VOLUNTARY TERM LIFE AND AD&D INSURANCE

Proposal for: Fort Madison Health Center Operations, LLC
Alternate: 1.00

The following Voluntary Term Life and AD&D plan is being proposed on a fully-insured basis effective **09/01/23**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit *mutualofomaha.com*.

ELIGIBILITY

CLASS DEFINITION(S)

Class 1: All Eligible Employees

ELIGIBILITY REQUIREMENT

This proposal provides coverage for all actively at work employees on the policy effective date working the minimum number of hours shown below in the United States, unless otherwise approved by Mutual of Omaha. Certain requirements apply.

MINIMUM WORK HOURS

Class 1: 30 or more hours each week

BENEFIT SUMMARY

EMPLOYEE BENEFIT AMOUNTS

Minimum Benefit	Maximum Benefit	Increments	Guarantee Issue Amount*
$10,000	5X Annual Salary, up to $250,000	$10,000	5X Annual Salary, up to $100,000

*Guarantee Issue Amounts assume a participation rate of at least 25% of eligible employees.

BENEFIT REDUCTION SCHEDULE**

At Age	Benefits Reduce to:
65	65%
70+	50%

** All benefit reductions are a percentage of the original benefit amount. Coverage terminates at retirement. The Guarantee Issue Amount is reduced according to the reduction schedule.

DEPENDENT SPOUSE BENEFIT AMOUNTS***

Minimum Benefit	Maximum Benefit	Increments	Guarantee Issue Amount
$5,000	100% of Employee's Benefit, up to $250,000	$5,000	100% of Employee's Benefit, up to $25,000

*** Dependent Spouse and/or Child coverage is only available if the Employee has coverage under this plan. Spouse coverage terminates at age 70.

DEPENDENT CHILD BENEFIT AMOUNTS

Minimum Benefit	Maximum Benefit	Increments	Guarantee Issue Amount
$2,000	$10,000	$1,000	$10,000

AD&D BENEFIT AMOUNT

The AD&D Principal Sum amount is equal to the amount of voluntary term life insurance for employees and eligible dependents.

PARTICIPATION AND COST SUMMARY

PARTICIPATION ASSUMPTIONS

Minimum Participation	Number of Eligible Employees	Contribution Structure
Greater of 5 lives or 29%	73	100% employee paid

PARTICIPATION AND COST SUMMARY (CONT'D)

COST SUMMARY*

Voluntary Term Life

Age Band	Employee & Spouse Rate per $1,000	All Children Rate per $1,000
<25	$0.042	$0.240
25 - 29	$0.042	
30 - 34	$0.055	
35 - 39	$0.082	
40 - 44	$0.100	
45 - 49	$0.150	
50 - 54	$0.230	
55 - 59	$0.402	
60 - 64	$0.494	
65 - 69	$0.701	
70 - 74	$1.126	
75 - 79	$1.126	
80 - 84	$1.126	
85 - 89	$1.126	
90 - 100	$1.126	

* This plan is rated using the same rates for the employee and spouse. Employee and spouse rates are calculated based on the employee's current age as of the effective date of the plan. Employee and spouse rates are adjusted once each year on the plan anniversary date for employees advancing to the next age band. Spouse coverage terminates when the employee attains age 70 (regardless of the spouse's actual age).

Voluntary AD&D

Employee Rate per $1,000	Spouse Rate per $1,000	All Children Rate per $1,000
$0.014	$0.014	$0.059

PACKAGE PRICING

The rates and benefits for this coverage assume package pricing. The rates and/or benefits are subject to change if one or more coverages included in Option 1 are not selected by the employer.

RATE GUARANTEE DATE

01/01/2025

ADDITIONAL BENEFITS

OPEN ENROLLMENT

A one-time open enrollment is available for a period of up to 90 days prior to the effective date of the policy, subject to the enrollment strategy requirements. During this time, the employee/member may elect insurance for the first time or request increased insurance up to the Guarantee Issue amount for the employee/member and any dependents (if applicable) without providing health information.

WAIVER OF PREMIUM - DISABILITY

- **Definition of Disability** - Any Occupation
- **Elimination Period** - 9 months
- **Termination** - Age 65

ANNUAL INCREASE OPTION

Once annually, the employee/member may increase their insurance amount by up to $10,000 without providing health information.

LIVING CARE BENEFIT

50% to $250,000

PORTABILITY

Included

LAYOFF/LEAVE

- **Temporary Layoff** - 12 weeks
- **Personal Leave** - 12 weeks

CONTINUATION FOR FEDERAL AND STATE LAWS	**Included** – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.
AD&D	24 hour coverage for employees and eligible dependents
AD&D BENEFITS	- Seat Belt - Child Education - Repatriation - Spouse Education - Airbag - Childcare Center - Common Carrier - Spouse Continuation of Coverage
CONVERSION	Included