

**GROUP BENEFIT PROGRAM SUMMARY
BANKS COUNTY BOARD OF COMMISSIONERS - #F014281**

The death of a family provider can mean that a family will not only find itself facing the loss of a loved one, but also the loss of financial security. With our Group Term Life plan, an employee can achieve peace of mind by giving their family the security they can depend on.

GROUP TERM LIFE

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| Eligibility | All Active Full Time Employees |
| Group Term Life Benefit: Employee | \$20,000 |
| Guarantee Issue Amount – Employee | \$20,000 |
| Group Term Life Benefit: Spouse | \$5,000 |
| Guarantee Issue Amount – Spouse | \$5,000 |
| Group Term Life Benefit: Child(ren) | Live Birth to 14 days - \$500 15 days to 6 months - \$500 6 months to age 26 - \$5,000 |
| Age Reduction Schedule | Life and AD&D benefits reduce by 35% of the original amount at age 70, by 50% at age 75, by 60% at age 80 to 70% at age 85 and to 80% at age 90. |
| Waiver of Premium | Elimination Period: 9 months; Duration: To age 65 |
| Accelerated Death Benefit (ADB) | Benefit: Up to 75% of the employee's life insurance; Life expectancy: 12 months or less |
| Portability Feature (Life Coverage) | Included (Employee only) |
| Conversion Privilege | Included |
| Beneficiary Resource Services | Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents. |
| Travel Resource Services | Helps travelers deal with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance, and access to other critical services and resources available via the internet. |

This information is only a product highlight. Life benefits may be subject to medical underwriting. Coverage for a medically underwritten benefit is not effective until the date the insurer has approved the employee's application. The policy has exclusions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period.

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company, (Downers Grove, IL) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico. Product features and availability vary by state and company, and are solely the responsibility of each affiliate. Refer to your certificate for complete details and limitations of coverage. (For internal use only: Policy number FDL1-504-707)

For employee distribution

GROUP ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) PROGRAM SUMMARY

Group AD&D is an additional death benefit that pays in the event a covered employee dies or is dismembered in a covered accident. AD&D benefit is 24-hour coverage.

| AD&D Schedule of Loss* | Principal Sum |
|---|---------------|
| Loss of Life | 100% |
| Loss of Both Hands or Both Feet | 100% |
| Loss of One Hand and One Foot | 100% |
| Loss of Speech and Hearing | 100% |
| Loss of Sight of Both Eyes | 100% |
| Loss of One Hand and the Sight of One Eye | 100% |
| Loss of One Foot and the Sight of One Eye | 100% |
| Quadriplegia | 100% |
| Paraplegia | 75% |
| Hemiplegia | 50% |
| Loss of Sight of One Eye | 50% |
| Loss of One Hand or One Foot | 50% |
| Loss of Speech or Hearing | 50% |
| Loss of Thumb and Index Finger of Same Hand | 25% |
| Uniplegia | 25% |

* Loss must occur within 365 days of the accident.

AD&D Product Features Included:

- Seatbelt and Airbag Benefits
- Repatriation Benefit
- Education Benefit

Exclusions – Unless specifically covered in the policy, or required by state law, we will not pay any AD&D benefit for any loss that, directly or indirectly, results in any way from or is contributed to by:

1. disease of the mind or body, or any treatment thereof;
2. infections, except those from an accidental cut or wound;
3. suicide or attempted suicide;
4. intentionally self-inflicted injury;
5. war or act of war;
6. travel or flight in any aircraft while a member of the crew;
7. commission of, or participation in a felony;
8. under the influence of certain drugs, narcotics, or hallucinogen unless properly used as prescribed by a physician; or
9. intoxication as defined in the jurisdiction where the accident occurred;
10. participation in a riot.

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SUPPLEMENTAL GROUP TERM LIFE

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|--|--|
| Eligibility | All Active Full Time Employees |
| Group Term Life Benefit: Employee | \$10,000 - \$100,000, in increments of \$10,000 |
| Guarantee Issue Amount – Employee - New Hire Only | \$100,000 |
| Group Term Life Benefit: Spouse (Includes Domestic Partners) | \$5,000 - \$50,000, in increments of \$5,000, not to exceed 50% of the employee benefit amount. |
| Guarantee Issue Amount – Spouse | \$30,000 (subject to eligibility rules and enrollment status guidelines) |
| Group Term Life Benefit: Child(ren) | Birth to 14 days: \$200 Age 15 days to 6 months: \$2,000 Age 6 months to 26 years: \$2,000 to \$10,000 in \$1,000 increments |
| Age Reduction Schedule | Life and AD&D benefits reduce by 35% of the original amount at age 70, by 50% at age 75, by 60% at age 80 to 70% at age 85 and to 80% at age 90. |
| Waiver of Premium | Same as Basic Life |
| Accelerated Death Benefit (ADB) | Same as Basic Life |
| Portability Feature (Life coverage) | Included. (Employee) |
| Conversion Privilege (Life coverage) | Included. |

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GROUP TERM LIFE

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| Eligibility | All Active Full Time Employees |
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| Guarantee Issue Amount – Employee | \$20,000 |
| Group Term Life Benefit: Spouse | \$5,000 |
| Guarantee Issue Amount – Spouse | \$5,000 |
| Group Term Life Benefit: Child(ren) | Live Birth to 14 days - \$500 15 days to 6 months - \$500 6 months to age 26 - \$5,000 |
| Age Reduction Schedule | Life and AD&D benefits reduce by 35% of the original amount at age 70, by 50% at age 75, by 60% at age 80 to 70% at age 85 and to 80% at age 90. |
| Waiver of Premium | Elimination Period: 9 months; Duration: To age 65 |
| Accelerated Death Benefit (ADB) | Benefit: Up to 75% of the employee's life insurance; Life expectancy: 12 months or less |
| Portability Feature (Life Coverage) | Included (Employee only) |
| Conversion Privilege | Included |
| Beneficiary Resource Services | Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents. |
| Travel Resource Services | Helps travelers deal with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance, and access to other critical services and resources available via the internet. |

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| AD&D Schedule of Loss* | Principal Sum |
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| Loss of Life | 100% |
| Loss of Both Hands or Both Feet | 100% |
| Loss of One Hand and One Foot | 100% |
| Loss of Speech and Hearing | 100% |
| Loss of Sight of Both Eyes | 100% |
| Loss of One Hand and the Sight of One Eye | 100% |
| Loss of One Foot and the Sight of One Eye | 100% |
| Quadriplegia | 100% |
| Paraplegia | 75% |
| Hemiplegia | 50% |
| Loss of Sight of One Eye | 50% |
| Loss of One Hand or One Foot | 50% |
| Loss of Speech or Hearing | 50% |
| Loss of Thumb and Index Finger of Same Hand | 25% |
| Uniplegia | 25% |

* Loss must occur within 365 days of the accident.

AD&D Product Features Included:

- Seatbelt and Airbag Benefits
- Repatriation Benefit
- Education Benefit

Exclusions – Unless specifically covered in the policy, or required by state law, we will not pay any AD&D benefit for any loss that, directly or indirectly, results in any way from or is contributed to by:

1. disease of the mind or body, or any treatment thereof;
2. infections, except those from an accidental cut or wound;
3. suicide or attempted suicide;
4. intentionally self-inflicted injury;
5. war or act of war;
6. travel or flight in any aircraft while a member of the crew;
7. commission of, or participation in a felony;
8. under the influence of certain drugs, narcotics, or hallucinogen unless properly used as prescribed by a physician; or
9. intoxication as defined in the jurisdiction where the accident occurred;
10. participation in a riot.

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For employee distribution

GROUP VOLUNTARY LONG-TERM DISABILITY (LTD) PROGRAM SUMMARY for BANKS COUNTY BOARD OF COMMISSIONERS. - #F014281

Without a steady income, most people would not be able to make payments on their homes or keep their family financially stable. Voluntary Group Long-Term Disability (VLTD) is the answer! It is a convenient, economical way of securing an income while out of work from an unexpected accidental injury or illness. Your employer has made VLTD coverage available for you to enroll in. Below are some of the major features of this program.

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|---|---|
| Eligibility | CLASS 1: ALL ACTIVE FULL TIME SAFETY EMPLOYEES EXCLUDING SAFETY CONSTITUTIONAL OFFICERS AND SENIOR ADMINISTRATIVE PERSONNEL |
| Group LTD Benefit Percentage | 60% |
| Maximum Monthly Benefit | \$5,000 |
| Minimum Monthly Benefit | \$100 |
| Elimination Period | 180 days |
| Maximum Period Payable | Social Security Normal Retirement Age (SSNRA) |
| Social Security Offset Method | Primary and Family Integration |
| Own Occupation Period | 12 months |
| Partial Disability: Earnings Test – During Own Occ Period Earnings Test – After Own Occ Period | 80% 80% |
| Work Incentive Benefit | <u>Proportionate</u> – 12 months. Partially disabled employees are eligible for a Work Incentive benefit. The Work Incentive Benefit allows the partially disabled employee to receive their monthly benefit if their benefit plus their earnings do not exceed 100% of indexed pre-disability income. If their benefit plus their earnings exceeds 100% of indexed pre-disability income, their benefit is reduced by the excess. After 12 months, the employee's Work Incentive Benefit is calculated by multiplying their monthly benefit by their loss of salary ratio. "Partially Disabled" means that an employee is working in a partial or part-time capacity after becoming disabled and meets the earnings test shown above. |
| Rehabilitation Incentive Income (RII) | <u>Proportionate</u> –12 months. RII is offered to employees who agree to take part in a Rehabilitation Plan, structured to return them to gainful employment in another occupation because they can not return to their regular occupation. During the first 12 months, RII is equal to the monthly benefit. If disability earnings during this period exceed 100% of indexed pre-disability earnings, the monthly benefit is reduced by the excess. After 12 months, RII is equal to the monthly benefit reduced by multiplying the monthly benefit by the adjusted loss of salary ratio. |
| Survivor Benefit | If the employee passes away after being disabled and receiving long-term disability benefits for six consecutive months, we will pay the employee's beneficiary a lump sum benefit equal to three months of disability benefits. |
| Day Care Expense Benefit | While receiving Rehabilitation Incentive Income, and participating in an approved rehabilitation plan, the claimant may be reimbursed for eligible day care expenses to cover the expense of child care. |
| Mental Disorder Limitation | 24 months |
| Substance Abuse Limitation | 24 months |
| Special Conditions Limitation | Unlimited |
| Pre-Existing Condition Limitation | <u>12/12</u> - A pre-existing condition means a sickness or injury for which you have received treatment within 12 months prior to your effective date. Any disability contributed to or caused by a Pre-Existing Condition within the first 12 months of your effective date will not be covered. |

Additional Features:

- Disability Resource Services - In addition to the resource services available on-line at www.GuidanceResources.com, Disability Resource Services provides a 24 hour telephonic support for all LTD insureds for behavioral health issues. A staff of master degree clinicians are available to provide each caller with assessment, counseling and referral advice for face-to-face counseling.
- Face-to-face counseling – Up to 3 face-to-face counseling sessions per year to address appropriate behavioral health issues.

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|--|---|
| Eligibility | CLASS 4: SAFETY CONSTITUTIONAL OFFICERS AND SENIOR ADMINISTRATIVE PERSONNEL |
| Group LTD Benefit Percentage | 60% |
| Maximum Monthly Benefit | \$5,000 |
| Minimum Monthly Benefit | \$100 |
| Elimination Period | 180 days |
| Maximum Period Payable | Social Security Normal Retirement Age (SSRA) |
| Social Security Offset Method | Primary and Family Integration |
| Own Occupation Period | 12 months |
| Partial Disability: | |
| Earnings Test – During Own Occ Period | 80% |
| Earnings Test – After Own Occ Period | 80% |
| Work Incentive Benefit | <u>Proportionate</u> – 12 months. Partially disabled employees are eligible for a Work Incentive benefit. The Work Incentive Benefit allows the partially disabled employee to receive their monthly benefit if their benefit plus their earnings do not exceed 100% of indexed pre-disability income. If their benefit plus their earnings exceeds 100% of indexed pre-disability income, their benefit is reduced by the excess. After 12 months, the employee's Work Incentive Benefit is calculated by multiplying their monthly benefit by their loss of salary ratio. "Partially Disabled" means that an employee is working in a partial or part-time capacity after becoming disabled and meets the earnings test shown above. |
| Rehabilitation Incentive Income (RII) | <u>Proportionate</u> –12 months. RII is offered to employees who agree to take part in a Rehabilitation Plan, structured to return them to gainful employment in another occupation because they can not return to their regular occupation. During the first 12 months, RII is equal to the monthly benefit. If disability earnings during this period exceed 100% of indexed pre-disability earnings, the monthly benefit is reduced by the excess. After 12 months, RII is equal to the monthly benefit reduced by multiplying the monthly benefit by the adjusted loss of salary ratio. |
| Survivor Benefit | If the employee passes away after being disabled and receiving long-term disability benefits for six consecutive months, we will pay the employee's beneficiary a lump sum benefit equal to three months of disability benefits. |
| Day Care Expense Benefit | While receiving Rehabilitation Incentive Income, and participating in an approved rehabilitation plan, the claimant may be reimbursed for eligible day care expenses to cover the expense of child care. |
| Mental Disorder Limitation | 24 months |
| Substance Abuse Limitation | 24 months |
| Special Conditions Limitation | Unlimited |
| Pre-Existing Condition Limitation | <u>12/12</u> - A pre-existing condition means a sickness or injury for which you have received treatment within 12 months prior to your effective date. Any disability contributed to or caused by a Pre-Existing Condition within the first 12 months of your effective date will not be covered. |

Additional Features:

- Disability Resource Services - In addition to the resource services available on-line at www.GuidanceResources.com, Disability Resource Services provides a 24 hour telephonic support for all LTD insureds for behavioral health issues. A staff of master degree clinicians are available to provide each caller with assessment, counseling and referral advice for face-to-face counseling.
 - Face-to-face counseling – Up to 3 face-to-face counseling sessions per year to address appropriate behavioral health issues.

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| | |
|---|---|
| Eligibility | CLASS 3: CONSTITUTIONAL OFFICERS AND SENIOR ADMINISTRATIVE PERSONNEL EXCLUDING SAFETY EMPLOYEES |
| Group LTD Benefit Percentage | 60% |
| Maximum Monthly Benefit | \$5,000 |
| Minimum Monthly Benefit | \$100 |
| Elimination Period | 180 days |
| Maximum Period Payable | Social Security Normal Retirement Age (SSNRA) |
| Social Security Offset Method | Primary and Family Integration |
| Own Occupation Period | 24 months |
| Partial Disability: Earnings Test – During Own Occ Period Earnings Test – After Own Occ Period | 80% 80% |
| Work Incentive Benefit | <u>Proportionate</u> – 12 months. Partially disabled employees are eligible for a Work Incentive benefit. The Work Incentive Benefit allows the partially disabled employee to receive their monthly benefit if their benefit plus their earnings do not exceed 100% of indexed pre-disability income. If their benefit plus their earnings exceeds 100% of indexed pre-disability income, their benefit is reduced by the excess. After 12 months, the employee's Work Incentive Benefit is calculated by multiplying their monthly benefit by their loss of salary ratio. "Partially Disabled" means that an employee is working in a partial or part-time capacity after becoming disabled and meets the earnings test shown above. |
| Rehabilitation Incentive Income (RII) | <u>Proportionate</u> –12 months. RII is offered to employees who agree to take part in a Rehabilitation Plan, structured to return them to gainful employment in another occupation because they can not return to their regular occupation. During the first 12 months, RII is equal to the monthly benefit. If disability earnings during this period exceed 100% of indexed pre-disability earnings, the monthly benefit is reduced by the excess. After 12 months, RII is equal to the monthly benefit reduced by multiplying the monthly benefit by the adjusted loss of salary ratio. |
| Survivor Benefit | If the employee passes away after being disabled and receiving long-term disability benefits for six consecutive months, we will pay the employee's beneficiary a lump sum benefit equal to three months of disability benefits. |
| Day Care Expense Benefit | While receiving Rehabilitation Incentive Income, and participating in an approved rehabilitation plan, the claimant may be reimbursed for eligible day care expenses to cover the expense of child care. |
| Mental Disorder Limitation | 24 months |
| Substance Abuse Limitation | 24 months |
| Special Conditions Limitation | Unlimited |
| Pre-Existing Condition Limitation | 12/12 - A pre-existing condition means a sickness or injury for which you have received treatment within 12 months prior to your effective date. Any disability contributed to or caused by a Pre-Existing Condition within the first 12 months of your effective date will not be covered. |

Additional Features:

- Disability Resource Services - In addition to the resource services available on-line at www.GuidanceResources.com, Disability Resource Services provides a 24 hour telephonic support for all LTD insureds for behavioral health issues. A staff of master degree clinicians are available to provide each caller with assessment, counseling and referral advice for face-to-face counseling.
 - Face-to-face counseling – Up to 3 face-to-face counseling sessions per year to address appropriate behavioral health issues.

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| | |
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| Eligibility | CLASS 2: ALL ACTIVE FULL TIME EMPLOYEES EXCLUDING SAFETY AND CONSTITUTIONAL OFFICERS AND SENIOR ADMINISTRATIVE PERSONNEL EMPLOYEES |
| Group LTD Benefit Percentage | 60% |
| Maximum Monthly Benefit | \$5,000 |
| Minimum Monthly Benefit | \$100 |
| Elimination Period | 180 days |
| Maximum Period Payable | Social Security Normal Retirement Age (SSNRA) |
| Social Security Offset Method | Primary and Family Integration |
| Own Occupation Period | 24 months |
| Partial Disability: Earnings Test – During Own Occ Period Earnings Test – After Own Occ Period | 80% 80% |
| Work Incentive Benefit | <u>Proportionate</u> – 12 months. Partially disabled employees are eligible for a Work Incentive benefit. The Work Incentive Benefit allows the partially disabled employee to receive their monthly benefit if their benefit plus their earnings do not exceed 100% of indexed pre-disability income. If their benefit plus their earnings exceeds 100% of indexed pre-disability income, their benefit is reduced by the excess. After 12 months, the employee's Work Incentive Benefit is calculated by multiplying their monthly benefit by their loss of salary ratio. "Partially Disabled" means that an employee is working in a partial or part-time capacity after becoming disabled and meets the earnings test shown above. |
| Rehabilitation Incentive Income (RII) | <u>Proportionate</u> –12 months. RII is offered to employees who agree to take part in a Rehabilitation Plan, structured to return them to gainful employment in another occupation because they can not return to their regular occupation. During the first 12 months, RII is equal to the monthly benefit. If disability earnings during this period exceed 100% of indexed pre-disability earnings, the monthly benefit is reduced by the excess. After 12 months, RII is equal to the monthly benefit reduced by multiplying the monthly benefit by the adjusted loss of salary ratio. |
| Survivor Benefit | If the employee passes away after being disabled and receiving long-term disability benefits for six consecutive months, we will pay the employee's beneficiary a lump sum benefit equal to three months of disability benefits. |
| Day Care Expense Benefit | While receiving Rehabilitation Incentive Income, and participating in an approved rehabilitation plan, the claimant may be reimbursed for eligible day care expenses to cover the expense of child care. |
| Mental Disorder Limitation | 24 months |
| Substance Abuse Limitation | 24 months |
| Special Conditions Limitation | Unlimited |
| Pre-Existing Condition Limitation | <u>12/12</u> - A pre-existing condition means a sickness or injury for which you have received treatment within 12 months prior to your effective date. Any disability contributed to or caused by a Pre-Existing Condition within the first 12 months of your effective date will not be covered. |

Additional Features:

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Voluntary Long Term Disability - Percentage of Salary Program Premium Calculation

Group: **BANKS COUNTY BOARD OF COMMISSIONERS - #F014281**

Benefit Schedule

| | |
|------------------------------------|---|
| Benefit Percentage: | 60% of Basic Monthly Earnings* |
| Benefit Maximum | \$5,000 |
| Maximum Monthly covered earnings: | \$8,333 |
| Benefit Duration | Social Security Normal Retirement Age (SSNRA) |
| Elimination Period | 180 Days |
| Pre-Existing Conditions Limitation | 12/12 |

*Basic Monthly Earnings/Insured Salary means the monthly compensation you earn from your normal occupation with your employer. It includes total income before taxes, including deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. It does not include earnings from bonuses, overtime pay or any other extra compensation other than commissions. Commissions will be averaged over the 12 month period prior to the date death or disability begins.

| Age | Monthly Rate per \$100 of Covered Payroll | Age | Monthly Rate per \$100 of Covered Payroll |
|----------|---|-------|---|
| Under 20 | \$0.14 | 50-54 | \$0.89 |
| 20-24 | \$0.14 | 55-59 | \$0.99 |
| 25-29 | \$0.14 | 60-64 | \$0.82 |
| 30-34 | \$0.28 | 65-69 | \$0.86 |
| 35-39 | \$0.40 | 70-74 | \$0.60 |
| 40-44 | \$0.60 | 75+ | \$0.75 |
| 45-49 | \$0.80 | | |

Sample Premium Calculation

(Sample assumes a 30 year old employee with \$2,500 in monthly earnings)

| Monthly Earnings (maximum \$8,333) | x | Rate | Amount ÷ 100 | = | Monthly Premium | Weekly Premium |
|---------------------------------------|---|--------|-----------------|---|-----------------|----------------|
| \$2,500 | x | \$0.28 | \$700 ÷ 100 | = | \$ 7.00 | \$1.62 |

Your Premium Calculation

(Enter your salary and the rate for your current age from the table above)

| Monthly Earnings (maximum \$8,333) | x | Rate | Amount ÷ 100 | = | Monthly Premium | Weekly Premium |
|---------------------------------------|---|----------|-----------------|---|-----------------|----------------|
| \$ _____ | x | \$ _____ | \$ _____ ÷ 100 | = | \$ _____ | \$ _____ |

To determine Bi-Weekly Premium, multiply Monthly Premium by 12, and then divide by 26
 To determine Semi-Monthly Premium, multiply Monthly Premium by 12, and then divide by 24
 To determine Weekly Premium, multiply Monthly Premium by 12, and then divide by 52.

This information is only a product highlight. This Premium Cost Chart is for illustrative purposes only; your premium cost may be slightly higher or lower due to rounding. NOTE: For purposes of this illustration, we have assumed a 40 hour work week. The policy has exclusions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period. Product features and availability vary by state and company, and are solely the responsibility of each affiliate. Refer to your certificate for complete details and limitations of coverage. (For internal use only: FDL Policy number 2-LTDP-705)

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company (Downers Grove, IL) and certain of its affiliates. Dearborn National® Life Insurance Company offers insurance products in all states (excluding New York, where it is not licensed and does not solicit business), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico.

GROUP SHORT-TERM DISABILITY (STD) PROGRAM SUMMARY for BANKS COUNTY BOARD OF COMMISSIONERS - #F014281

Our Group STD plan helps replace lost income should an insured employee become disabled due to a non-occupational accident or sickness, including pregnancy or complications of pregnancy.

| | |
|-------------------------------|--|
| Eligibility | All Active Full Time Employees |
| Group STD Benefit | 50% of weekly earnings |
| Weekly Maximum Benefit | \$1,500 |
| Elimination Period | 14 Days for Injury 14 Days for Sickness |
| Benefits Begin | 15th Day for Injury 15th Day for Sickness |
| Maximum Benefit Period | 26 Weeks or until LTD benefits begin, whichever is earlier |
| Total Disability | Total Disability means that due to Injury or Sickness the employee is unable to perform all of the material and substantial duties of the employee's regular occupation, and the employee's disability earnings, if any, are less than the percentage (20%) of the employee's pre-disability weekly earnings. |
| Partial Disability | Partial Disability means that during the elimination period the employee is able to perform some, but not all, of the material and substantial duties of the employee's regular occupation. After the elimination period, partial disability means that due to injury or sickness the employee is able to perform some but not all of the material and substantial duties of the employee's regular occupation, and the employee's disability earnings, if any are at least the minimum percentage (20%), but less than the maximum percentage of the employee's pre-disability weekly earnings (80%). |

Exclusions - We will not pay benefits for any loss or disability caused by, resulting from, arising out of or substantially contributed to, directly by any one or more of the following:

1. Loss of professional license, occupational license or certification;
2. Commission of, participation in, or an attempt to commit an assault or felony;
3. Intentionally self-inflicted injuries;
4. Attempted suicide, regardless of mental capacity;
5. Cosmetic surgery except when required due to injury or illness;
6. Occupational sickness or injury.
7. Participation in a war, declared or undeclared, or any act of war.

| | |
|----------------------------|---|
| Additional Features | <ul style="list-style-type: none"> ▪ Survivor Benefit ▪ Work Incentive Benefit ▪ Worksite Modification Benefit |
|----------------------------|---|

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This information is only a product highlight. The policy has exclusions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period. Product availability and product features may vary by state. Refer to your certificate for complete details and limitations of coverage. (For Internal Use Only: FDL Policy number FDL 510-107)

SUPPLEMENTAL GROUP TERM LIFE

| | |
|--|--|
| Eligibility | All Active Full Time Employees |
| Group Term Life Benefit: Employee | \$10,000 - \$100,000, in increments of \$10,000 |
| Guarantee Issue Amount – Employee - New Hire Only | \$100,000 |
| Group Term Life Benefit: Spouse (Includes Domestic Partners) | \$5,000 - \$50,000, in increments of \$5,000, not to exceed 50% of the employee benefit amount. |
| Guarantee Issue Amount – Spouse | \$30,000 (subject to eligibility rules and enrollment status guidelines) |
| Group Term Life Benefit: Child(ren) | Birth to 14 days: \$200 Age 15 days to 6 months: \$2,000 Age 6 months to 26 years: \$2,000 to \$10,000 in \$1,000 increments |
| Age Reduction Schedule | Life and AD&D benefits reduce by 35% of the original amount at age 70, by 50% at age 75, by 60% at age 80 to 70% at age 85 and to 80% at age 90. |
| Waiver of Premium | Same as Basic Life |
| Accelerated Death Benefit (ADB) | Same as Basic Life |
| Portability Feature (Life coverage) | Included. (Employee) |
| Conversion Privilege (Life coverage) | Included. |

This information is only a product highlight. Life benefits may be subject to medical underwriting. Coverage for a medically underwritten benefit is not effective until the date the insurer has approved the employee's application. The policy has exclusions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period.

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For employee distribution

**SUPPLEMENTAL GROUP LIFE
PREMIUM RATE GRID**



BANKS COUNTY BOARD OF COMMISSIONERS - #F014281

Eligibility

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

You must be covered under the basic life plan sponsored by your employer in SD and VT.

Supplemental Life Insurance

Employee Benefit: **\$10,000 to \$100,000, in increments of \$10,000**

Spouse Benefit: **\$10,000 to \$50,000, in increments of \$5,000
(not to exceed 50% of the employee benefit)**

Note: Spouse may not have coverage unless the employee has coverage.

The amount of spouse life insurance is limited to 50% of the employee benefit in FL, KS, NE and PR.

The spouse benefit may not exceed the employee benefit amount in AZ, CA, IL, MD, NJ, RI, VT, VA and WA.

The Spouse amount may not exceed the amount for which the employee is eligible in TX and NY.

Guarantee Issue - New Hires Only

| | |
|----------|------------------|
| Employee | \$100,000 |
| Spouse | \$30,000 |

Child Coverage

| | |
|----------------------|--|
| Birth to 14 days: | \$200 |
| 15 days to 6 months: | \$2,000 |
| 6 months to age 21 | \$2,000 to \$10,000 in \$1,000 increments |

Life benefits reduce by 35% of the original amount at age 70,
by 50% at age 75, by 60% at age 80 to 70% at age 85 and to 80% at age 90.

Supplemental Life Insurance

Monthly Premium Cost (Based on 12 payroll deductions per year)

| Employee Supplemental Life Monthly rates per \$1,000 | |
|---|---------|
| Age | Rates |
| Under 20 | \$0.080 |
| 20-24 | \$0.080 |
| 25-29 | \$0.080 |
| 30-34 | \$0.091 |
| 35-39 | \$0.111 |
| 40-44 | \$0.169 |
| 45-49 | \$0.290 |
| 50-54 | \$0.509 |
| 55-59 | \$0.800 |
| 60-64 | \$1.151 |
| 65-69 | \$1.311 |
| 70-74 | \$3.549 |
| 75+ | \$9.529 |

| Dependent Life (Children) Monthly Premium per Family Life | |
|--|--------|
| \$2,000 | \$0.40 |
| \$3,000 | \$0.59 |
| \$4,000 | \$0.80 |
| \$5,000 | \$1.00 |
| \$6,000 | \$1.19 |
| \$7,000 | \$1.39 |
| \$8,000 | \$1.59 |
| \$9,000 | \$1.79 |
| \$10,000 | \$1.99 |

| Benefit Amount | EE AD&D | ATTAINED AGE | | | | | | | | | | | |
|----------------|---------|--------------|--------|--------|--------|---------|---------|---------|---------|---------|----------|----------|----------|
| | | <20 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 |
| \$10,000 | \$0.00 | \$0.80 | \$0.80 | \$0.80 | \$0.91 | \$1.11 | \$1.69 | \$2.90 | \$5.09 | \$8.00 | \$11.51 | \$13.11 | \$35.49 |
| \$20,000 | \$0.00 | \$1.60 | \$1.60 | \$1.60 | \$1.82 | \$2.22 | \$3.38 | \$5.80 | \$10.18 | \$16.00 | \$23.02 | \$26.22 | \$70.98 |
| \$30,000 | \$0.00 | \$2.40 | \$2.40 | \$2.40 | \$2.73 | \$3.33 | \$5.07 | \$8.70 | \$15.27 | \$24.00 | \$34.53 | \$39.33 | \$106.47 |
| \$40,000 | \$0.00 | \$3.20 | \$3.20 | \$3.20 | \$3.64 | \$4.44 | \$6.76 | \$11.60 | \$20.36 | \$32.00 | \$46.04 | \$52.44 | \$141.96 |
| \$50,000 | \$0.00 | \$4.00 | \$4.00 | \$4.00 | \$4.55 | \$5.55 | \$8.45 | \$14.50 | \$25.45 | \$40.00 | \$57.55 | \$65.55 | \$177.45 |
| \$60,000 | \$0.00 | \$4.80 | \$4.80 | \$4.80 | \$5.46 | \$6.66 | \$10.14 | \$17.40 | \$30.54 | \$48.00 | \$69.06 | \$78.66 | \$212.94 |
| \$70,000 | \$0.00 | \$5.60 | \$5.60 | \$5.60 | \$6.37 | \$7.77 | \$11.83 | \$20.30 | \$35.63 | \$56.00 | \$80.57 | \$91.77 | \$248.43 |
| \$80,000 | \$0.00 | \$6.40 | \$6.40 | \$6.40 | \$7.28 | \$8.88 | \$13.52 | \$23.20 | \$40.72 | \$64.00 | \$92.08 | \$104.88 | \$283.92 |
| \$90,000 | \$0.00 | \$7.20 | \$7.20 | \$7.20 | \$8.19 | \$9.99 | \$15.21 | \$26.10 | \$45.81 | \$72.00 | \$103.59 | \$117.99 | \$319.41 |
| \$100,000 | \$0.00 | \$8.00 | \$8.00 | \$8.00 | \$9.10 | \$11.10 | \$16.90 | \$29.00 | \$50.90 | \$80.00 | \$115.10 | \$131.10 | \$354.90 |

Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations.

For internal use only: Policy number FDL1-504-707

Slife/blend-w/add/12

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BANKS COUNTY BOARD OF COMMISSIONERS - #F014281

Eligibility

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

You must be covered under the basic life plan sponsored by your employer in SD and VT.

Supplemental Life Insurance

Employee Benefit: **\$10,000 to \$100,000, in increments of \$10,000**

Spouse Benefit: **\$5,000 to \$50,000, in increments of \$5,000
(not to exceed 50% of the employee benefit)**

Note: Spouse may not have coverage unless the employee has coverage.

The amount of spouse life insurance is limited to 50% of the employee benefit in FL, KS, NE and PR.

The spouse benefit may not exceed the employee benefit amount in AZ, CA, IL, MD, NJ, RI, VT, VA and WA.

The Spouse amount may not exceed the amount for which the employee is eligible in TX and NY.

Guarantee Issue - New Hires Only

| | |
|----------|------------------|
| Employee | \$100,000 |
| Spouse | \$30,000 |

Child Coverage

| | |
|----------------------|--|
| Birth to 14 days: | \$200 |
| 15 days to 6 months: | \$2,000 |
| 6 months to age 21 | \$2,000 to \$10,000 in \$1,000 increments |

Life benefits reduce by 35% of the original amount at age 70,
by 50% at age 75, by 60% at age 80 to 70% at age 85 and to 80% at age 90.

Supplemental Life Insurance

Monthly Premium Cost (Based on 12 payroll deductions per year)

| SPOUSE | |
|----------------------------------|--------------|
| Supplemental Life | |
| Monthly rates per \$1,000 | |
| Age | Rates |
| Under 20 | \$0.080 |
| 20-24 | \$0.080 |
| 25-29 | \$0.080 |
| 30-34 | \$0.091 |
| 35-39 | \$0.111 |
| 40-44 | \$0.169 |
| 45-49 | \$0.290 |
| 50-54 | \$0.509 |
| 55-59 | \$0.800 |
| 60-64 | \$1.151 |
| 65-69 | \$1.311 |
| 70-74 | \$3.549 |
| 75+ | \$9.529 |

| Dependent Life (Children) | |
|-----------------------------------|--------|
| Monthly Premium per Family | |
| Life | |
| \$2,000 | \$0.40 |
| \$3,000 | \$0.59 |
| \$4,000 | \$0.80 |
| \$5,000 | \$1.00 |
| \$6,000 | \$1.19 |
| \$7,000 | \$1.39 |
| \$8,000 | \$1.59 |
| \$9,000 | \$1.79 |
| \$10,000 | \$1.99 |

| Benefit Amount | SP AD&D | ATTAINED AGE | | | | | | | | | | | |
|----------------|---------|--------------|--------|--------|--------|--------|--------|---------|---------|---------|---------|---------|----------|
| | | <20 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 |
| \$5,000 | \$0.00 | \$0.40 | \$0.40 | \$0.40 | \$0.46 | \$0.56 | \$0.85 | \$1.45 | \$2.55 | \$4.00 | \$5.76 | \$6.56 | \$17.75 |
| \$10,000 | \$0.00 | \$0.80 | \$0.80 | \$0.80 | \$0.91 | \$1.11 | \$1.69 | \$2.90 | \$5.09 | \$8.00 | \$11.51 | \$13.11 | \$35.49 |
| \$15,000 | \$0.00 | \$1.20 | \$1.20 | \$1.20 | \$1.37 | \$1.67 | \$2.54 | \$4.35 | \$7.64 | \$12.00 | \$17.27 | \$19.67 | \$53.24 |
| \$20,000 | \$0.00 | \$1.60 | \$1.60 | \$1.60 | \$1.82 | \$2.22 | \$3.38 | \$5.80 | \$10.18 | \$16.00 | \$23.02 | \$26.22 | \$70.98 |
| \$25,000 | \$0.00 | \$2.00 | \$2.00 | \$2.00 | \$2.28 | \$2.78 | \$4.23 | \$7.25 | \$12.73 | \$20.00 | \$28.78 | \$32.78 | \$88.73 |
| \$30,000 | \$0.00 | \$2.40 | \$2.40 | \$2.40 | \$2.73 | \$3.33 | \$5.07 | \$8.70 | \$15.27 | \$24.00 | \$34.53 | \$39.33 | \$106.47 |
| \$35,000 | \$0.00 | \$2.80 | \$2.80 | \$2.80 | \$3.19 | \$3.89 | \$5.92 | \$10.15 | \$17.82 | \$28.00 | \$40.29 | \$45.89 | \$124.22 |
| \$40,000 | \$0.00 | \$3.20 | \$3.20 | \$3.20 | \$3.64 | \$4.44 | \$6.76 | \$11.60 | \$20.36 | \$32.00 | \$46.04 | \$52.44 | \$141.96 |
| \$45,000 | \$0.00 | \$3.60 | \$3.60 | \$3.60 | \$4.10 | \$5.00 | \$7.61 | \$13.05 | \$22.91 | \$36.00 | \$51.80 | \$59.00 | \$159.71 |
| \$50,000 | \$0.00 | \$4.00 | \$4.00 | \$4.00 | \$4.55 | \$5.55 | \$8.45 | \$14.50 | \$25.45 | \$40.00 | \$57.55 | \$65.55 | \$177.45 |

Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations.

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