       |
| Quadriplegia . . . . .  | \$24,000             | \$30,000               | \$39,000                | \$45,000              |
| Paraplegia . . . . .  | \$12,000             | \$15,000               | \$19,500                | \$22,500              |
| <b>Coma:</b> This benefit is payable if the covered person has been in a coma for at least 14 days. This benefit is payable once per covered accident per covered person.   |                      |                        |                         |                       |
|   | \$8,000              | \$10,000               | \$13,000                | \$15,000              |

## EXCEPTIONS AND REDUCTIONS\*

This Policy does not provide benefits for Injuries resulting from:

- (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 or falling from any aircraft, including those which are not motor-driven. This does not include flying as a fare paying passenger;
- (4) Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing or parakiting or any similar activities;
- (5) Participating or attempting to participate in an illegal activity and/or being incarcerated in a penal institution;
- (6) Committing or trying to commit suicide or injuring yourself intentionally, whether you are sane or not;
- (7) Addiction to alcohol or drugs, except for drugs taken as prescribed by your Physician;
- (8) Practicing for or participating in any semi-professional or professional competitive athletic contest for which you receive any type of compensation or remuneration;
- (9) Having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, or disease which is not caused by an Injury.

\*See appendix on [page 43](#) for state-specific variations.

# Worksite Accident Insurance

## OPTIONAL RIDERS

The following optional riders can be added to the base accident policy to further expand coverage. Employers will choose which riders will be offered to Employees. Not all riders are available in all states. Unless otherwise indicated, optional riders cover all insureds covered under the policy.

### Off Job Accident Disability Rider (Policy Form 9241)

#### Issue Ages

Employee: 18-64

The Off Job Accident Disability Rider is only available to the Employee. If this rider is included, it will pay a benefit if the Primary Insured becomes totally disabled as a result of a covered accident occurring off the job. Partial disability is also available under this rider but only after the Primary Insured has received at least one month of total disability benefits and is only payable for three months. This rider is Guaranteed Renewable to the rider anniversary date following the Primary Insured's 72nd birthday. There is no elimination period for this rider. This Rider is not available to individuals who have purchased the Worksite Short Term Disability - Individual Policy or the Worksite Short Term Disability - Group coverage. Not available in CA, MA, PA and VT.

#### Benefit Amounts

Minimum issue amount is \$400 per month. Maximum issue amount is \$1,500 per month not to exceed 40 percent of gross salary. Available in increments of \$100.00. Existing coverage is offset against the maximums at time of underwriting.

#### Benefit Periods

6-month and 12-month benefit periods are available.

#### Exceptions and Reductions\*

This rider does not provide benefits for Total Disability resulting from:

(a) War or act of war, whether declared or undeclared;

- (b) Riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- (c) Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft, including those which are not motor-driven. This does not include flying as a fare paying passenger;
- (d) Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing or parakiting or any similar activities;
- (e) Participating or attempting to participate in an illegal activity and/or being incarcerated in a penal institution;
- (f) Committing or trying to commit suicide or injuring yourself intentionally, whether you are sane or not;
- (g) Addiction to alcohol or drugs, except for drugs taken as prescribed by your Physician;
- (h) Practicing for or participating in any semi-professional or professional competitive athletic contest for which you receive any type of compensation or remuneration;
- (i) Having a neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind. However, Alzheimer's disease and other organic senile dementias are covered under this Policy;
- (j) A Sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection or disease which is not caused by an injury.

\*See appendix on [page 44](#) for state-specific variations.

# Worksite Accident Insurance

## Sickness Hospital Confinement Rider (Policy Form 9242)

### Issue Ages

Employee and Spouse: 18-69

Dependent Children: 0-21 or 23 if full-time student\*

If this rider is included, it will pay a daily benefit amount for up to 30 days of confinement in a hospital due to a covered sickness for each covered person. This rider is subject to a 30 day waiting period from the effective date of the rider. Not available in CO, IN, KS, MA, ME, MI, NJ, NM, TN, UT, VA, VT, WA and WI.

### Benefits

Minimum issue amount is \$50 and the maximum issue amount is \$200. Available in increments of \$50.

### Exceptions and Reductions\*\*

The Exceptions and Reductions contained in the Policy apply to this Rider. In addition, this rider will not pay the benefit for 1) injury; 2) treatment for dental care or dental care procedures; 3) elective procedures and/or cosmetic surgery or reconstructive surgery unless it is a result of infection, or other diseases; 4) or hospital confinement for pregnancies within the first nine months after the rider effective date. The rider also does not pay for any Hospital Confinement of a newborn child following birth unless the child has a covered sickness.

This rider will not be paid in addition to the Hospital Confinement Benefit or Intensive Care Confinement Benefit under the base policy. This rider does not pay for treatment in an emergency room, outpatient treatment or stays less than 20 hours in an observation unit.

### Pre-existing condition

The benefit for this rider will not be payable for any pre-existing conditions during the first 12 months the rider is in force. (6 months in NV)

### Underwriting

This rider is not offered on a Guaranteed Issue basis. If elected, this rider covers all family members covered by base policy. There are 3 health questions to qualify. If there is a "Yes" response to any of the 3 questions, coverage is not available.

## Wellness Benefit Rider (Policy Form 9243)

If this rider is included, it will pay the benefit amount for one of the following health screening tests. This rider is subject to a 30-day waiting period from the effective date of the rider. The benefit is payable only once per calendar year and for only one covered person. Not available in CA, GA, MA, MI, NJ, NM, UT, VA and WA. Covered screening tests may vary by state.

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Fasting blood glucose test
- Flexible Sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- PSA (blood test for prostate cancer)
- Pap smear
- Serum cholesterol test
- Serum Protein Electrophoresis
- Stress test
- Thermography

### Issue Ages

Employee and Spouse: 18-69

Dependent Children: 0-21 or 23 if full-time student\*

### Benefits

Minimum issue amount is \$50 and the maximum issue amount is \$200. Available in increments of \$50.

### Underwriting

This rider is available on a Guaranteed Issue basis at time of application. If elected, this rider covers all family members covered by base policy.

If the Worksite Accident Policy and Worksite Critical Illness policy are both applied for, the Wellness Benefit Rider will only be available on one policy.

*\*Dependent children age requirements vary by state.*

*\*\*See appendix on [page 45](#) for state-specific variations.*

# Worksite Accident Insurance

## **Catastrophic Accident Rider (Policy Rider 9245)**

If this rider is included, it will pay the benefit shown after the elimination period of 180 days has been satisfied. This benefit will be payable only once per covered person for the lifetime of the policy. Catastrophic Loss means an injury resulting in the total and irrecoverable loss of the following:

1. both hands or both feet; or
2. the use of both arms or both legs; or
3. one hand and one foot; or
4. the use of one arm and one leg; or
5. sight of both eyes; or
6. hearing in both ears; or
7. the ability to speak.

Any amount paid under the Paralysis Benefit will be subtracted from any Benefits due under this rider. No benefits are payable if the covered person is in a coma. No benefits are payable if the covered person is not alive at the end of the elimination period. Not available in ID, MA, NE, PA, TN, and UT.

### **Issue Ages**

Employee and Spouse: 18-69

Dependent Children: 0-21 or 23 if full-time student\*

### **Benefit Amounts**

|                 |           |
|-----------------|-----------|
| Primary Insured | \$100,000 |
| Spouse          | \$50,000  |
| Child           | \$50,000  |

### **Underwriting**

This rider is available on a Guaranteed Issue basis at time of application. If elected, this rider covers all family members covered by base policy.

This Rider is not available to individuals who have purchased the Worksite Critical Illness Policy.

*\*May vary by state.*

**See Industry Classification Guide (A8132) for rates.**

# Worksite Critical Illness Insurance†

## POLICY DESCRIPTION (POLICY FORM WC14)

Critical illnesses are often unexpected and can result in unexpected financial strain. Critical illness benefits can relieve this strain with a lump sum payment to be used for any purpose your client desires: mortgages, car payments and replacing lost income, just to name a few. It is your client's choice how to use the benefit.

**The Critical Illness Policy is a limited benefit policy. It is not intended to replace major medical, medical expense, or Medicare Supplement coverage. The Critical Illness policy does not meet the Minimum Essential Coverage requirements of the Affordable Care Act.**

Two coverage options are offered:

1. **Base Plan Only** – Provides a benefit upon diagnosis of the critical illnesses shown in categories one through three, plus the Dependent Child category (if one-parent family or two-parent family coverage is selected).
2. **Base Plan Plus Cancer\*** – Provides a benefit upon diagnosis of the critical illnesses shown in categories one through three, the Dependent Child category (if one-parent family or two-parent family coverage is selected), and the Cancer Critical Illness Benefit Rider.

The decision to offer cancer is made at the employer level, so Employees do not have the option to include or exclude cancer coverage.

We offer four Plan types:

1. **Employee** - Coverage is for the Primary Insured only. The Primary Insured is the person shown on the schedule page of the policy.
2. **Employee/Spouse** - Coverage is for the Employee and the Employee's Spouse. Spouse means the husband, wife, or partner of the Primary Insured in a Legally Recognized Marriage.\*\*
3. **One-Parent Family** - Coverage is for the Primary Insured and the Primary Insured's Dependent Children.
4. **Two-Parent Family** - Coverage is for the Primary Insured, the Primary Insured's Spouse, and their Dependent Children.

## POLICY FEATURES

### Issue Ages

Employee & Spouse: 18 – 69  
Dependent Children: 0 – 19^

### Policy Fees

There are no policy fees for this product.

### Premium Information

Level premiums until age 72.

### Classifications

Non-Tobacco or Tobacco. Tobacco status is determined by employee.

### Coverage Effective Date

Coverage will begin on the 1st of the month in which payroll deduction or EFT begins.

## FIELD UNDERWRITING

- Employee must apply for coverage for Spouse to be eligible. In Simplified Issue situations, Spouse can be Primary Insured if Employee is not medically eligible.

### Guaranteed Issue Parameters

A Post Enrollment Guaranteed Issue process is used: Each applicant is asked eligibility and health questions in the Simplified Issue section of the application. If participation requirements are met, then Guaranteed Issue coverage is available to the group. If participation is not met, eligibility is determined based upon the health questions on the application and underwriting guidelines.

### Simplified Issue Parameters

Simplified Issue means that if an applicant answers "Yes" to any of the health questions, the applicant is not eligible for coverage beyond the available Guaranteed Issue amount. No additional underwriting will take place. For groups that are Guaranteed Issue, the applicant is still eligible for the Guaranteed Issue amount. For all other groups, applicants will be declined coverage if they answer "Yes" to any of the health questions.

† Not available in AZ, CA, CT, GA, MA, MN, MT, NH, NJ, NM, UT or VA. Please call to verify availability in your state.

\* Not available in ME or WY. Please call to verify availability in your state.

\*\*Definition of Spouse varies in ID and LA.

^ Dependent children issue age requirements vary by state. Coverage terminates at age 26.

# Worksite Critical Illness Insurance

## Guaranteed Issue Eligibility

Minimum Group Size: 10 Eligible Lives  
 Minimum Participation: 20%, with a minimum of 5 lives issued.

## Guaranteed Issue amounts

| Eligible Lives | Participation Requirement                   | Benefit Availability |
|----------------|---|----------------------|
| 10 - 50        | The greater of 5 lives or 20% participation | \$15,000             |
| 51 - 100       | 10% - 19% participation                     | \$15,000             |
|                | 20% participation                           | \$20,000             |
| 100+           | 10% - 14% participation                     | \$15,000             |
|                | 15% - 19% participation                     | \$20,000             |
|                | 20% participation                           | \$25,000             |

## Simplified Issue amount

- Available to groups with a minimum of 3 eligible lives with 2 lives issued.†
- Available with completion of medical questions in the Simplified Issue Section of the application
- Employee Amount: \$5,000 - \$50,000
- Spouse Amount: 50% of Employee Amount
- Child Amount: 25% of Employee Amount

† Available in OH and PA as a franchise plan. The following minimum participation requirements apply:

- 5 or more employees of any corporation, partnership or individual employer or any governmental corporation, agency or department thereof;
- 10 or more members, employees or employees of members of any trade or professional association or of a labor union or of any other association having had an active existence for at least two years.

## BENEFITS DESCRIPTION

Critical Illnesses are grouped into Categories. In no event will we pay more than 100% of the maximum benefit amount per Insured Person per category. If an insured person is diagnosed with a subsequent critical illness in the same category, the amount payable for the subsequent critical illness will equal the lesser of the amount shown or the maximum benefit amount per category less

any amount already paid. We will only pay for a critical illness one time. There is no waiting period between categories.

**Diagnosis/Diagnosed** means the definitive establishment of a Critical Illness by a Physician (a board certified specialist where required for the particular Critical Illness being Diagnosed) through the use of clinical and/or laboratory findings, tests and observations. In the case of a Heart Transplant or Major Organ Transplant, the Diagnosis includes Our verification that the Insured Person has been registered by the United Network of Organ Sharing (UNOS), or documentation that a suitable donor has been located without such listing.

### Category 1

- Heart Attack 100%
- Heart Transplant\* 100%
- Stroke 100%
- Coronary By-Pass Surgery 25%
- Coronary Angioplasty 10%

\*Heart Transplant means human-to-human organ transplant from a suitable donor of an entire heart. The insured person must be registered and accepted to the United Network for Organ Sharing (UNOS) in order for the Heart Transplant to be covered. The insured person does not need to have had the transplant surgery performed prior to receiving a benefit.

### Category 2

- End-Stage Renal Disease 100%
- Major Organ Transplant except Heart and Bone Marrow Transplant\* 100%
- Paralysis (not due to Stroke) 50%

\*For Heart and Lung or other transplants involving heart and another organ, only one benefit is payable. Benefits for both Categories 1 and 2 are not both payable in this situation.

### Category 3

- Coma 100%
- Burns 100%
- Loss of Sight, Hearing or Speech 100%

# Worksite Critical Illness Insurance

## **Dependent Child Category**

|                              |      |
|------------------------------|------|
| • Cerebral Palsy             | 100% |
| • Cystic Fibrosis            | 100% |
| • Down Syndrome              | 100% |
| • Congenital Heart Disease*  | 100% |
| • Pyloric Stenosis           | 100% |
| • Spina Bifada (not Occulta) | 100% |
| • Muscular Dystrophy         | 100% |
| • Type 1 Diabetes            | 100% |

\*Congenital Heart Disease means Transposition of the Great Arteries, Coarctation of the Aorta, Hypoplastic Left Heart or Tetralogy of Fallot. All other Congenital Heart Diseases are excluded.

Dependent Child Coverage expires at the child's attained age 26 or upon termination of Employee and Spouse coverage, if earlier.

**Pre-Existing Condition\*** means (a) the existence of a condition or symptom that would cause an ordinarily prudent person to seek medical advice, care, or treatment within the 12-month period before the Effective Date for the Insured Person; or (b) a condition or symptom for which medical advice, care, or treatment was recommended by or received from a Physician within the 12-month period before the Effective Date for the Insured Person.

We will not pay benefits for a Critical Illness that is a Pre-Existing Condition unless the Critical Illness is Diagnosed 12 months or more from the date coverage becomes effective for the Insured Person.

## **Continuation of Coverage after Primary Insured's Termination Date:**

If the policy is issued as a Primary Insured/ Spouse policy or Two-Parent Family policy and the Primary Insured's Spouse remains eligible for coverage after the Primary Insured's Termination Date (other than for failure to pay premiums when due), the Spouse may keep this Policy in force by notifying us in writing within 60 days of the Primary Insured's termination date. The Spouse will become the Primary Insured of this policy and coverage for the Spouse shall remain the same as the Primary Insured's Termination Date. A

Dependent Child may not become the Primary Insured of this policy.

\*See appendix on [page 45](#) for state-specific variations.

## **EXCEPTIONS AND REDUCTIONS\***

This Policy does not provide benefits for Injuries resulting from:

- (1) any act of war, declared or undeclared;
- (2) active duty in the armed forces, National Guard, or any reserve unit;
- (3) engaging in a felony; or participating in any riot or civil insurrection;
- (4) any intentionally self-inflicted injury, suicide or suicide attempt
- (5) drug addiction or alcoholism;
- (6) intoxication, as defined in the jurisdiction where the intoxication occurred (including the operation of a motor vehicle with a blood alcohol concentration in excess of the legal limit of the state in which the accident occurred) or a controlled substance unless legally prescribed and used in the manner consistent with that prescription.
- (7) any benefits for conditions diagnosed outside of the United States unless the Diagnosis can be confirmed in the United States.

# Worksite Critical Illness Insurance

## OPTIONAL RIDERS

The employer decides if the Cancer Critical Illness Benefit Rider will be offered to Employees. All other riders will be available to Employees at their option. If the employer chooses to offer Base Plan Plus Cancer coverage, and the Employee selects the Recurrence Benefit Rider, both the Recurrence Benefit Rider and the Cancer One Recurrence Benefit Rider will be attached to the policy. If Base Plan Only coverage is offered and Recurrence Coverage is selected, only the Recurrence Benefit Rider will be attached.

### Cancer Critical Illness Benefit Rider (Policy Form 8061)

This Rider adds coverage for the following Critical Illnesses:

|                          |      |
|--------------------------|------|
| • Cancer One*            | 100% |
| • Bone Marrow Transplant | 50%  |
| • Cancer Two*            | 25%  |

\*The rider enumerates the types of cancers that are Cancer One and Cancer Two.

Not available in ME or WY.

### Recurrence Benefit Rider (Policy Form 8062)

- Rider pays a percentage of the maximum benefit amount per category when a recurrence of the same Critical Illness is diagnosed after the insured person is symptom and treatment free for 12 months.
- Symptom and Treatment Free\*\* means free of any symptoms (the subjective evidence of disease or physical disturbance observed by a medical professional or the Insured Person) and free of any treatment (medical care, prevention or management of a Critical Illness defined in this Policy, including the services of a pathologist, radiologist, or other Physician). Maintenance drugs and routine follow-up visits are not considered treatment.
- 50% of Maximum Benefit Amount Per Category for the Insured Person.

- Coronary By-Pass Surgery, Coronary Angioplasty, Paralysis (not due to Stroke), Loss of Sight, Loss of Hearing, Loss of Speech and all Critical Illnesses listed in the Cancer Critical Illness Benefit Rider (if policy issued with Cancer Critical Illness Benefit Rider) are excluded from the Recurrence Benefit Rider.
- Dependent Child Critical Illnesses are excluded from the Recurrence Benefit Rider.
- A Recurrent Critical Illness benefit is payable only once for each category for each Insured Person.

### Cancer One Recurrence Benefit Rider (Policy Form 8063)

- Rider pays a percentage of the benefit when a recurrence of Cancer One is diagnosed after the insured person has been symptom and treatment free for 12 months.
- Symptom and Treatment Free means free of any symptoms (the subjective evidence of disease or physical disturbance observed by a medical professional or the Insured Person) and free of any treatment (medical care, prevention or management of a Critical Illness defined in this Policy, including the services of a pathologist, radiologist, or other Physician). Maintenance drugs and routine follow-up visits are not considered treatment.
- 50% of Cancer One benefit amount for the insured person. This benefit is payable only once for each Insured Person.
- Bone Marrow Transplant and Cancer Two are excluded from the Cancer One Recurrence Benefit Rider.

*Not available in ME or WY.*

# Worksite Critical Illness Insurance

## **Wellness Benefit Rider (Policy Form 9243)**

If this rider is included, it will pay the benefit amount for one of the following health screening tests. This rider is subject to a 30-day waiting period from the effective date of the rider. The benefit is payable only once per calendar year and for only one covered person. Not available in MI. Covered screening tests may vary by state.

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Fasting blood glucose test
- Flexible Sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- PSA (blood test for prostate cancer)
- Pap smear
- Serum cholesterol test
- Serum Protein Electrophoresis
- Stress test
- Thermography

### **Issue Ages**

Employee and Spouse: 18-69

Dependent Children: 0-19\*

\*Dependent Child coverage terminates at age 26.

### **Benefits**

Minimum issue amount is \$50 and the maximum issue amount is \$150. Available in increments of \$50.

If the Worksite Accident Policy and Worksite Critical Illness policy are both applied for, the Wellness Benefit Rider will only be available on one policy.

**See Industry Classification Guide (A8132) for rates.**

# Worksite Short Term Disability - Group†

## POLICY DESCRIPTION (POLICY FORM VSTD11)

Worksite Short Term Disability - Group is designed for worksite cases utilizing a payroll deduction method of payment. This policy's coverage from Illinois Mutual gives the peace of mind that a protected paycheck brings. This policy helps maintain a standard of living and plan for the future if the insured employee becomes Totally Disabled *off the job*. Employees aren't the only ones who benefit. This policy also provides a significant enhancement to an employer's benefit portfolio – all at no additional cost to the employer. As a voluntary benefit, the insured employee pays 100% of the premium.

### Coverage

Short Term Disability - Group pays benefits for Total Disability resulting from non-occupational injuries and illnesses. Total Disability for any one period of disability starting while the Employee's coverage is in force, means, as a result of sickness or injury, the Employee's inability to engage in any occupation for which he is qualified or for which he becomes qualified by education, training, or experience. To be Totally Disabled, the Employee must be under the regular care of a physician. Definition of Total Disability differs in LA and MD. See Appendix page for details. Total Disability resulting from pregnancy, alcoholism or drug addiction and mental or nervous conditions are covered the same as any other illness.

All Plans include:

- **\$10,000 Accidental Death and Dismemberment (AD&D) benefit\*** for each insured employee
- **Waiver of Premium** if the insured is entitled to Total Disability benefits and Total Disability has existed for at least 90 consecutive days.

*\*Benefits are paid only if the loss results from injury, independent of disease and Sickness; is caused by an accident occurring while the benefit is in force; and occurs within 90 days (180 days in UT and OR) of that accident. Time element not applicable in VT.*

### Coverage Effective Date

Coverage will begin on the 1st of the month in which payroll deductions begin.

### Evidence of Insurability

No evidence of insurability is required if the employee enrolls during the initial eligibility period and is Actively at Work on the effective date of coverage. Evidence of insurability is required of employees enrolling after their initial eligibility period or when increasing their disability benefit.

### Participation

This policy is offered to groups with at least 3 eligible employees. A minimum of 2 lives must be issued.

### Ineligible Firms

Firms engaged in the following activities are not eligible for Short Term Disability - Group (not applicable in MI):

|                            |                                       |
|----------------------------|---------------------------------------|
| Ammunition                 | Logging & Sawmills                    |
| Amusement Enterprises      | Mining, Quarrying,<br>Drilling        |
| Asbestos Products          | Movie Theatres                        |
| Bail Bondsmen              | Passenger Transportation<br>Companies |
| Bars, Taverns, Night Clubs | Private Households                    |
| Boarding Houses/Camps      | Race Tracks                           |
| Dance Halls & Studios      | Sports Teams                          |
| Employee Leasing Firms     | Taxi Companies                        |
| Entertainment Groups       | Used Merchandise<br>Stores            |
| Explosives Mfg. & Distrib. |                                       |
| Fire & Police Departments  |                                       |
| Liquor Stores              |                                       |

### Employee Eligibility

An Employee is eligible for coverage if:

- he or she has at least 90 days of continuous full-time work with the employer, and
- is Actively at Work on the effective date of coverage.

Actively at Work means the employee must be performing all the duties of the position with the employer at least 30 hours per week (15 hours or more per week in NH; 17 1/2 hour or more per week in VT).

†Not available in CA, FL, NJ, RI or WA

# Worksite Short Term Disability - Group†

## **Pre-Existing Conditions**

(See [Page 47](#) for any state specific Pre-Existing Conditions limitations).

During the first 12 months after the Employee's Coverage Date, we will not pay benefits: (a) for any condition diagnosed or treated by a physician within 12 months prior to the Employee's Coverage Date; or (b) for any condition which caused symptoms within 12 months prior to the Employee's Coverage Date that would have caused an ordinarily prudent person to seek medical diagnosis, care or treatment.

If an employee increases his or her coverage, the pre-existing condition limitation applies to the amount of the increase.

## **Exceptions and Limitations\***

(See [Page 47](#) for any state specific Total Disability or Accidental Death and Dismemberment exceptions and limitations).

## **Total Disability Benefit**

The employee's coverage does not insure against or pay benefits for any disability which is caused by or is the result of: a) intentionally self-inflicted injuries or attempted suicide, while sane or insane; b) commission of a felony; c) war or act of war, whether declared or undeclared; or d) injury or sickness arising out of or in the course of any employment for wage or profit.

## **Accidental Death and Dismemberment Benefit**

The Accidental Death and Dismemberment Benefit will provide no Benefit for any loss caused by or resulting from:

- 1) Declared or undeclared war or any act of war;
- 2) Service in the armed forces of any country or international authority;
- 3) Suicide or intentionally self-inflicted injury whether the Employee was sane or insane at the time of the suicide or injury;
- 4) Flying in an aircraft owned, operated, leased or chartered by the Policyholder;
- 5) Participation in, or in consequence of having participated in, the commission of any felony;
- 6) Sickness or disease, or infection, except infections which result from an accidental injury or infections which result from accidental, involuntary or an unintentional ingestion of a contaminated substance;
- 7) Intentionally taking a narcotic, drug, barbiturate, hallucinogenic drug or any combination of these when not part of a professional medical treatment plan; or
- 8) Intoxication by the intentional use of alcohol. Intoxication means that which is defined and determined by the laws of the state where the loss or cause of the loss was incurred.

# Worksite Short Term Disability - Group

## Plan Choices

The employer may select one of the following 6 plans to offer employees.

| Benefits Begin |          |          |          |
|----------------|----------|----------|----------|
| Plan           | Accident | Sickness | Duration |
| Plan A         | 1st Day  | 8th Day  | 13 Weeks |
| Plan B         | 8th Day  | 8th Day  | 13 Weeks |
| Plan C         | 15th Day | 15th Day | 13 Weeks |
| Plan D         | 1st Day  | 8th Day  | 26 Weeks |
| Plan E         | 8th Day  | 8th Day  | 26 Weeks |
| Plan F         | 15th Day | 15th Day | 26 Weeks |

Plans A, B and C not available in VT.

## Benefit Amounts

Bonuses, overtime pay and other extra compensation are not included in income. Commissions are included in Basic Weekly Earnings\* and will be averaged over the 12-month period prior to the date the employee's Total Disability begins. A maximum issue and participation limit of 66 2/3% of Basic Weekly Earnings, up to a maximum weekly benefit of \$600 per week is available. Benefits are offered in \$50 per week increments.

| Employee Selection | Weekly Benefits | Annual Salary Must be at Least |
|--------------------|-----------------|--------------------------------|
| Benefit Level 1    | \$150 per Week  | \$11,700                       |
| Benefit Level 2    | \$200 per Week  | \$15,600                       |
| Benefit Level 3    | \$250 per Week  | \$19,500                       |
| Benefit Level 4    | \$300 per Week  | \$23,400                       |
| Benefit Level 5    | \$350 per Week  | \$27,300                       |
| Benefit Level 6    | \$400 per Week  | \$31,200                       |
| Benefit Level 7    | \$450 per Week  | \$35,100                       |
| Benefit Level 8    | \$500 per Week  | \$39,000                       |
| Benefit Level 9    | \$550 per Week  | \$42,900                       |
| Benefit Level 10   | \$600 per Week  | \$46,800                       |

\*Basic Weekly Earnings means the Employee's rate of earnings from the Employer in effect immediately prior to the date the Employee's Total Disability begins. It does not include bonuses, overtime pay and other extra compensation other than commissions.

Total Disability Weekly Benefits will be reduced by the amount of any other income benefits which the Employee receives or is eligible to receive. Other income benefits are: 1) retirement pension benefits to the extent paid for by the Employee under: a. any plan of a federal, state, county or municipal retirement system, if such pension benefits include any credit for employment with the Employer; or b. any plan which the Employer sponsors, or makes or has made contributions; and 2) disability benefits under any plan of a federal, state, county or municipal retirement system, if such benefits include any credit for employment with the Employer; and 3) disability benefits under the United States Social Security Act, the Railroad Retirement Act or under any similar United States or Canadian plan or act. This provision varies in CT, MD and ID. Please refer to the policy.

## Weekly Benefit Amount and Premiums

Choose to show employees monthly, semi-monthly, bi-weekly or weekly rates per \$100 weekly benefit and corresponding premiums.

### Short Term Disability - Group Product Monthly Rates per \$100 Weekly Benefit

| Attained Age | Plan A<br>1-8-13 | Plan B<br>8-8-13 | Plan C<br>15-15-13 | Plan D<br>1-8-26 | Plan E<br>8-8-26 | Plan F<br>15-15-26 |
|--------------|------------------|------------------|--------------------|------------------|------------------|--------------------|
| <30          | \$8.14           | \$7.75           | \$6.89             | \$9.56           | \$9.25           | \$8.32             |
| 30 - 34      | 8.38             | 8.00             | 7.02               | 9.91             | 9.75             | 8.71               |
| 35 - 39      | 8.38             | 8.00             | 7.02               | 9.91             | 9.75             | 8.71               |
| 40 - 44      | 8.38             | 8.00             | 7.02               | 9.91             | 9.75             | 8.71               |
| 45 - 49      | 8.85             | 8.38             | 7.41               | 11.45            | 11.13            | 10.01              |
| 50 - 54      | 10.62            | 10.13            | 8.84               | 13.69            | 13.25            | 11.96              |
| 55 - 59      | 12.39            | 11.88            | 10.40              | 16.17            | 15.63            | 14.17              |
| 60 - 64      | 14.51            | 13.88            | 12.22              | 18.88            | 18.38            | 16.51              |
| 65 - 69      | 19.12            | 18.25            | 15.99              | 24.90            | 24.25            | 21.84              |
| 70 - 74      | 25.72            | 24.50            | 21.58              | 33.87            | 32.88            | 29.64              |
| 75+          | 32.45            | 30.88            | 27.17              | 42.24            | 41.00            | 36.92              |

# Worksite Short Term Disability - Group

## SETTING UP AND ENROLLING A CASE

Meet with the employer to discuss features of the plan and to review the process.

Use the Worksite Short Term Disability - Group employer's guide [Form C8048](#), which provides an overview of the product, eligibility and rates.

### **After the employer has agreed to offer this plan to employees:**

- You and/or the employer should determine which plan will be offered to the group. Selecting one of the six plans available (A-F) determines when the accident or sickness benefits begin and how long the benefit can last. Only one plan is offered to the entire group. The employee will choose the benefit amount, up to the maximum for which he or she is eligible, when completing the enrollment form.
- Set an enrollment date and time(s) for you to return to the employer to talk with employees and enroll. Each eligible employee will have a 30-day window from this date to enroll without evidence of insurability.
- Then contact the Home Office Worksite sales team to review your case and get the necessary forms and rate information.

### **Upon returning to the employer on the enrollment date:**

- The employer must complete and sign the Application for Group Insurance, Form VSTD11APP(R).
- Have each eligible employee that is enrolling in the plan during the eligibility period complete and sign Voluntary Short Term Disability Employee Enrollment Form, VSTD11ENR.
- Any eligible employee not initially enrolling in the plan must sign the waiver at the bottom of the Voluntary Short Term Disability Employee Enrollment Form, VSTD11ENR.
- Eligible employees who initially waived their right to be insured under the plan may decide to enroll in the future, subject to Underwriting Department approval of a completed Application – Evidence of Insurability, VSTD11EI.

- New employees who become eligible after your initial enrollment and have been Actively at Work for at least 90 days may enroll without evidence of insurability through the earlier of 120 days or the end of the employer's next annual enrollment period. They must complete the Voluntary Short Term Disability Employee Enrollment form, VSTD11ENR.
- Send all completed forms to the Underwriting Department.
- For claims information and forms, contact the Illinois Mutual Claims Department.

**See Industry Classification Guide (A8132) for rates.**

# Marketing Materials

## MARKETING MATERIALS

Illinois Mutual offers a variety of ways you can market Voluntary Worksite Insurance to your clients. From sales ideas, brochures and other marketing materials, you have access to a variety of tools online through the Agent Forum on our website at [Agent.IllinoisMutual.com](http://Agent.IllinoisMutual.com). Use our Worksite Supply Order Form, [Form 543-WP](#), to request supplies or call our Supply Department at (800) 437-7355, ext. 504. For more information and sales assistance, contact your regional Worksite sales team at (800) 437-7355, ext. 782.

### Worksite Term Life

C8056 Employee Product Brochure  
C8054 Employer Product Flyer

### Worksite Short Term Disability - Individual

C8013 Employee Product Brochure  
C8052 Employer Product Flyer

### Worksite Accident

C8003 Employee Product Brochure  
C8004 Catastrophic Accident Rider Flyer  
C8005 Off Job Accident Disability Rider  
C8006 Sickness Hospital Confinement Rider Flyer  
C8007 Wellness Benefit Rider Flyer  
C8051 Employer Product Flyer

### Worksite Critical Illness

C8068 Employee Product Brochure  
C8067 Employer Product Flyer

### Other Worksite Insurance Marketing Materials

C8002 Enrollment Announcement Poster  
C8001 Worksite Folder  
C8045 Employer Product Overview Brochure

### Worksite Short Term Disability - Group

C8048 Employer's Guide  
C8049 Short Term Disability - Group Employee Guide

### Agent Only Materials

A8018 Worksite Product Overview  
C8121 Worksite Resource Guide  
A8065 5 Steps to Setting Up a Successful Worksite Case

# Appendix

## WORKSITE SHORT TERM DISABILITY - INDIVIDUAL (POLICY FORM WSD07)

### Exceptions and Reductions\*

This policy does not provide benefits for Total Disability resulting from:

- (a) War or act of war, whether declared or undeclared;
- (b) Riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- (c) Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft, including those which are not motor-driven. This does not include flying as a fare paying passenger;
- (d) Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing or parakiting or any similar activities;
- (e) Participating or attempting to participate in an illegal activity and/or being incarcerated in a penal institution;
- (f) Committing or trying to commit suicide or injuring yourself intentionally, whether you are sane or not;
- (g) Addiction to alcohol or drugs, except for drugs taken as prescribed by your physician;
- (h) Practicing for or participating in any semiprofessional or professional competitive athletic contest for which you receive any type of compensation or remuneration;
- (i) Having a neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind. However, Alzheimer's disease and other organic senile dementias are covered under this policy;
- (j) Having an On-Job Accident, unless an On-Job Total Disability Benefit is shown on the Policy Schedule;
- (k) Giving birth as the result of a normal pregnancy, including Cesarean, within the first nine months after the Policy Effective Date as shown on the Policy Schedule. Complications of a pregnancy will be covered to the same extent as any other sickness.

### \*State Variations

- (a) shall read as follows in OK: War or act of war, whether declared or undeclared while serving in the military or auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer.
- (b) is not applicable in IA, IL, OK, NJ and VA.
- (c) is not applicable in IL and VA.

- (c) shall read as follows in OK: Operating, learning to operate, serving as a crew member of any aircraft. This does not include flying as a fare paying passenger.
- (c) shall read as follows in VA: Operating, learning to operate, serving as a crew member of any aircraft, including those which are not motor-driven. This does not include flying as a fare paying passenger.
- (d) is not applicable in IL, OK, NJ and VA.
- (e) shall read as follows in GA, NE, NJ and VA: Participating or attempting to participate in a felony.
- (e) shall read as follows in IA, MN, ND and SC: Participating or attempting to participate in an illegal activity.
- (e) shall read as follows in MD: When the contributing cause of the insured's total disability was the insured's commission of or attempt to commit a felony.
- (e) shall read as follows in MI: the insured's commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation or other willful criminal activity as defined by applicable law.
- (f) is not applicable in MI
- (g) is not applicable in CT and SD.
- (g) shall read as follows in MN: Losses while taking narcotics, unless under the advice of a physician.
- (h) is not applicable in IA, IL, OK, OR, NJ and VA.
- (j) shall read as follows in FL: Having a work-related Injury for which an On-Job benefit is paid by Worker's Compensation, or other similar law, unless an On-Job Total Disability Benefit is shown in the Schedule.
- (j) shall read as follows in ME: Having an On-Job Accident.
- (j) shall read as follows in OR: Having a Compensable On-Job Accident.
- (j) shall read as follows in SD: Having an On-Job Accident, unless an On-Job Total Disability Benefit is shown in the Schedule. If a workers' compensation claim is denied for injury it will be presumed that the injury is not the result of an On-Job Accident.
- (j) shall read as follows in TN and VA: An accident in which the insured received benefits under any state or federal workers' compensation, employer's liability or occupational disease law, unless an On-Job Total Disability Benefit is shown in the Schedule.
- (k) is not applicable in NC and OR.

# Appendix

## WORKSITE ACCIDENT INSURANCE (POLICY FORM WSA07)

### Exceptions and Reductions\*

This Policy does not provide benefits for Injuries resulting from:

- (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 or falling from any aircraft, including those which are not motor-driven. This does not include flying as a fare paying passenger;
- (4) Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing or parakiting or any similar activities;
- (5) Participating or attempting to participate in an illegal activity and/or being incarcerated in a penal institution;
- (6) Committing or trying to commit suicide or injuring yourself intentionally, whether you are sane or not;
- (7) Addiction to alcohol or drugs, except for drugs taken as prescribed by your Physician;
- (8) Practicing for or participating in any semi-professional or professional competitive athletic contest for which you receive any type of compensation or remuneration;
- (9) Having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, or disease which is not caused by an Injury.

### \*State Variations

- (1) in OK: War or act of war, whether declared or undeclared while serving in the military or auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer.
- (2) is not applicable in IA, ID, IL, OK, NJ, VA and WA.
- (3) is not applicable in ID, IL and VA.
- (3) in NJ: Operating, learning to operate, serving as a crew member of any aircraft, including those which are not motor-driven. This does not include flying as a fare paying passenger.
- (3) in OK: Operating, learning to operate, serving as a crew member of any aircraft. This does not include flying as a fare paying passenger.
- (4) is not applicable ID, IL, OK, NJ, VA and WA.
- (5) shall read as follows in GA, ID, PA and VA: Participating or attempting to participate in a felony.

- (5) shall read as follows in IA, ND, SC: Participating or attempting to participate in an illegal activity.
- (5) shall read as follows in MD: When the contributing cause of the insured's total disability was the insured's commission of or attempt to commit a felony. This exclusion applies only to the Accidental Death and Dismemberment Benefit.
- (5) shall read as follows in MI: The insured's commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation or other willful criminal activity as defined by applicable law; and being incarcerated in a penal institution.
- (5) shall read as follows in NE: Participating or attempting to participate in an illegal occupation.
- (5) shall read as follows in NJ: Any loss to which a contributing cause was your commission of or attempt to commit a felony, or to which a contributing cause was your being engaged in an illegal occupation.
- (5) shall read as follows in UT: Voluntary participation in or attempting to participate in a felony and/or being incarcerated in a penal institution.
- (6) shall read as follows in MO: Committing or trying to commit suicide or injuring yourself intentionally while sane.
- (6) shall read as follows in PA: Committing suicide or injuring yourself intentionally.
- (7) is not applicable in MD, SD, VT.
- (7) shall read as follows in NJ: Being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician.
- (7) shall read as follows in PA: Intoxication or being under the influence of any narcotic unless administered on the advice of a Physician.
- (8) is not applicable in IA, ID, IL, NJ, OK, WA.
- (9) shall read as follows in MO: Having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, or disease which is not caused by an Injury. Bacterial infections due to accidental ingestion of a contaminated substance are covered under this Policy.
- (9) shall read as follows in NC: Having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, or disease which is not caused by an Injury. However, this policy will cover bacterial infections resulting from an injury.

# Appendix

## OFF JOB ACCIDENT DISABILITY RIDER (POLICY FORM 9241)

### Exceptions and Reductions\*

This rider does not provide benefits for Total Disability resulting from:

- (a) War or act of war, whether declared or undeclared;
- (b) Riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- (c) Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft, including those which are not motor-driven. This does not include flying as a fare paying passenger;
- (d) Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing or parakiting or any similar activities;
- (e) Participating or attempting to participate in an illegal activity and/or being incarcerated in a penal institution;
- (f) Committing or trying to commit suicide or injuring yourself intentionally, whether you are sane or not;
- (g) Addiction to alcohol or drugs, except for drugs taken as prescribed by your Physician;
- (h) Practicing for or participating in any semiprofessional or professional competitive athletic contest for which you receive any type of compensation or remuneration;
- (i) Having a neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind. However, Alzheimer's disease and other organic senile dementias are covered under this Policy;
- (j) A Sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection or disease which is not caused by an injury.

### \*State Variations

- (a) in OK: War or act of war, whether declared or undeclared while serving in the military or auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer.
- (b) is not applicable in IA, IL, NJ, OK, VA and WA.
- (c) is not applicable in IL and VA.

- (c) in NJ: Operating, learning to operate, serving as a crew member of any aircraft, including those which are not motor-driven. This does not include flying as a fare paying passenger.
- (c) in OK: Operating, learning to operate, serving as a crew member of any aircraft. This does not include flying as a fare paying passenger.
- (d) is not applicable IL, OK, NJ, VA and WA.
- (e) shall read as follows in GA and VA: Participating or attempting to participate in a felony.
- (e) shall read as follows in IA, ND and SC: Participating or attempting to participate in an illegal activity.
- (e) shall read as follows in MD: The insured's being engaged in an illegal activity.
- (e) shall read as follows in MI: The insured's commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation or other willful criminal activity as defined by applicable law; and being incarcerated in a penal institution.
- (e) shall read as follows in NE: Participating or attempting to participate in an illegal occupation.
- (e) shall read as follows in NJ: Any loss to which a contributing cause was your commission of or attempt to commit a felony, or to which a contributing cause was your being engaged in an illegal occupation.
- (e) shall read as follows in UT: Voluntary participation in or attempting to participate in a felony and/or being incarcerated in a penal institution.
- (g) is not applicable in MD and SD.
- (g) shall read as follows in NJ: Being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician.
- (h) is not applicable in IA, OK, NJ, WA and VA.
- (i) is not applicable in OK.
- (i) shall read as follows in VA: Having a neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind.

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# Appendix

## OFF JOB ACCIDENT DISABILITY RIDER (POLICY FORM 9241) (cont.)

### **\*State Variations (cont.)**

- (j) shall read as follows in MO: Having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, or disease which is not caused by an Injury. Bacterial infections due to accidental ingestion of a contaminated substance are covered under this Policy.
- (j) shall read as follows in NC: Having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, or disease which is not caused by an Injury. However, this policy will cover bacterial infections resulting from an injury.

## SICKNESS-HOSPITAL CONFINEMENT RIDER (POLICY FORM 9242)

### **Exceptions and Reductions\*\***

The Exceptions and Reductions contained in the Policy apply to this Rider. In addition, the following also apply to this rider:

- (1) Injury;
- (2) Treatment for dental care or dental care procedures;
- (3) Elective procedures and/or cosmetic surgery or reconstructive surgery unless it is a result of infection, or other diseases;
- (4) Hospital Confinement for pregnancies within the first nine months after the Rider Effective Date as shown in the Schedule.

The rider does not pay for any Hospital Confinement of a newborn child following birth unless the child has a Covered Sickness.

### **\*\*State Variations**

- (4) is not applicable in NC
- (4) shall read as follows in ID: Hospital Confinement for pregnancies within the first nine months after the Rider Effective Date as shown in the Schedule. Complications of pregnancy will be covered to the extent as any other sickness.
- (4) shall read as follows in OK: Hospital Confinement for pregnancies within the first nine months, except for complications of pregnancy, after the Rider Effective date.
- (4) shall read as follows in PA: Hospital Confinement for normal pregnancies if conception occurred before the Rider Effective Date as shown in the Schedule. Complications of pregnancy will be treated as any other sickness.

# Appendix

## CRITICAL ILLNESS (POLICY FORM WC14)

### Exceptions and Reductions

We will not pay benefits for a Critical Illness caused by or resulting from:

- (1) any act of war, declared or undeclared;
- (2) active duty in the armed forces, National Guard, or any reserve unit;
- (3) engaging in a felony; or participating in any riot or civil insurrection;
- (4) any intentionally self-inflicted injury, suicide or suicide attempt
- (5) drug addiction or alcoholism;
- (6) intoxication, as defined in the jurisdiction where the intoxication occurred (including the operation of a motor vehicle with a blood alcohol concentration in excess of the legal limit of the state in which the accident occurred) or a controlled substance unless legally prescribed and used in the manner consistent with that prescription.
- (7) any benefits for conditions diagnosed outside of the United States unless the Diagnosis can be confirmed in the United States.

### Exceptions and Reductions State Variations

- (1) shall read as follows in OK: any act of war, whether declared or undeclared, while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer.
- (3) shall read as follows in ID: Participating in a felony, riot or insurrection.
- (3) shall read as follows in MI: The insured's commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation or other willful criminal activity as defined by applicable law.
- (3) shall read as follows in NE: commission of or attempting to commit a felony, or being engaged in an illegal occupation; or participating in any riot or civil insurrection.
- (4) does not apply in IL or MI.
- (5) does not apply in MI or SD.

- (6) does not apply in MI, NV and SD.
- (6) shall read as follows in ID: an Insured Person being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician.
- (6) shall read as follows in OK: any loss sustained or contracted in consequence of an Insured Person being under the influence of any narcotic unless administered on the advice of a Physician.

**Pre-Existing Condition** means (a) the existence of a condition or symptom that would cause an ordinarily prudent person to seek medical advice, care, or treatment within the 12-month period before the Effective Date for the Insured Person; or 9b) a condition or symptom for which medical advice, care, or treatment was recommended by or received from a Physician within the 12-month period before the Effective Date for the Insured Person.

We will not pay benefits for a Critical Illness that is a Pre-Existing Condition unless the Critical Illness is Diagnosed 12 months or more from the date coverage becomes effective for the Insured Person.

### Pre-Existing Condition State Variations

**In ID:** Pre-Existing Condition means a condition for which medical advice, Diagnosis, care or treatment was recommended or received from a Physician within the 6-month period preceding the Effective Date of coverage for an Insured Person.

We will not pay benefits for a Critical Illness that is a Pre-Existing Condition for 12 months following the Effective Date of Coverage for an Insured Person.

**In ME:** Pre-Existing Condition means (a) the existence of a condition or symptom that would cause an ordinarily prudent person to seek medical advice, care, or treatment within the 6-month period before the Effective Date for the Insured Person; or (b) a condition or symptom for which medical advice, care, or treatment was recommended by or received from a Physician within the 6-month period before the Effective Date for the Insured Person.

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We will not pay benefits for a Critical Illness that is a Pre-Existing Condition unless the Critical Illness is Diagnosed 6 months or more from the date coverage becomes effective for the Insured Person.

**In NV:** Pre-Existing Condition means (a) the existence of a condition or symptom that would cause an ordinarily prudent person to seek medical advice, care, or treatment within the 6-month period before the Effective Date for the Insured Person; or (b) a condition or symptom for which medical advice, care, or treatment was recommended by or received from a Physician within the 6-month period before the Effective Date for the Insured Person.

We will not pay benefits for a Critical Illness that is a Pre-Existing Condition unless the Critical Illness is Diagnosed 12 months or more from the date coverage becomes effective for the Insured Person.

**In NM:** Pre-Existing Condition means (a) the existence **In ND:** Pre-Existing Condition means a condition for which medical advice, care, or treatment was recommended by or received from a Physician within the 12-month period before the Effective Date for the Insured Person.

We will not pay benefits for a Critical Illness that is a Pre-Existing Condition unless the Critical Illness is Diagnosed 12 months or more from the date coverage becomes effective for the Insured Person.

**In SD:** Pre-Existing Condition means (a) the existence of a condition or symptom that would cause an ordinarily prudent person to seek medical advice, care, or treatment within the 12-month period before the Effective Date for the Insured Person; or (b) a condition or symptom for which medical advice, care, or treatment was recommended by or received from a Physician within the 12-month period before the Effective Date for the Insured Person.

We will not pay benefits for a Critical Illness that is a Pre-Existing Condition unless the claim for the Critical Illness is incurred 12 months or more from the date coverage becomes effective for the Insured Person.

**In WA:** Pre-Existing Condition means (a) the existence of a condition or symptom that would cause an ordinarily prudent person to seek medical advice, care, or treatment within the 6-month period before the Effective Date for the Insured Person; or (b) a condition or symptom for which medical advice, care, or treatment was recommended by or received from a Physician within the 6-month period before the Effective Date for the Insured Person.

We will not pay benefits for a Critical Illness that is a Pre-Existing Condition unless the Critical Illness is Diagnosed 12 months or more from the date coverage becomes effective for the Insured Person.

# Appendix

## WORKSITE SHORT TERM DISABILITY - GROUP (POLICY FORM VSTD11)

### Total Disability Definition State Variations

**In LA:** For any one period of disability, starting while the employee's coverage is in force, means, as a result of Injury or Sickness, the employee's inability to engage in any occupation for which he is or for which he becomes qualified by education, training, or experience and which provides at least 80% of the employee's earning capacity prior to the start of Employee's Total Disability. To be Totally Disabled, the employee must be under the Regular Care of a Physician. Only one Total Disability benefit will be payable at any one time even if the employee is Totally Disabled because of multiple causes.

**In MD:** For any one period of disability, starting while the employee's coverage is in force, means, as a result of Injury or Sickness, the employee's inability to perform each and every duty pertaining to his occupation. To be Totally Disabled, the employee must be under the Regular Care of a Physician. Only one Total Disability benefit will be payable at any one time even if the employee is Totally Disabled because of multiple causes.

### Pre-Existing Condition State Variations

**In ID, MS:** During the first 12 months after the Employee's Coverage Date, we will not pay benefits: (a) for any condition diagnosed or treated by a physician within 6 months prior to the Employee's Coverage Date; or (b) for any condition which caused symptoms within 6 months prior to the Employee's Coverage Date that would have caused an ordinarily prudent person to seek medical diagnosis, care or treatment.

**In MD:** During the first 12 months after the Employee's Coverage Date, we will not pay benefits for any condition diagnosed or treated by a physician within 12 months prior to the Employee's Coverage Date. Any condition disclosed on the Employee's application will not be a pre-existing condition unless the Employee signs a waiver excluding the condition from coverage.

**In NC:** During the first 12 months after the Effective Date of the Employee's coverage, we will not pay benefits for any condition for which medical advice, diagnosis, care, or treatment was received or recommended within the 12-months period immediately preceding the effective date of coverage of the Employee.

**In ND:** During the first 12 months after the Employee's Coverage Date, we will not pay benefits for any condition for which medical advice was received from a physician, or for a condition treated by a physician, within 12 months prior to the Effective Date.

**In SC:** During the first 12 months after the effective date of the Employee's coverage, We will not pay benefits for those conditions for which medical advice or treatment was received or recommended no more than 12 months before the effective date of an Employee's coverage.

**In VT:** During the first 12 months after the Effective Date of the Employee's Coverage, we will not pay benefits: (a) for any condition diagnosed or treated by a physician within 12 months prior to the Effective Date; or (b) for any condition which caused symptoms within 12 months prior to the Effective Date that would have caused an ordinarily prudent person to seek medical diagnosis, care or treatment.

**In WY:** During the first 12 months after the Employee's Coverage Date we will not pay benefits for any condition for which medical advice, diagnosis, care or treatment was recommended by a Physician or received by the Employee within 6 months prior to Employee's Coverage Date.

### \*Exceptions and Limitations for Total Disability Benefit State Variations

**In CT:** The employee's coverage does not insure against or pay benefits for any disability which is caused by or is the result of: a) intentionally self-inflicted injuries or attempted suicide, while sane or insane; b) commission of a felony; c) war or act of war, whether, declared or undeclared; or d) Injury or Sickness arising out of or in the course of any employment for wage or profit. This exclusion does not apply to an Insured Employee who is: (i) a sole proprietor or business partner who is not covered by the provisions of chapter 568, Connecticut General Statutes, or who accepts the provisions of said chapter 568 pursuant to subdivision (6) of section 31-275; or (ii) an employee of a corporation and who is a corporate officer, regardless of any election by such individual to be excluded from coverage under said chapter 568 pursuant to subparagraph (E) of subdivision (5) of section 31-275.

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**In GA:** The employee's coverage does not insure against or pay benefits for any disability which is caused by or is the result of: a) intentionally self-inflicted injuries or attempted suicide, while sane or insane; b) commission of or attempt to commit a felony or being engaged in an illegal occupation; c) war or act of war, whether declared or undeclared; or d) injury or sickness arising out of or in the course of any employment for wage or profit.

**In KY:** The employee's coverage does not insure against or pay benefits for any disability which is caused by or is the result of: a) intentionally self-inflicted injuries or attempted suicide, while sane or insane b) commission of a felony; c) war, or act of war, whether declared or undeclared; or d) injury or sickness arising out of or in the course of any employment for wage or profit if the employee is covered by worker's compensation for the injury or sickness.

**In ME:** The employee's coverage does not insure against or pay benefits for any disability which is caused by or is the result of: a) intentionally self-inflicted injuries or attempted suicide, while sane or insane; b) injury incurred to which a contributing cause was the employee's commission of or attempt to commit a felony; c) war or act of war, whether declared or undeclared; or d) injury or sickness arising out of or in the course of any employment for wage or profit.

**In MI:** The employee's coverage does not insure against or pay benefits for any disability which is caused by or is the result of: (a) the insured's commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation or other willful criminal activity as defined by applicable law; or (b) war or act of war, whether declared or undeclared; or (c) injury or sickness arising out of or in the course of any employment for wage or profit.

**In MO, VT:** The employee's coverage does not insure against or pay benefits for any disability which is caused by or is the result of: a) intentionally self-inflicted injuries or attempted suicide while sane; b) commission of a felony; c) war or act of war, whether declared or undeclared; or d) injury or sickness arising out of or in the course of any employment for wage or profit.

**In NC:** The employee's coverage does not insure against or pay benefits for any disability which is caused by or is the result of: a) intentionally self-inflicted injuries or attempted suicide, while sane or insane; b) commission of a felony; c) war, or act of war, whether declared or undeclared; or d) Injury arising out of or in the course of any employment for wage or profit in which benefits are paid for such Injury under the North Carolina Workers' Compensation Act only to the extent that such benefits are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.

**In NE:** The employee's coverage does not insure against or pay benefits for any disability which is caused by or is the result of: a) intentionally self-inflicted injuries or attempted suicide, while sane or insane; b) commission or attempt to commit a felony or being engaged in an illegal occupation; c) declared or undeclared war or any act of war; d) injury or sickness arising out of or in the course of any employment for wage or profit; or e) being incarcerated in a penal institution.

**In OK:** The employee's coverage does not insure against or pay benefits for any disability which is caused by or is the result of: a) intentionally self-inflicted injuries or attempted suicide, while sane or insane; b) commission of a felony; c) war or acts of war, declared or undeclared, when serving in the military or an auxiliary unit; or d) injury or sickness arising out of or in the course of any employment for wage or profit.

**In SD:** The employee's coverage does not insure against or pay benefits for any disability which is caused by or is the result of: a) intentionally self-inflicted injuries or attempted suicide, while sane or insane; b) commission of a felony; c) war, declared or undeclared; or d) injury or sickness arising out of or in the course of any employment for wage or profit and which is compensated in any manner by Worker's Compensation.

# Appendix

## **\*Exceptions and Limitations for Accidental Death and Dismemberment Benefit State Variations**

**In CO:** The Accidental Death and Dismemberment Benefit will provide no Benefit for any loss caused by or resulting from: 1) Declared or undeclared war or any act of war; 2) Service in the armed forces of any country or international authority; 3) Suicide or intentionally self-inflicted injury if the Employee was sane at the time of the suicide or injury; 4) Flying in an aircraft owned, operated, leased or chartered by the Policyholder; 5) Participation in, or in consequence of having participated in, the commission of any felony; 6) Sickness or disease, or infection, except infections which result from an accidental injury or infections which result from accidental, involuntary or an unintentional ingestion of a contaminated substance; 7) Intentionally taking a narcotic, drug, barbiturate, hallucinogenic drug or any combination of these when not part of a professional medical treatment plan; or 8) Intoxication by the intentional use of alcohol. Intoxication means that which is defined and determined by the laws of the state where the loss or cause of the loss was incurred.

**In CT:** The Accidental Death and Dismemberment Benefit will provide no Benefit for any loss caused by or resulting from: 1) Declared or undeclared war or any act of war; 2) Service in the armed forces of any country or international authority; 3) Suicide or intentionally self-inflicted injury whether the Employee was sane or insane at the time of the suicide or injury; 4) Flying in an aircraft owned, operated, leased or chartered by the Policyholder; 5) Participation in, or in consequence of having participated in, the commission of any felony; 6) Sickness or disease, or infection, except infections which result from an accidental injury or infections which result from accidental, involuntary or an unintentional ingestion of a contaminated substance; 7) Voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by a licensed physician; or 8) Intoxication by the intentional use of alcohol. Intoxication means that which is defined and determined by the laws of the state where the loss or cause of the loss was incurred.

**In GA:** The Accidental Death and Dismemberment Benefit will provide no Benefit for any loss caused by or resulting from: 1) Declared or undeclared war or any act of war; 2)

Service in the armed forces of any country or international authority; 3) Suicide or intentionally self-inflicted injury whether the Employee was sane or insane at the time of the suicide or injury; 4) Flying in an aircraft owned, operated, leased or chartered by the Policyholder; 5) Commission of or attempt to commit a felony or being engaged in an illegal occupation; 6) Sickness or disease, or infection, except infections which result from an accidental injury or infections which result from accidental, involuntary or an unintentional ingestion of a contaminated substance; 7) Intentionally taking a narcotic, drug, barbiturate, hallucinogenic drug or any combination of these when not part of a professional medical treatment plan; or 8) Intoxication by the intentional use of alcohol. Intoxication means that which is defined and determined by the laws of the state where the loss or cause of the loss was incurred.

**In ID, LA, ME, MD, SC:** The Accidental Death and Dismemberment Benefit will provide no Benefit for any loss caused by or resulting from: 1) Declared or undeclared war or any act of war; 2) Service in the armed forces of any country or international authority; 3) Suicide or intentionally self-inflicted injury whether the Employee was sane or insane at the time of the suicide or injury; 4) Flying in an aircraft owned, operated, leased or chartered by the Policyholder; 5) Participation in, or in consequence of having participated in, the commission of any felony; 6) Sickness or disease, or infection, except infections which result from an accidental injury or infections which result from accidental, involuntary or an unintentional ingestion of a contaminated substance; or 7) Intoxication or under the influence of any narcotic unless administered on the advice of a physician.

**In MI:** The Accidental Death and Dismemberment Benefit will provide no Benefit for any loss caused by, or resulting from: 1. Declared or undeclared war or any act of war; 2. Service in the armed forces of any country or international authority; 3. Flying in an aircraft owned, operated, leased or chartered by the Employer; 4. The insured's commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation or other willful criminal activity as defined by applicable law.

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**In MN:** The Accidental Death and Dismemberment Benefit will provide no Benefit for any loss caused by or resulting from: 1) Declared or undeclared war or any act of war; 2) Service in the armed forces of any country or international authority; 3) Suicide or intentionally self-inflicted injury whether the Employee was sane or insane at the time of the suicide or injury; 4) Flying in an aircraft owned, operated, leased or chartered by the Policyholder; 5) Participation in, or in consequence of having participated in, the commission of any felony; 6) Sickness or disease, or infection, except infections which result from an accidental injury or infections which result from accidental, involuntary or an unintentional ingestion of a contaminated substance; 7) the employee's being under the influence of any narcotic unless administered on the advice of a physician; or 8) the employee driving or operating a motor vehicle and is determined to have a blood alcohol level exceeding the legal limit as defined by state law.

**In NE:** The Accidental Death and Dismemberment Benefit will provide no Benefit for any loss caused by or resulting from: 1) Declared or undeclared war or any act of war; 2) Service in the armed forces of any country or international authority; 3) Suicide or intentionally self-inflicted injury whether the Employee was sane or insane at the time of the suicide or injury; 4) Flying in an aircraft owned, operated, leased or chartered by the Policyholder; 5) Committing or attempt to commit a felony or being engaged in an illegal occupation; 6) Being incarcerated in a penal institution; 7) Sickness or disease, or infection, except infections which result from an accidental injury or infections which result from accidental, involuntary or an unintentional ingestion of a contaminated substance; 8) Being under the influence of an illegal drug or narcotic unless administered on the advice of a physician; or 9) Intoxication by the intentional use of alcohol. Intoxication means that which is defined and determined by the laws of the state where the loss or cause of the loss was incurred.

**In NH:** The Accidental Death and Dismemberment Benefit will provide no Benefit for any loss caused by or resulting from: 1) Declared or undeclared war or any act of war; 2) Service in the armed forces of any country or international authority; 3) Suicide or intentionally self-inflicted injury whether the Employee was sane or insane at the time of the suicide or injury; 4) Flying in an aircraft owned, operated, leased or chartered by the Policyholder; 5) Participation in,

or in consequence of having participated in, the commission of any felony; 6) Sickness or disease, or infection, except infections which result from an accidental injury or infections which result from accidental, involuntary or an unintentional ingestion of a contaminated substance; 7) Intentionally taking a narcotic, drug, barbiturate, hallucinogenic drug or any combination of these when not part of a professional medical treatment plan; or 8) driving while legally intoxicated.

**In NV:** The Accidental Death and Dismemberment Benefit will provide no Benefit for any loss caused by or resulting from: 1) Declared or undeclared war or any act of war; 2) Service in the armed forces of any country or international authority; 3) Suicide or intentionally self-inflicted injury whether the Employee was sane or insane at the time of the suicide or injury; 4) Flying in an aircraft owned, operated, leased or chartered by the Policyholder; 5) Participation in, or in consequence of having participated in, the commission of any felony; or 6) Sickness or disease, or infection, except infections which result from an accidental injury or infections which result from accidental, involuntary or an unintentional ingestion of a contaminated substance.

**In OK:** The Accidental Death and Dismemberment Benefit will provide no Benefit for any loss caused by or resulting from: 1) An act of war, declared or undeclared, when serving in the military or an auxiliary unit thereto; 2) Suicide or intentionally self-inflicted injury whether the Employee was sane or insane at the time of the suicide or injury; 3) Flying in an aircraft owned, operated, leased or chartered by the Policyholder; 4) Participation in, or in consequence of having participated in, the commission of any felony; 5) Sickness or disease, or infection, except infections which result from an accidental injury or infections which result from accidental, involuntary or an unintentional ingestion of a contaminated substance; 6) Intentionally taking a narcotic, drug, barbiturate, hallucinogenic drug or any combination of these when not part of a professional medical treatment plan; or 7) Intoxication by the intentional use of alcohol. Intoxication means that which is defined and determined by the laws of the state where the loss or cause of the loss was incurred.

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**In SD:** The Accidental Death and Dismemberment Benefit will provide no Benefit for any loss caused by or resulting from: 1) Declared or undeclared war or any act of war; 2) Service in the armed forces of any country or international authority; 3) Suicide or intentionally self-inflicted injury, if the Employee was sane at the time of the suicide or injury; 4) Flying in an aircraft owned, operated, leased or chartered by the Policyholder; 5) Participation in, or in consequence of having participated in, the commission of any felony; 6) Sickness or disease, or infection, except infections which result from an accidental injury or infections which result from accidental, voluntary or involuntary, intentional or unintentional ingestion of a contaminated substance; 7) Intentionally taking a narcotic, drug, barbiturate, hallucinogenic drug or any combination of these when not part of a professional medical treatment plan and in the commission of a felony; or 8) Intoxication by the intentional use of alcohol while committing a felony. Intoxication means that which is defined and determined by the laws of the state where the loss or cause of the loss was incurred.

**In VT:** The Accidental Death and Dismemberment Benefit will provide no Benefit for any loss caused by or resulting from: 1) Declared or undeclared war or any act of war; 2) Service in the armed forces of any country or international authority; 3) Suicide or intentionally self-inflicted injury while sane; 4) Flying in an aircraft owned, operated, leased or chartered by the Policyholder; 5) Participation in, or in consequence of having participated in, the commission of any felony; or 6) Sickness or disease, or infection, except infections which result from an accidental injury or infections which result from accidental, involuntary or an unintentional ingestion of a contaminated substance.

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