



P.O. Box 1650 • Little Rock, AR 72203-1650
(501) 375-7200 • (800) 648-0271

March 24, 2011

LISA MABRY-WILLIAMS
CITY OF CONWAY
1201 OAK STREET
CONWAY, AR 72032

Dear LISA MABRY-WILLIAMS:

We are pleased that CITY OF CONWAY has selected USABLE Life to be the insurance carrier to provide group benefits for your employees. Your coverage is effective January 1, 2011.

You will find the following items enclosed:

- Master Policy
- Master Application (attached to the policy)
- Certificate of Insurance for each eligible employee
- Administration Manual
- Assist America Brochures for each of your employees

Note: You may go online at www.usablelife.com and print additional applications or claim forms.

Each insured employee should receive a Certificate of Insurance as well as a copy of the Guidance Resources Online Brochure. There are extra Certificates enclosed. As future employees are added to the insurance program, please give them a Certificate of Insurance. When your supply of Certificates is depleted, please reorder from our Customer Service Department using the form provided in your administration kit. **(Customer Service e-mail address is custserv@usablelife.com)**

Thank you for your business. We look forward to serving the insurance needs of you and your employees. Please feel free to contact us at any time at 1-(800) 370-5856.

Sincerely,

Policy Services, USABLE Life

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association (“Guaranty Association”). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association (“Guaranty Association”) may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201-1904

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act (“Act”). Below is a brief summary of the Act’s coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone’s rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity, or health insurance contract or policy or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals).
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.



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Notice of Privacy Policy

At US Able Life, we know that the privacy of your personal information is important to you. The proper handling of your personal information is one of our highest priorities. We want to be sure that you know why we need to collect personal information from you. We also want you to know how we protect your privacy and the measures we take to safeguard your information.

Customer Information

US Able Life collects and keeps only information that is necessary for us to provide insurance services requested by you and to administer your business with us. We may collect nonpublic personal information:

- From you when you complete an application or other form. This could include information such as name, address, social security number, income and any medical information that you authorized us to collect to underwrite and administer policies and claims.
- From a consumer-reporting agency or Medical Information Bureau as authorized by you.
- As a result of transactions with us, or with our affiliates or others. This could include policy values, policy numbers, payment history, and transactions completed with us.

Sharing Information

We only share your nonpublic personal information with non-affiliated companies or individuals as permitted by law, such as third party administrators and consumer reporting agencies, or to comply with legal or regulatory requirements. In the normal course of our business, we may disclose information we collect about you to companies or individuals that contract with us to perform servicing functions such as record keeping, policy administration, computer processing, joint marketing of products and distribution of statements.

When we provide personal information to a service provider, we require these providers to agree to safeguard your information, to use the information only for the intended purpose, and to abide by applicable law.

How We Protect Information

Only employees with a valid business reason have access to your personal information. These employees are trained and educated on the importance of maintaining the confidentiality and security of this information. They are required to abide by our information handling practices. We maintain security standards to protect confidential information, whether written, spoken, or electronic. We update and test our systems to ensure the protection and integrity of our information.

Maintaining Accurate Information

Our goal is to maintain accurate, up-to-date customer records in accordance with industry standards and state insurance laws. We have procedures in place to keep information current and complete, including timely correction of inaccurate information.

Disclosure of our Privacy Notice

At US Able Life, we recognize and respect the privacy concerns of our potential, current, and former customers. We are committed to safeguarding this information. We are sending you this Notice of Privacy Policy for informational purposes and will update and distribute it as required by law. It is also available on our web site at www.usablelife.com or from our Customer Service Call Center at (800) 370-5856. Our Call Center is available between the hours of 8:00 a.m. until 4:30 p.m. Central Standard Time, Monday through Friday.



320 W. Capitol • P.O. Box 1650 • Little Rock, AR 72203-1650
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POLICYHOLDER:
CITY OF CONWAY

PREMIUM DUE DATE:
First Day of Each Policy Month

POLICY NUMBER:
50002821

ANNIVERSARY DATE:
January 1, 2012 and Each
Succeeding January 1

EFFECTIVE DATE:
January 1, 2011

STATE OF DELIVERY:
ARKANSAS

US Able Life agrees with the policyholder to insure covered persons who are entitled to the insurance provided by this policy. This policy is issued in consideration of the application of the policyholder, and the payment of the first premium. The first premium is due and payable on the effective date of the policy. Subject to the policy's grace period provision, all premiums after the first must be paid when or before they are due.

This policy is a legal contract between the policyholder and US Able Life. PLEASE READ THIS POLICY CAREFULLY.

Signed for US Able Life:

Secretary

President

Nonparticipating
Renewable
Group Term Life and Accidental Death & Dismemberment Insurance Policy

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Section 1 – Schedule of Insurance

Policyholder: CITY OF CONWAY
Policy Number: 50002821
Policy Effective Date: January 1, 2011
Renewal Date: January 1, 2013

The Schedule(s) of Insurance for the Group Term Life and Accidental Death & Dismemberment Insurance Policy are shown in the Certificate(s) of Insurance.

The Schedule of Insurance will control the:

1. benefit amounts and maximum limits;
2. eligibility and effective date rules; and
3. other schedule amounts and limits,

which apply to the employees of the policyholder.

Section 2 – Associated Company

We will insure the eligible employees of the policyholder's affiliates or subsidiaries listed on the Group Insurance Application.

Newly Acquired Organizations

The policy applies only to the policyholder as composed on the effective date of the policy or as thereafter amended.

New employees acquired through merger, stock purchase, exchange of stock, or otherwise may be covered under the policy. Their coverage is subject to the following conditions:

1. that the policyholder report to us the name of the newly acquired organization along with any underwriting data we may need to determine the correct premium;
2. that we accept the newly acquired organization for coverage; and
3. that the policyholder pays the correct additional premium.

Coverage will start in accordance with the "Eligibility and Effective Date" provisions in the certificate. In no case, however, will coverage continue for more than 60 days after the acquisition or merger unless:

1. the required report has been made; and
2. the newly acquired organization has been accepted for coverage and the additional premium has been agreed on and paid.

The policyholder must pay for any period in which coverage is in effect.

Section 3 – Incorporation Provision

Certificate

The certificate(s) and the endorsement(s) or rider(s), which are attached to this policy are hereby incorporated in, and made a part of, this policy. If there is any conflict between the terms and conditions of this policy and an attachment, this policy shall be controlling.

The terms found in the certificate(s) include:

1. the benefit plan provisions;
2. the eligibility and effective date of insurance rules;
3. the termination of insurance rules; and
4. exclusions.

Section 4 – Premium Provisions

Premium Payments

The policyholder must pay all premiums in advance at our Home Office or to one of our agents in accordance with the policy application, which is incorporated as the signature page of this policy upon acceptance and issuance of this policy by USAble Life. The policyholder may request on any policy anniversary that the frequency of premium payment be changed to any frequency we offer for such policy.

Calculation of Premiums

The first premium is due on the policy effective date. Payment of that premium shall constitute acceptance of the policy. Future premiums are due on each premium due date. The premium is based on the premium rate and the amount of insurance in effect for the month reported on the premium due date. We will furnish premium rates to the policyholder with an explanation of how to apply them.

Our Right to Change Premium Rates

We may change the premium rate:

1. after the first renewal date;
2. at the end of any rate guarantee period; or
3. when our liability changes.

Payment of the changed premium rate shall constitute acceptance of that change.

Unless our liability changes:

1. we will not change the rates more than once in any period of 12 consecutive months;
and
2. we will give the policyholder 31 days advance written notice of an increase in rates.

Section 5 – Policy Provisions

Entire Contract

The contract between the parties consists of:

1. the policy, any amendments and addenda; and
2. the application of the policyholder, a copy of which is attached to and made a part of the policy when issued, as may be amended during the term of this policy; and
3. the certificates, and the endorsements or riders which are attached to and made a part of the policy when issued; as may be amended during the term of this policy; and
4. the enrollment forms, if any, of each covered person.

All statements made by the policyholder and persons insured under the policy will be deemed representations and not warranties. No statement will be used in any contest unless it is in writing and a copy of it is given to the person who made it, or to his authorized representative.

Incontestability

Except for non-payment of premium, the insurance provided to each covered person by the policy cannot be contested after a period of two (2) years from the effective date of each covered person.

Changes to the Policy

The policyholder owns the policy. We may change any or all of the provisions of this policy by notifying the policyholder. We must give the policyholder at least 31 days advance written notice of any change, unless the policyholder accepts an amendment during that period. The policy may also be changed in whole or in part when there is any change in laws or regulations which affect our obligations under the policy. A change must be approved by one of our executive officers. No agent can change the policy or waive any of its provisions. Payment of the applicable premium following any change of this policy in accordance with this section shall constitute acceptance of that change.

Grace Period

We will allow the policyholder a 31 day grace period for the payment of all premiums after the first. During this 31 day period, the policy will stay in force. If the owed premium is not paid by day 31, the policy will automatically terminate retroactive to the last day that the applicable premiums had been paid. If the policyholder gives us written advance notice of an earlier cancellation date, the policy will terminate on the earlier date.

Termination of Policy

For Cause

1. We may terminate this policy if we do not receive any premium when due in accordance with the Grace Period provision of the policy.
2. Either party may terminate this policy upon 30 days advance written notice, if the other party breaches its obligations and fails to cure that breach to the other party's reasonable satisfaction within that 30 day notice period.
3. Either party may terminate this policy, with or without prior notice, effective as of midnight prior to the date that the other party:
 - a. ceases doing business as a going concern;
 - b. makes an assignment for the benefit of creditors;
 - c. admits in writing that it is unable to pay debts as they come due; or

- d. consents to the appointment of a trustee or receiver; or if a trustee or receiver is appointed pursuant to applicable Federal or State bankruptcy, insolvency or similar laws.
4. We may terminate this policy, upon not less than 30 days written notice if the employer fails to comply with a material plan provision relating to the employer's premium contribution or group participation rules or if we determine there has been a material change affecting the risk assumed under this policy.
5. Upon written notice, we may terminate or rescind the policy or the coverage on a covered person for fraud or misrepresentation by the employer or a covered person of material fact concerning the employer or covered person.

Because of Inability to Perform Obligations

The policy may be immediately suspended or terminated by written notice to the other party if either party is unable to perform its obligations for reasons beyond its control, including:

1. complete or partial destruction of facilities or equipment;
2. lockout, strike, riot, war, act of God, or any ordinance, law, order or decree of any governmental authority.

Neither party will be required to perform its duties nor be liable for any damages arising from the suspension or termination of this policy pursuant to this provision.

Certificate

We will give the policyholder an individual certificate for distribution to each covered employee. The certificate is part of the policy, and will explain the important features of the policy.

Data to Be Furnished

The policyholder will give us all information we need regarding matters pertaining to the insurance. At any reasonable time while the policy is in force and for one year after that, we may inspect any of the policyholder's documents, books, or records which may affect the insurance or premiums of this policy.

If the policyholder gives us any incorrect information, the relevant facts will be reviewed to establish if insurance is in effect and in what amount.

No person will be deprived of insurance to which he is otherwise entitled or have insurance to which he is not entitled, because of any misstatement of fact by the policyholder or covered individual. Any required adjustment may be made in coverage, premiums or benefits. However, payment of premium by or on behalf of an ineligible person will not entitle that person to coverage.

No Replacement for Workers' Compensation

The policy does not replace Workers' Compensation or affect any requirement for Workers' Compensation coverage.

Time Period

All periods begin and end at 12:01 a.m., standard time, at the policyholders address.

Jurisdiction

The laws of the state where it is delivered govern this policy.

USable Life

P.O. Box 1650
Little Rock, Arkansas 72203

GROUP INSURANCE APPLICATION

Type or Print In Black Ink

For Home Office use only

Group #: 50002821

SECTION I. GROUP INFORMATION

1. Legal Name of Policyholder

City of Conway

2. Taxpayer ID#

71-6001898

3. Type of Company: Corporation LLC PC S-Corp Sole Proprietor Partnership Government

4. Mailing Address of Policyholder

1201 Oak Street

City
Conway

State
AR

Zip+4
72032

5. Street Address of Policyholder (if different from above)

City

State

Zip+4

6. Contact Information at Company:

Benefits Contact Person: Lisa Mabry-Williams

Phone Number: (501) 450-7087

Fax Number: (501) 513-3503

Email Address: lisa.williams@cityofconway.org

Web Address:

Billing Contact Person: Same as Above

Phone Number:

Fax Number:

Email Address:

Web Address:

7. Name of Subsidiary or Affiliate Companies to be Covered

8. Nature of Business

City Govt

9. SIC Code

9111

10. Do you have any employees located in states other than the Policyholder's main address? If yes, please list states below. Yes No

11. Number of eligible Employees

437

12. Billing Method:

Self Administration Billed by Blue Plan
 Benefit Focus List Bill

13. Changes in Benefits will Become Effective on:

First day of the following month The next anniversary date The date of change

14. Do you allow Domestic Partner Coverage under the existing Blue Cross Blue Shield Medical Plan? Yes No

15. Eligibility Waiting Period (Should an employee enter another class, he will not be eligible for any additional benefits until he has completed a 30-day waiting period and has been actively at work one full day in the new class.)

First of Policy Month following: (a) completion of 1 month days of continuous active work, or (b) hire date
 Day following: (a) completion of _____ days of continuous active work, or (b) hire date

Does Waiting Period apply to employees rehired within 12 months of their termination date? Yes No

16. Eligibility Waiting Period Applies to:

Future Employees only Present & Future Employees

17. Minimum hours worked per week to be eligible:

Basic benefits: 30 hrs Voluntary benefits:

18. Annual Enrollment date for Voluntary Coverage: n/a

19. Class Definitions (if more than one class, definitions must be specific)

(The insurer reserves the right to review and terminate all classes insured under this policy if any class ceases to be covered.)

Class	Description of Class	Waiting Period, if Different
1	All Active Full Time Employees	
2		
3		
4		

Employees working less than the minimum hours per week are not eligible for coverage unless otherwise noted in class description above and approved by us. If more than four classes, use a separate sheet.

SECTION II. LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT

This application is made for the following coverages. Check only those boxes that apply.

	Employer Contribution	Enrolled Employees	Effective Date	Renewal Date
<input checked="" type="checkbox"/> Basic Life	100% 75%	437	1/1/2011	1/1/2013
<input checked="" type="checkbox"/> Basic AD&D*	100% 75%	437		
<input type="checkbox"/> Supplemental Life*				
<input type="checkbox"/> Supplemental AD&D*				
<input type="checkbox"/> Dependent Life* (Option 1)				
<input type="checkbox"/> Dependent Life* (Option 2)				
<input type="checkbox"/> Voluntary Life				
<input type="checkbox"/> Voluntary AD&D				

*Cannot be purchased as stand alone coverage.

Multiple of salary benefits will be rounded to the nearest lower higher \$ _____, if not already a multiple

Legal Name of Policyholder
City of Conway

Taxpayer ID#
71-6001898

SECTION II. LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT CONTINUED

Basic Life and/or AD&D

Class	Flat Amount \$	Multiple of Salary	(Complete if Multiple of Salary)	
			Min Amount of Coverage	Max Amount of Coverage
1	\$10,000			
2				
3				
4				

Supplemental Life and/or AD&D

Class	Flat Amount \$	Multiple of Salary	Elected in Increments of	(Complete if Multiple of Salary or Increments)	
				Min Amount of Coverage	Max Amount of Coverage
1					
2					
3					
4					

Voluntary Life and/or AD&D

Employee and Spouse coverage elected in \$10,000 increments: \$10,000 min \$ _____ Max
 Employee coverage elected as multiple of salary schedule: _____ times annual salary \$ _____ Maximum.
 Spouse coverage 50% of employee amount.
 Are Voluntary Life rates smoker distinct rates: Yes No Children - \$5,000 and \$10,000 only

Dependent Life

Class	Option 1			Option 2 (if available)		
	Spouse Amount	Child Amount	Reduced Infant Amount	Spouse Amount	Child Amount	Reduced Infant Amount
1						
2						
3						
4						

Infant Ages: from live birth to 6 months from 15 days to 6 months
 Child Ages: 6 months to 25 years 6 months to age _____

AD&D Riders

Reductions & Termination
 Benefit reduction due to age will be effective on the employee's birthday.
 Reduction at Age of Employee

		65	70	75	80
Standard Riders*	<input checked="" type="checkbox"/>				
Special Education	<input type="checkbox"/>	66 2/3%	33 1/3%	N/A	N/A
Paralysis	<input checked="" type="checkbox"/>	65%	50%	N/A	N/A
Common Carrier	<input type="checkbox"/>	65%	50%	25%	N/A
Felonious Assault	<input type="checkbox"/>				
Child Care Center	<input type="checkbox"/>				
Spouse Training	<input type="checkbox"/>				
HIV	<input type="checkbox"/>				

*Employee benefits terminate at retirement, unless termination age is noted. Termination age _____. Spouse benefits terminate at employee's retirement or spouse age 65, whichever is earlier. All reductions apply to the pre-age 65 amount.

*AD&D Standard Riders: Seat Belt/Air Bag, Coma, Repatriation, Exposure and Disappearance

Portability:

Voluntary Life Basic Life (Underwriting approval and rate adjustment required)

Replacement: Are any of the following a replacement of similar coverage?

Yes	No		If yes, Previous Carrier	Termination Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Basic Life	United	12/31/2010
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Life		
<input type="checkbox"/>	<input type="checkbox"/>	Voluntary Life		

If prior coverage, include a copy of the prior carrier's plan.

SECTION III. SHORT TERM DISABILITY

This application is made for the following coverages. Check only those boxes that apply.

	Employer Contribution	Enrolled Employees	Effective Date	Renewal Date
<input type="checkbox"/> Basic/Core STD				
<input type="checkbox"/> Buy Up STD*				
<input type="checkbox"/> Voluntary STD (VIP)				

*Cannot be purchased as stand alone coverage.

Legal Name of Policyholder
City of Conway
Taxpayer ID#
71-6001898

SECTION III. SHORT TERM DISABILITY CONTINUED

Basic Short Term Disability					
Class	Core/Buy Up	Flat Amount	Percent of Salary	Max benefit	Benefit Plan
1	<input type="checkbox"/> Core				
	<input type="checkbox"/> Buy Up				
2	<input type="checkbox"/> Core				
	<input type="checkbox"/> Buy Up				
3	<input type="checkbox"/> Core				
	<input type="checkbox"/> Buy Up				
4	<input type="checkbox"/> Core				
	<input type="checkbox"/> Buy Up				

*Example of a Benefit Plan: 1-8-13; This means disabilities due to accidents begin on the first day. Disabilities due to sickness begin on the eighth day. Benefits will be paid for a 13 week duration.

Voluntary STD Income Protection (VIP)
 Amount of insurance selected by the employee in increments of \$10 not to exceed ____% of weekly earnings.
 Minimum: \$100 Maximum: \$750 _____
 Benefit Plan*: _____ Industry Class: _____
 Reduction & Termination: Benefit reduction due to age will be effective on the anniversary following the insured's birthday. Benefits reduce to 66 2/3% at age 65, and terminate at age 70 or upon retirement, whichever occurs first.
 Are premiums sheltered under a Section 125 Cafeteria plan? Yes No
 *Example of a Benefit Plan: 1-8-13; This means disabilities due to accidents begin on the first day. Disabilities due to sickness begin on the eighth day. Benefits will be paid for a 13 week duration
 Replacement: Is VIP a Replacement from Another Carrier? Yes No
 Previous Carrier: _____ Termination Date: _____
 If prior coverage, include a copy of the prior carrier's plan.

SECTION IV. LONG TERM DISABILITY

This application is made for the following coverages. Check only those boxes that apply.

	Employer Contribution	Enrolled Employees	Effective Date	Renewal Date
<input type="checkbox"/> Basic LTD				
<input type="checkbox"/> Buy Up LTD*				
<input type="checkbox"/> Voluntary LTD				

*Cannot be purchased as stand alone coverage.

Basic and Buy Up Features

Class	Elimination Period	Own Occupation Monthly Period	Salary Includes		SS Integration		Benefit Calculation	
			Bonuses	Commissions	Primary Only	Primary/Family	Direct	70% all Sources
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Class	Basic		Buy Up	
	% of Salary	Monthly Max	% of Salary	Monthly Max
1				
2				
3				
4				

Maximum Benefit Period	Class			
	1	2	3	4
Reducing Benefit Duration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS Normal Retirement Age (SSNRA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Year benefit (ADEA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Year benefit (ADEA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Year benefit (ADEA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Minimum Monthly Benefit
 Flat amount \$ _____; or Flat amount of \$ _____ or 10%, whichever is greater

Optional LTD Riders
 Education Benefit Medical and COBRA Premium \$ _____ Cost of Living Adjustment
 Activities of Daily Living Accidental Dismemberment _____ # of Adjustments _____%

Legal Name of Policyholder
City of Conway

Taxpayer ID#
71-6001898

SECTION IV. LONG TERM DISABILITY CONTINUED

Disability Definition: Earnings & Occupation Test Occupation Test Only
 Earnings, Occupation, and Contagious Disease (Only available for Medical Groups)

Pre-Existing Condition Exclusion

3/3/12 3/6/12 12/6/24 6/12 6/6/12 12/12

Voluntary Long Term Disability (VLTD)

Industry Class: _____ Elimination Period: 90 Days 180 Days

Maximum Benefit Period:

2 years Sickness or Accident 5 years Sickness or Accident SSNRA Sickness or Accident

- a. Amount of Insurance: Selected by the employee in increments of \$100 not to exceed 60% of monthly salary.
- b. Pre-existing Condition Exclusion: 12/6/24 (unless state law requires otherwise)
- c. The Minimum Monthly Benefit is \$ 50.00 or 10% of the Monthly Disability Benefit, whichever is less (unless state law requires otherwise)
- d. Policy Features include: • 24 Month Own Occupation • Three month Survivor Benefit • Waiver of Premium • 24 Month Special Conditions Limitation • Primary and Family Social Security Integration
- e. Are premiums sheltered under a Section 125 Cafeteria plan? Yes No

Replacement: Are any of the following a replacement of similar coverage?

Yes	No		If yes, Previous Carrier	Termination Date
<input type="checkbox"/>	<input type="checkbox"/>	LTD		
<input type="checkbox"/>	<input type="checkbox"/>	VLTD		

If prior coverage, include a copy of the prior carrier's plan.

W-2 Service Options for LTD:

- Option 1: Withhold federal income taxes and the employee's portion of FICA. Prepare and file W-2 Forms.
- Option 2: Withhold federal income taxes and the employee's portion of FICA. Policyholder waives W-2 Forms services.

A detailed description of the W-2 services elected by policyholder pursuant to this application will be sent to the policyholder by mail. Such services will be performed in accordance with the above election and established standard procedures.

SECTION V. AUTHORIZATION

REMARKS OR SPECIAL PROVISIONS:

Please set up with current month billing mode.

The undersigned employer and/or authorized representative hereby request that it be approved for insurance coverage through US Able Life and agrees to comply with all terms and provisions of the Group Policy(ies) issued in response to this application.

It is understood and agreed that this application shall be made a part of the policy or policies applied for and that no insurance shall be effective until approved by the Company at its Home Office.

Warning: It is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company or other person. Penalties may include imprisonment, fines or a denial of insurance benefits in accordance with applicable state law.

Conway, ARKANSAS
Dated at (City, State)

02-02-2011
Date

Pat Sawmill, Mayor
Signature of Policyholder and Title

Signature of Marketing Representative

Signature of Marketing Manager

Signature of Broker, if applicable