LAMAR CISD

A PROUD TRADITION | A BRIGHT FUTURE

EMPLOYEE BENEFITS GUIDE

2020-2021 Plan Year

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First Financial Group of America

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Lamar CISD offers eligible employees a competitive benefits package that includes voluntary products. We have worked closely with First Financial (FFGA) to provide you with a variety of benefits and resources to help you reach your healthcare and retirement needs. Details of all available benefits can be found on the Employee Benefits Center website, https://benefits.ffga.com/lamarcisd

Be sure to read the product descriptions carefully so you are well prepared before enrollment begins. If you have questions, feel free to reach out to your First Financial Account Manager or your Benefits department.

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ELIGIBILITY & ENROLLMENT

Lamar CISD Benefits Office
3911 Avenue I, Rosenberg, TX 77471 | 832.223. 0000

ELIGIBILITY

Eligible employees must be actively at work on the plan effective date for new benefits to be effective.

BENEFITSENROLLMENT

EMPLOYEE BENEFITS CENTER

The Employee Benefits Center (EBC) is a one-stop-shop for you to find all things benefits related. On the website, you'll find open enrollment and plan year dates, benefit descriptions, carrier contact information, product brochures, claim forms and enrollment details. Visit https://benefits.ffga.com/lamarcisd today!

NEW EMPLOYEES

You have 31 days from your actively-at-work date to make benefit elections. Your New Hire Enrollment elections will be made at Lamar CISD.

EXISTING EMPLOYEES

When it's time to enroll in your benefits, your First Financial Account Representative will be onsite to assist you with making your elections. Before enrollment, take time to educate yourself on the available benefits and what options would work best for you and your family by visiting the Employee Benefits Center.

MID-YEAR BENEFIT CHANGES

You may add or cancel coverage during the plan year if you have a change in family status. You must notify the benefits department within 31 days of the change.

QUALIFYING LIFE EVENTS INCLUDE:

- Changes in household, including marriage, divorce, legal separation, annulment, death of aspouse, birth, adoption, placement for adoption, or death of a dependent child
- Loss of health coverage, attributable to your spouse's employment, losing existing health coverage including job-based, individual & student plans, losing eligibility for Medicare, Medicaid, or CHIP, turning 26 and losing coverage through a parent's plan
- Change in place of residence or worksite, a student moving to or from the place they attend school, a seasonal worker moving to or from the place they both live & work, moving to or from a shelter or other transitional housing.

DECLINING COVERAGE

If you are eligible for benefits, but wish to DECLINE coverage, please contact your First Financial Account Representative.

403(b) Retirement Plans

First Financial Administrators, Inc. | www.ffga.com |
1.800.523.8422, option 2 | retirement@ffga.com

The 403(b) can be an excellent way to save money for retirement. It can serve as a supplement to a traditional pension plan or other retirement plan(s), or as a stand-alone plan. The 403(b) is a tax deferred retirement plan available to employees of educational institutions and certain non-profit organizations as determined by section 501(c)(3) of the Internal Revenue Code. Contributions and investment earnings in a 403(b) grow tax deferred until withdrawal (assumed to be retirement), at which time they are taxed as ordinary income. The 403(b) is named after the section of the IRS code governing it.

HOW A 403(b) WORKS

Employees enroll and participate through their employer. Contributions to a 403(b) are made on a pre-tax basis through a Salary Reduction Agreement. This is an arrangement where the participating employee agrees to take a reduction in salary. The amount by which the salary is reduced is directed to investments offered through the employer and selected by the employee. These contributions are called elective deferrals and are excluded from the employee's taxable income. Contributions grow tax-deferred until the time of retirement, when withdrawals are taxed as ordinary income.

BENEFITS

- Tax deferred growth: no annual taxation on earnings
- Investment options: fixed annuities, variable annuities, or mutual funds
- Competitive interest rates
- Flexibility: start, stop, and adjust your contributions as allowed by your employer's plan.
- Receive periodic account statements

CONTRIBUTION LIMITS

Participants may contribute up to $19,500 for year 2020. Participants age 50 and older at any time during the calendar year are permitted to contribute an additional $6,500 in 2020, for a total of $26,000.

457(b) Retirement Plans

First Financial Administrators, Inc. | www.ffga.com |
1.800.523.8422, option 2 | retirement@ffga.com

A 457(b) plan is a Tax Deferred Retirement Plan available to employees of state and local governmental agencies, including public school employees. They are similar to 401k plans because they allow you to place a percentage of your salary into an employer-sponsored plan that helps you save for retirement. You will not have to pay taxes on what you contribute or your earnings made until you withdraw the money.

BENEFITS

- Investment options: fixed annuities, variable annuities, or mutual funds
- Flexibility: start, stop, and adjust your contributions as allowed by your employer's plan
- Receive periodic account statements
- No 10% federal penalty on interest or earnings for early withdrawal
- No current federal income taxes on the money you put into the plan until it is time to take withdrawals

CONTRIBUTION LIMITS

Participants may contribute up to $19,500 for year 2020. Participants age 50 and older at any time during the calendar year are permitted to contribute an additional $6,500 in 2020, for a total of $26,000.

403(b)/403(b)(7) Providers

AIG RETIREMENT SERVICES	www.aig.com/retirementservices	800-448-2542
AMERICAN CENTURY INVESTMENTS	www.americancentury.com/enroll	800-345-3533
AMERICAN FIDELITY ASSURANCE ANNUITIES [1]	www.afadvantage.com	800-654-8489
AMERICAN FUNDS DISTRIBUTORS, INC.	www.americanfunds.com/	800-421-9900
AMERICAN UNITED LIFE INSURANCE COMPANY	www.oneamerica.com	800-249-6269
AMERICO FINANCIAL LIFE AND ANNUITY INS. CO.	www.americo.com	800-231-0801
AMERIPRISE FINANCIAL SERVICES, INC.	www.ameriprise.com	800-862-7919
ASPIRE FINANCIAL SERVICES, INC.	www.aspireonline.com/enrollment	866-634-5873
ATHENE USA [1]	www.athene.com	800-225-8073
EQUITABLE LIFE INSURANCE COMPANY	www.equitable.com	800-628-6673
FEDERATED FUNDS	www.federatedinvestors.com	800-245-4770
FIDELITY SECURITY LIFE INS COMPANY	www.fslins.com	800-648-8624
FRANKLIN TEMPLETON INVESTMENTS	www.franklintempleton.com	800-527-2020
GENERAL AMERICAN LIFE INSURANCE COMPANY [1]	www.metlife.com	800-638-9294
GLOBAL ATLANTIC FINANCIAL GROUP	www.globalatlantic.com	508-460-2401
GLP AND ASSOCIATES, INC.	www.glpwins.com	877-457-9467
GREAT AMERICAN INSURANCE GROUP	www.gafri.com	800-789-6771
GREAT SOUTHERN LIFE [1]	www.greatsouthern.com	800-231-0801
GWN SECURITIES, INC.	www.gwnsecurities.com	561-472-2700
GUGGENHEIM INVESTMENTS (Formerly Rydex Investments)[1]	www.guggenheiminvestments.com	800-820-0888
HORACE MANN	www.horacemann.com	800-999-1030
HORACE MANN INVESTORS, Inc.	www.horacemann.com	800-999-1030
INDUSTRIAL ALLIANCE PACIFIC LIFE INS. & FINANCIAL SVCS. INC.[1]	www.iaamerican.com	888-473-5540
INVESCO INVESTMENT SERVICES	www.invesco.com	800-959-4246
ISC GROUP, INC.	www.iscgroup.com	800-888-3520
JACKSON NATIONAL LIFE INS. CO.[1]	www.jnl.com	800-644-4565
JEFFERSON NATIONAL LIFE INSURANCE CO.	www.jeffnat.com	866-667-0561
KANSAS CITY LIFE INSURANCE COMPANY [1]	www.kclife.com	800-821-6164
LINCOLN FINANCIAL GROUP	www.lfg.com	800-454-6265
LINCOLN INVESTMENT PLANNING, INC.	www.lincolninvestment.com	800-242-1421
MASSMUTUAL FINANCIAL GROUP	www.massmutual.com	800-234-5606
METROPOLITAN LIFE INSURANCE COMPANY	www.metlife.com/mlr	800-638-8378
METROPOLITAN LIFE INS. CO. OF CONNECTICUT [1]	www.metlife.com/mlr	800-638-8378
MIDLAND NATIONAL LIFE INSURANCE COMPANY	www.midlandannuity.com	866-270-9564
MODERN WOODMEN OF AMERICA	www.modern-woodmen.org	800-447-9811
NATIONAL LIFE GROUP	www.nationallife.com	800-906-3310
NEW YORK LIFE INS. AND ANNUITY CORP.	www.newyorklife.com	800-710-7945
NORTH AMERICAN CO. FOR LIFE AND HEALTH INSURANCE	www.nacolah.com	866-322-7065

403(b)/403(b)(7) Providers

ORION PORTFOLIO SOLUTIONS (FTJ)	www.orionportfoliosolutions.com	800-379-2513
PACIFIC LIFE INSURANCE COMPANY [1]	www.pacificlife.com	800-722-2333
PENSERV PLAN SERVICES	www.penserv.com	800-849-4001
PSF (PRIMERICA FINANCIAL SERVICES)[1]	www.primerica.com/public	800-544-5445
PLANMEMBER SERVICES CORPORATION	www.planmember403b.com	800-874-6910
PROTECTIVE LIFE INSURANCE COMPANY [1]	https://insuranceservices.se2.com	800-456-6330
PUTNAM INVESTMENTS	www.putnam.com	800-662-0019
RIVERSOURCE LIFE INSURANCE COMPANY	www.ameriprise.com	800-862-7919
SECURITY BENEFIT	www.securitybenefit.com	800-888-2461
SYMETRA LIFE INSURANCE COMPANY	www.symetra.com	800-796-3872
THRIVENT FINANCIAL FOR LUTHERANS	www.thrivent.com	800-847-4836
THRIVENT INVESTMENT MANAGEMENT INC.	www.thrivent.com	800-847-4836
TOUCHSTONE FUNDS	www.usicg.com/touchstone/	866-305-8846
TRANSAMERICA LIFE INSURANCE COMPANY	www.transamerica.com/individual	800-317-2688
TRANSAMERICA FUND SERVICES [1]	www.oneamerica.com	888-233-4339
UNITED TEACHERS ASSOCIATION INSURANCE (UTA) [1]	www.gafri.com	800-438-3398
USAA INVESTMENT MANAGEMENT COMPANY	www.usaa.com	800-640-7526
USAA LIFE INSURANCE COMPANY	www.usaa.com	800-531-8292
THE VANGUARD GROUP	www.vanguard.com	800-662-2003
VOYA FINANCIAL, INC. (VRIAC)	voyaretirement.voyaplans.com	800-262-3862
VOYA FINANCIAL, INC. (RELIASTAR)	foremployers.voya.com	877-884-5050
WADDELL & REED, INC.	www.waddell.com	888-923-3355
WESTERN NATIONAL LIFE INS. CO.	www.wnl.com	800-424-4990
ZURICH AMERICAN LIFE INSURANCE COMPANY [1]	https://insuranceservices.se2.com	800-457-9047

The companies on this list have agreed to share necessary compliance information with First Financial Administrators, Inc., your employer's 403(b) Plan Administrator, and are authorized providers in your plan eligible to receive ongoing 403(b) and/or 403(b)(7) salary reduction contributions after January 1, 2009, unless otherwise indicated.

[1] This company cannot accept new SRA contributions and are grandfathered.

Please note: First Financial Administrators, Inc. does not endorse any company or agent. Please contact your tax advisor or financial representative for specific investment questions. Approved Providers are subject to change. For the most current listing, please contact First Financial Administrators, Inc.

Contact Us:

- Web: www.ffga.com
- Toll-free number: 1.800.523.8422 (Monday—Friday 8:00 a.m.—5:00 p.m. CST)
- Local number: 281-847-8422 (Monday—Friday 8:00 a.m.—5:00 p.m. CST)
- Fax number: 1.866.265.4594

Mailing
First Financial Administrators, Inc.
Attn: Retirement Services
P.O. Box 670329
Houston, TX 77267-0329

Physical
First Financial Administrators, Inc.
Attn: Retirement Services
11811 North Freeway, Suite 900
Houston, TX 77060

First Financial Administrators, Inc.
First in Service and Expertise

This list is dated: February 6, 2020

STAR SELECT
Highlights

First Financial Group of America
First in Service and Expertise

IRC 457 Deferred Compensation Group Variable Contract

The Star Select Plan is a comprehensive group variable annuity to fund your IRC 457 retirement plan. It is competitive and simple, yet flexible. The primary features include:

Multiple Investment Options

The Star Select group variable annuity provides 21 different investment options to take advantage of changing investment-market conditions, including American Funds, Fidelity, TIAA-CREF, Oppenheimer, Russell Funds, PIMCO, T. Rowe Price, Alger, Janus, and AUL.

- AUL Fixed Interest Account and OneAmerica Money Market are also available.

Plan Will Accept Rollovers/Transfers from Other Retirement Plans, Including IRA's

No 10% IRS Penalty for Withdrawals Prior to Age 59½

No Annual or Quarterly Administration Charge

No Front-End Sales Charge

- There are no sales charges taken from contributions. This means that 100% of all contributions are invested and start working for participants.

No Deferred Sales Charge for Benefit Responsive Events at Participant Level

- A charge will not be assessed against withdrawals when participants cease employment due to:
  - » Retirement
  - » Disability
  - » Death
  - » Severance from employment
  - » Unforeseen emergency withdrawals (as defined by the plan document)

Client Friendly Technology & Communication

- Quarterly participant statement
- Toll-free number for daily account balance or transfers
- Interactive website – www.oneamerica.com
- Personalized benefit projections
- Quarterly participant newsletter

2020 Contribution Limit

- $19,500
- $26,000 (age 50 and over)

Long-Term Disability Income Insurance

Enhanced Plans

First Financial Group of America
First in Service and Expertise

AMERICAN FIDELITY
a different opinion

This brochure highlights important features of the policy. Please refer to your certificate for complete details.

Long-Term Disability Income Insurance

Disability income insurance is here for you.

- **Salary Protection for You and Your Loved Ones**
  Provides a steady benefit to cover expenses while you are unable to work. The plan makes it easy to help protect your future income in case of a sudden injury or sickness.
- **Several Elimination Periods Available**
  Based on your individual need, there are various elimination periods for you to choose from. The plan pays a percentage of your gross monthly income once you have satisfied the elimination period.
- **Benefit Payments Made Directly to You**
  Your monthly benefit payments may be deposited directly into your bank account. This gives you the freedom to pay your living expenses and make other purchases as you see fit.
- **Social Security Filing Assistance**
  If we determine you are a likely candidate for social security disability benefits, we can assist you with the application and appeal process.

In 2015, 77% of injuries requiring medical attention suffered by workers occured off the job.

National Safety Council, Injury Facts, 2017 Edition, p. 63.

Choose the Right Plan for You

Benefits Begin

Plan I - On the 15th day of Disability due to a covered Injury or Sickness.

Plan II - On the 31st day of Disability due to a covered Injury or Sickness.

Plan III - On the 61st day of Disability due to a covered Injury or Sickness.

Plan IV - On the 91st day of Disability due to a covered Injury or Sickness.

Plan V - On the 151st day of Disability due to a covered Injury or Sickness.

Injury means physical harm or damage to the body you sustained which results directly from an accidental bodily injury, is independent of disease or bodily infirmity; and takes place while your coverage is in force.

Sickness means a disease or illness (including pregnancy). Disability must begin while your coverage is in force.

Hospital - the term "Hospital" shall not include an institution used by you as a place for rehabilitation; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatrics ward; or an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.

Benefits Are Payable

Benefits are payable to the period of time shown in the chart below, based on your age as of the date Disability due to a covered Injury or Sickness begins.

Age	Maximum Benefit Period
Less than age 60	To Social Security Normal Retirement Age (SSNRA)*
60	60 months, or to SSNRA*, whichever is greater
61	48 months, or to SSNRA*, whichever is greater
62	42 months, or to SSNRA*, whichever is greater
63	36 months, or to SSNRA*, whichever is greater
64	30 months, or to SSNRA*, whichever is greater
65	24 months, or to SSNRA*, whichever is greater
66	21 months, or to SSNRA*, whichever is greater
67	18 months, or to SSNRA*, whichever is greater
68	15 months, or to SSNRA*, whichever is greater
Age 69 or older	12 months, or to SSNRA*, whichever is greater

**Age at which you are entitled to unreduced Social Security benefits based on current Social Security Amendments.*

If you reside in a state other than your employer's state of domicile, where required by law, policy provisions and benefits may vary.

Policy Provisions and Plan Features

Eligibility

All permanent employees in subscribing group working 20 hours or more per week. Regarding your eligibility, we may require proof of good health and will rely on answers given on your application to determine if coverage can be issued. Regardless of your health at the time of application, if coverage is approved and issued, claims incurred while coverage is in force will be subject to all terms of the Policy including any Pre-Existing Condition limitation.

When Coverage Begins

Certificates will become effective on the requested effective date following the date we approve the application, provided you are on active employment and premium has been paid.

Physician Expense Benefit

Injury - $150.00 per Injury
Sickness - $50.00

If you need personal treatment by a Physician due to an Injury or Sickness, we will pay the amount shown above provided no other claim has been paid under the Policy. This benefit will be paid for Sickness only if the treatment is received during one full day of Disability during which you missed one full day of work. To be eligible for more than one payment for the same or related condition due to Sickness, you must have returned to work for at least 14 consecutive scheduled workdays. You are not required to miss one full day of work in order to receive the Injury benefit.

Accidental Death Benefit

A lump sum of $20,000 will be paid to your designated beneficiary if you die as the direct result of an injury within 90 days after the injury.

Hospital Confinement Benefit

A Hospital Confinement Benefit will be paid each day you are confined as a patient in a Hospital due to an Injury or Sickness, for up to 60 days. The amount payable is 1 times the Disability Benefit which will be pro-rated on a daily basis. This benefit will not be reduced by Deductible Sources of Income. The Hospital confinement must be at least 18 continuous hours in duration. This benefit will begin after your satisfaction of the elimination period.

Waiver of Premium

No premium payments are required while you are receiving payments under the plan after disability payments have been received for 180 consecutive days. We will require proof annually that you remain disabled during that time.

Donor Benefit

If you are disabled as a result of being an organ or tissue donor, we will pay your benefit as any other sickness under the terms of the plan.

Offsets With Other Sources of Income

Deductible Sources of Income include:

- Other group disability income.
- Governmental or other retirement system, whether due to disability, normal retirement or voluntary election of retirement benefits.
- United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your disability.
- State Disability.
- Unemployment compensation.
- Sick leave or other salary or wage continuance plans provided by the Employer which extend beyond 60 (Plans I, II, and III), 90 (Plan IV), and 150 (Plan V) calendar days from the date of disability.

We reserve the right to estimate these Deductible Sources of Income that you may receive as defined in your Certificate.

Minimum Disability Benefit

The Minimum Disability Benefit is 10% of the Monthly Disability Benefit or $100.00, whichever is greater.

If You Are Disabled Due to a Covered Disability and Not Working

Your disability payment will be the disability benefit described in the benefit schedule less any deductible sources of income you receive or are entitled to receive. No disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

Disability or disabled for the first 12 months of disability means that you are unable to perform the material and substantial duties of your regular occupation. After that, disability means you are unable to perform the material and substantial duties of any gainful occupation for wage or profit for which you are reasonably qualified by training, education, or experience.

Return To Work Incentives: Disabled and Working

If you are disabled and working, you may be eligible to continue to receive a percentage of your disability payment in addition to your disability earnings. If your disability earnings exceed 80% of your monthly compensation, payments will stop and your claim will end.

- **Family Care Benefit**
  If you are disabled and working and have one or more eligible family members, you may be eligible for a family care benefit. This benefit is for expenses incurred up to 25% of your monthly disability benefit. Your disability earnings, gross disability benefit, and family care benefit cannot exceed 100% of your monthly compensation. Payment of this benefit ends when you cease to be eligible for benefits under the Disabled and Working provision of the policy.
- **Worksite Accommodation**
  As a part of our claims evaluation process, if worksite modifications may assist your return to work, we will evaluate your claim for appropriate action.

Policy Benefit Limitations and Exclusions

Mental Illness Limited Benefit

If you are disabled due to a mental illness, benefits will be provided for up to 2 years, not to exceed the maximum disability period.

Alcoholism and Drug Addiction Limited Benefit

If you are disabled due to alcoholism or drug addiction, a limited benefit of up to 15 days for each disability will be paid. Benefits will not be paid beyond the maximum benefit period. If drug addiction is sustained at the hands of, or while under the regular and appropriate care of a physician in the course of treatment for injury or sickness, it will be covered the same as any other sickness.

Special Conditions Limited Benefit

If you are disabled due to special conditions and under the regular and appropriate care of a physician, benefits will be provided for up to 2 years. Special conditions means: chronic fatigue syndrome; fibromyalgia; any disease, disorder, accident or injury of the neck or back not resulting in hemiplegia, paraplegia, or quadriplegia; environmental allergic illness including, but not limited to sick building syndrome and multiple chemical sensitivity; and self-reported symptoms. Self-reported symptoms are symptoms that the insured tells their physician that are not verifiable using tests, procedures or clinical examinations. Examples include: headaches, pain, fatigue, stiffness, soreness, ringing in ears, dizziness, numbness, or loss of energy.

Pre-Existing Condition Limitation

A limited benefit up to 1 month's Disability Benefit will be payable for Disability due to a Pre-Existing Condition. This provision will not apply if you have: gone treatment-free; incurred no expense; taken no medication; and received no diagnosis or advice from a Physician, for 12 consecutive months for such condition(s).

This limitation will not apply to a Disability resulting from a Pre-Existing Condition that begins after you have been continuously covered under the Policy for 24 months.

Any increase in benefits will be subject to this pre-existing condition limitation. A new pre-existing condition period must be satisfied with respect to any increase applied for and approved by us.

Pre-existing condition means a disease, Injury, Sickness, physical condition or mental illness for which you: had treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 12 month period immediately before your effective date of coverage. The term pre-existing condition will also include conditions which are related to such disease, injury, sickness, physical condition, or mental illness.

Exclusions

The Policy does not cover any loss, fatal or non-fatal, resulting from:

- Intentionally self-inflicted injury while sane or insane.
- An act of war, declared or undeclared.
- Injury sustained or Sickness contracted while in the service of the armed forces of any country.
- Committing a felony.
- Penal incarceration. We will not pay benefits for Disability or any other loss during any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer.
- Injury or Sickness arising out of and in the course of any occupation for wage or profit or for which you are entitled to Workers' Compensation.

The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements that occur via compromise and release. Further, no benefits will be paid under this Policy for any period during which you are entitled to Workers' Compensation benefits.

Your coverage may be continued for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment terminates. Your coverage can be terminated on any premium due date with 31 days advance notice. If premium rates are increased, we will provide a 60 day advance notice.

There is a *3 in 10* chance of a person suffering a disabling illness or injury that would keep them out of work for three months or more.

LIMRA: 2015 Disability Insurance Awareness Month; May 2015.

Benefit Policy Schedule

Several benefit options are available to you. You may participate in the Plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 70% of your Monthly Compensation.

			Monthly Premiums				
Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Plan I (15th)	Plan II (31st)	Plan III (61st)	Plan IV (91st)	Plan V (151st)
$286.00 - $428.99	$200.00	$20,000.00	$7.28	$5.80	$4.92	$4.16	$3.12
$429.00 - $571.99	$300.00	$20,000.00	$10.92	$8.70	$7.38	$6.24	$4.68
$572.00 - $714.99	$400.00	$20,000.00	$14.56	$11.60	$9.84	$8.32	$6.24
$715.00 - $857.99	$500.00	$20,000.00	$18.20	$14.50	$12.30	$10.40	$7.80
$858.00 - $999.99	$600.00	$20,000.00	$21.84	$17.40	$14.76	$12.48	$9.36
$1,000.00 - $1,142.99	$700.00	$20,000.00	$25.48	$20.30	$17.22	$14.56	$10.92
$1,143.00 - $1,285.99	$800.00	$20,000.00	$29.12	$23.20	$19.68	$16.64	$12.48
$1,286.00 - $1,428.99	$900.00	$20,000.00	$32.76	$26.10	$22.14	$18.72	$14.04
$1,429.00 - $1,571.99	$1,000.00	$20,000.00	$36.40	$29.00	$24.60	$20.80	$15.60
$1,572.00 - $1,714.99	$1,100.00	$20,000.00	$40.04	$31.90	$27.06	$22.88	$17.16
$1,715.00 - $1,857.99	$1,200.00	$20,000.00	$43.68	$34.80	$29.52	$24.96	$18.72
$1,858.00 - $1,999.99	$1,300.00	$20,000.00	$47.32	$37.70	$31.98	$27.04	$20.28
$2,000.00 - $2,142.99	$1,400.00	$20,000.00	$50.96	$40.60	$34.44	$29.12	$21.84
$2,143.00 - $2,285.99	$1,500.00	$20,000.00	$54.60	$43.50	$36.90	$31.20	$23.40
$2,286.00 - $2,428.99	$1,600.00	$20,000.00	$58.24	$46.40	$39.36	$33.28	$24.96
$2,429.00 - $2,571.99	$1,700.00	$20,000.00	$61.88	$49.30	$41.82	$35.36	$26.52
$2,572.00 - $2,714.99	$1,800.00	$20,000.00	$65.52	$52.20	$44.28	$37.44	$28.08
$2,715.00 - $2,857.99	$1,900.00	$20,000.00	$69.16	$55.10	$46.74	$39.52	$29.64
$2,858.00 - $2,999.99	$2,000.00	$20,000.00	$72.80	$58.00	$49.20	$41.60	$31.20
$3,000.00 - $3,142.99	$2,100.00	$20,000.00	$76.44	$60.90	$51.66	$43.68	$32.76
$3,143.00 - $3,285.99	$2,200.00	$20,000.00	$80.08	$63.80	$54.12	$45.76	$34.32
$3,286.00 - $3,428.99	$2,300.00	$20,000.00	$83.72	$66.70	$56.58	$47.84	$35.88
$3,429.00 - $3,571.99	$2,400.00	$20,000.00	$87.36	$69.60	$59.04	$49.92	$37.44
$3,572.00 - $3,714.99	$2,500.00	$20,000.00	$91.00	$72.50	$61.50	$52.00	$39.00
$3,715.00 - $3,857.99	$2,600.00	$20,000.00	$94.64	$75.40	$63.96	$54.08	$40.56
$3,858.00 - $3,999.99	$2,700.00	$20,000.00	$98.28	$78.30	$66.42	$56.16	$42.12
$4,000.00 - $4,142.99	$2,800.00	$20,000.00	$101.92	$81.20	$68.88	$58.24	$43.68
$4,143.00 - $4,285.99	$2,900.00	$20,000.00	$105.56	$84.10	$71.34	$60.32	$45.24
$4,286.00 - $4,428.99	$3,000.00	$20,000.00	$109.20	$87.00	$73.80	$62.40	$46.80
$4,429.00 - $4,571.99	$3,100.00	$20,000.00	$112.84	$89.90	$76.26	$64.48	$48.36
$4,572.00 - $4,714.99	$3,200.00	$20,000.00	$116.48	$92.80	$78.72	$66.56	$49.92
$4,715.00 - $4,857.99	$3,300.00	$20,000.00	$120.12	$95.70	$81.18	$68.64	$51.48
$4,858.00 - $4,999.99	$3,400.00	$20,000.00	$123.76	$98.60	$83.64	$70.72	$53.04
$5,000.00 - $5,142.99	$3,500.00	$20,000.00	$127.40	$101.50	$86.10	$72.80	$54.60
$5,143.00 - $5,285.99	$3,600.00	$20,000.00	$131.04	$104.40	$88.56	$74.88	$56.16
$5,286.00 - $5,428.99	$3,700.00	$20,000.00	$134.68	$107.30	$91.02	$76.96	$57.72
$5,429.00 - $5,571.99	$3,800.00	$20,000.00	$138.32	$110.20	$93.48	$79.04	$59.28

Benefit Policy Schedule (continued)

Several benefit options are available to you. You may participate in the Plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 70% of your Monthly Compensation.

			Monthly Premiums				
Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Plan I (15th)	Plan II (31st)	Plan III (61st)	Plan IV (91st)	Plan V (151st)
$5,572.00 - $5,714.99	$3,900.00	$20,000.00	$141.96	$113.10	$95.94	$81.12	$60.84
$5,715.00 - $5,857.99	$4,000.00	$20,000.00	$145.60	$116.00	$98.40	$83.20	$62.40
$5,858.00 - $5,999.99	$4,100.00	$20,000.00	$149.24	$118.90	$100.86	$85.28	$63.96
$6,000.00 - $6,142.99	$4,200.00	$20,000.00	$152.88	$121.80	$103.32	$87.36	$65.52
$6,143.00 - $6,285.99	$4,300.00	$20,000.00	$156.52	$124.70	$105.78	$89.44	$67.08
$6,286.00 - $6,428.99	$4,400.00	$20,000.00	$160.16	$127.60	$108.24	$91.52	$68.64
$6,429.00 - $6,571.99	$4,500.00	$20,000.00	$163.80	$130.50	$110.70	$93.60	$70.20
$6,572.00 - $6,714.99	$4,600.00	$20,000.00	$167.44	$133.40	$113.16	$95.68	$71.76
$6,715.00 - $6,857.99	$4,700.00	$20,000.00	$171.08	$136.30	$115.62	$97.76	$73.32
$6,858.00 - $6,999.99	$4,800.00	$20,000.00	$174.72	$139.20	$118.08	$99.84	$74.88
$7,000.00 - $7,142.99	$4,900.00	$20,000.00	$178.36	$142.10	$120.54	$101.92	$76.44
$7,143.00 - $7,285.99	$5,000.00	$20,000.00	$182.00	$145.00	$123.00	$104.00	$78.00
$7,286.00 - $7,428.99	$5,100.00	$20,000.00	$185.64	$147.90	$125.46	$106.08	$79.56
$7,429.00 - $7,571.99	$5,200.00	$20,000.00	$189.28	$150.80	$127.92	$108.16	$81.12
$7,572.00 - $7,714.99	$5,300.00	$20,000.00	$192.92	$153.70	$130.38	$110.24	$82.68
$7,715.00 - $7,857.99	$5,400.00	$20,000.00	$196.56	$156.60	$132.84	$112.32	$84.24
$7,858.00 - $7,999.99	$5,500.00	$20,000.00	$200.20	$159.50	$135.30	$114.40	$85.80
$8,000.00 - $8,142.99	$5,600.00	$20,000.00	$203.84	$162.40	$137.76	$116.48	$87.36
$8,143.00 - $8,285.99	$5,700.00	$20,000.00	$207.48	$165.30	$140.22	$118.56	$88.92
$8,286.00 - $8,428.99	$5,800.00	$20,000.00	$211.12	$168.20	$142.68	$120.64	$90.48
$8,429.00 - $8,571.99	$5,900.00	$20,000.00	$214.76	$171.10	$145.14	$122.72	$92.04
$8,572.00 - $8,713.99	$6,000.00	$20,000.00	$218.40	$174.00	$147.60	$124.80	$93.60
$8,714.00 - $8,856.99	$6,100.00	$20,000.00	$222.04	$176.90	$150.06	$126.88	$95.16
$8,857.00 - $8,999.99	$6,200.00	$20,000.00	$225.68	$179.80	$152.52	$128.96	$96.72
$9,000.00 - $9,142.99	$6,300.00	$20,000.00	$229.32	$182.70	$154.98	$131.04	$98.28
$9,143.00 - $9,285.99	$6,400.00	$20,000.00	$232.96	$185.60	$157.44	$133.12	$99.84
$9,286.00 - $9,428.99	$6,500.00	$20,000.00	$236.60	$188.50	$159.90	$135.20	$101.40
$9,429.00 - $9,570.99	$6,600.00	$20,000.00	$240.24	$191.40	$162.36	$137.28	$102.96
$9,571.00 - $9,713.99	$6,700.00	$20,000.00	$243.88	$194.30	$164.82	$139.36	$104.52
$9,714.00 - $9,856.99	$6,800.00	$20,000.00	$247.52	$197.20	$167.28	$141.44	$106.08
$9,857.00 - $9,999.99	$6,900.00	$20,000.00	$251.16	$200.10	$169.74	$143.52	$107.64
$10,000.00 - $10,142.99	$7,000.00	$20,000.00	$254.80	$203.00	$172.20	$145.60	$109.20
$10,143.00 - $10,285.99	$7,100.00	$20,000.00	$258.44	$205.90	$174.66	$147.68	$110.76
$10,286.00 - $10,428.99	$7,200.00	$20,000.00	$262.08	$208.80	$177.12	$149.76	$112.32
$10,429.00 - $10,570.99	$7,300.00	$20,000.00	$265.72	$211.70	$179.58	$151.84	$113.88
$10,571.00 - $10,713.99	$7,400.00	$20,000.00	$269.36	$214.60	$182.04	$153.92	$115.44
$10,714.00 - And Over	$7,500.00	$20,000.00	$273.00	$217.50	$184.50	$156.00	$117.00

Benefit Riders and Limitations

Hospital Indemnity Limited Benefit Rider

This rider is designed to pay a daily benefit amount for a Hospital Confinement, up to a maximum of 90 days, if you are confined to a Hospital.

Summary of Hospital Indemnity Limited Benefit Rider Benefits:

Benefits are not payable for Injury or Sickness incurred in the first 12 months of coverage due to a pre-existing condition as defined in the base policy. Patient must be confined to a Hospital for a minimum of 18 hours and charged room and board.

Hospital Indemnity Limited Benefit Rider	
Daily Benefit Amount	Monthly Premium
$100.00	$6.00
$150.00	$9.00

Spousal Accident Only Disability Benefit Rider

This rider is designed to provide a monthly benefit if your spouse suffers a Disability due to a non-occupational accident.

Summary of Accident Only Spousal Benefit Rider Benefits:

Pays a monthly benefit amount to you for your spouse who is disabled as a result of a non-occupational accident. Benefits begin on the 31st consecutive day after the Injury and will continue for up to two years.

Spousal Accident Only Disability Benefit Rider		
Monthly Benefit Amount	Annual Salary	Monthly Premium
$500.00	up to $10,000.00	$4.00
$1,000.00	$10,001.00 - $20,000.00	$8.00
$1,500.00	$20,001.00 - $30,000.00	$12.00
$2,000.00	$30,001.00 and over.	$16.00

COBRA Funding Rider

This rider is designed to help cover the cost of COBRA premiums if you elect COBRA coverage while you are receiving Disability Benefits.

Summary of COBRA Funding Rider Benefits:

In order to receive benefits under this Rider, you must: be receiving benefits under your Disability base plan; elect medical COBRA coverage; and be paying medical COBRA premiums. This benefit will pay up to the end of the disability benefit period or to the end of your medical COBRA benefit period, whichever occurs first.

COBRA Funding Rider	
Monthly Benefit Amount	Monthly Premium
$300.00	$4.50
$600.00	$9.00

Survivor Benefit Rider

This rider is designed to provide a benefit to your beneficiary or estate, if you die while receiving Disability Benefits.

Summary of Survivor Benefit Rider Benefits:

Benefits are payable if you have been disabled and not working for at least 90 days, and die while receiving Disability Benefits. Pays a monthly benefit up to one year or until the maximum disability period is exhausted, whichever occurs first.

Survivor Benefit Rider	
Monthly Benefit Amount	Monthly Premium
$2,000.00	$6.80

Critical Illness Benefit Rider

This rider is designed to provide a lump sum benefit based on diagnosis of a certain critical illness.

Summary of Critical Illness Benefit Rider Benefits:

Benefits are payable at a one-time lump sum benefit amount based on diagnosis of the following conditions Heart Attack, Stroke, Kidney Failure, Paralysis, or Major Organ Failure. In the case of Heart Attack, a physician must make the diagnosis and treatment must occur within 72 hours of the onset of symptoms.

Critical Illness Benefit Rider	
Benefit Amount	Monthly Premium
$10,000.00	$9.80
$15,000.00	$13.18
$20,000.00	$16.56
$25,000.00	$19.94

Benefit Rider Limitations and Exclusions

Hospital Indemnity Limited Benefit Rider

The Hospital Confinement Benefit will not be payable for an Injury or Sickness incurred in the first 12 months of coverage if the Injury or Sickness is caused by or resulting from a Pre-Existing Condition as defined in the Policy. In addition to the Exclusions listed in the Policy, no benefits will be payable under this Rider for any Hospital Confinement that is caused by or resulting from Mental Illness or Drug or Alcohol Abuse. Benefits are reduced by 50% at age 70. Successive Hospital stays will be considered as one confinement if they are separated by less than 90 days of confinement to a Hospital.

The term "Hospital" shall not include an institution used by you as a place for rehabilitation; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatrics ward; or as an extended care facility for the care of convalescent, rehabilitative , or ambulatory patients.

Critical Illness Benefit Rider

The Critical Illness Rider will not be payable for any loss caused by or resulting from: (a) a Critical Illness when the Date of Diagnosis occurs during the Waiting Period; (b) a Critical Illness diagnosed outside of the United States; or (c) a Sickness or Injury not specifically defined in this Rider.

No Critical Illness Benefit will be payable for a Critical Illness which is caused by or resulting from a Pre-Existing Condition when the Critical Illness Date of Diagnosis occurs before you have been continuously covered under this Rider for 12 consecutive months. Following 12 consecutive months this exclusion does not apply.

Pre-Existing Condition means a disease, Injury, Sickness, physical condition or mental illness for which you have experienced any of the following: (a) treatment; (b) incurred expense; (c) took medication; (d) received care or services including diagnostic testing or related measures; or (e) received a diagnosis or advise from a Physician, during the 12-month period immediately before the Effective Date of this Rider. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition or mental illness. Benefits reduce by 50% at age 70. No benefits will be paid for a Critical Illness when the Date of Diagnosis occurs during the Critical Illness Waiting Period. The waiting period is 30 days from the Effective Date of this Rider.

COBRA Funding Benefit Rider

Proof of election of medical COBRA continuation must be provided to American Fidelity. Proof of continued medical COBRA participation will be required before benefits are paid under this Rider. Your employment must have terminated for the benefit to be payable.

Spousal Accident Only Disability Benefit Rider

This Rider does not provide benefits for your Spouse for any Disability, fatal or non-fatal, which results from any of the following: (a) Intentionally self-inflicted Injury while sane or insane; (b) An act of war, declared or undeclared; (c) Injury sustained or contracted while in the service of the armed forces of any country; (d) Committing a felony; (e) Penal incarceration. American Fidelity will not pay benefits during any period for which your Spouse is incarcerated in a penal or correctional institution or for any Injury that occurs while your Spouse is incarcerated in a penal or correctional institution; (f) Injury arising out of and in the course of any occupation for wage or profit or for which your Spouse is entitled to Workers' Compensation. The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements which occur via compromise and release. Further, no benefits will be paid under this Policy for any period during which your Spouse is entitled to Workers' Compensation benefits; (g) Participation in any sport for wage or profit; (h) Participation in any contest of speed in a power driven vehicle for wage or profit.

Spouse means the person you are lawfully married to who is less than age 70. No benefits are payable for your Spouse under this Rider for a Disability from an Injury that occurred outside of the United States or its territories. No benefit will be provided for any period in which your Spouse is not under the regular and appropriate care of a Physician. No benefits will be paid for any Injury to your Spouse which is caused by or resulting from spousal abuse.

Survivor Benefit Rider

The Policy does not cover any loss, fatal or non-fatal, which results from: intentionally self-inflicted injury while sane or insane; an act of war, declared or undeclared; Injury sustained or Sickness contracted while in the service of the armed forces of any country; committing a felony; penal incarceration. American Fidelity will not pay benefits for Disability or any other loss for any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer; or Injury or Sickness arising out of and in the course of any occupation for wage or profit or for which you are entitled to Workers' Compensation. No Disability Payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

Your coverage with respect to the riders listed above will end on the earliest of these dates: the end of the last period for which premium has been paid; the date you notify us in writing to terminate coverage; the date the rider is discontinued; the date the policy is discontinued; or the date your employment terminates.

Availability of riders may vary by state, employer and short-term coverage with a benefit period of less than 12 months. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed. Riders have limitations, exclusions, and waiting periods. Refer to your policy for complete details. These Riders will terminate on the same date as the Policy or Certificate to which it is attached.

View and print your policies plus file a claim at americanfidelity.com

American Fidelity's Online Service Center provides you convenient, secure 24/7 access to manage your account or file a claim.

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Why Term Life Insurance

Life insurance is an important piece of a strong financial plan. While there is no complete replacement for the loss of a loved one, American Fidelity Assurance Company's Term Life Insurance can help protect your family in your absence. It provides short-term coverage at a competitive price. For those on a limited budget, Term Life Insurance can help fill temporary needs.

62% of adults in the United States have no individual life insurance.

LIMRA: 2015 Insurance Barometer Study; April 2015.

Did You Know?

Almost **2 out of 3** people say the life insurance they receive from their employer is not enough.

LIMRA: 2014 Insurance Barometer Study April 2014.

Why You Need Life Insurance

Consider the following expenses when choosing the right life insurance plan for you.

Final Expenses

Funeral Costs
Unpaid Medical Bills

Self Time

Time to Grieve
Housing Decision

Income Replacement

Mortgage/Rent
Other Loans

Nest Egg

Estate Planning
Income Replacement

Life insurance provided by your employer is an important benefit. However, it may not be enough protection to provide for your loved ones.

A term life policy may help supplement your existing coverage and may assist in meeting financial demands, should you need it. Plus, this is an individual policy which means you own it and can take it with you to a different job or in retirement.

Financial Protection for You

American Fidelity Assurance Company's Term Life Insurance is a great option for your working and earning years when expenses are usually at their highest.

With our Term Life Insurance, premiums will remain the same for the initial term period selected.[1] The death benefit will not change for the life of the policy, and death benefits are generally paid tax free.

Three Easy Steps to Get Covered

1

Select a Term Period

Choose from a 10, 20, or 30 year term.

2

Answer Three Health Questions[2]

Only three health questions are required to issue coverage, and you don't have to participate in any invasive medical exams.

3

Get Death Benefit Coverage Immediately[3]

Your death benefit coverage starts when you sign the application.

[1]Premiums are subject to increase upon renewal. *[2]Issuance of the policy may depend on the answer to these questions. [3]Interim coverage for death will be in force from the date your application is signed if on such date the proposed insured is insurable per our underwriting guidelines for the requested coverage in accordance with the terms of the policy. This interim coverage for death will remain in force until the earlier of: 1) the date a policy becomes effective; 2) the date we decline the application; or 3) the date we notify the proposed insured that they are ineligible for interim coverage. The employee and/or spouse must remain actively at work during the interim coverage period. If the death of the proposed insured occurs during the interim coverage period, the first month's premium will be subtracted from the policy proceeds. Interim coverage is only for death benefits under the base policy, Children's Term Rider and Spouse Term Rider. No interim coverage benefits are available under any Waiver of Premium Rider, Accidental Death and Dismemberment Rider, or Accelerated Benefit Rider for Long Term Illness.*

EMPLOYEE ISSUE AGES

10 Year Term: 17-65
20 Year Term: 17-60
30 Year Term: 17-50

EMPLOYEE ISSUE MAXIMUM

Ages 17-49: $300,000
Ages 50-65: $100,000

GUARANTEED LEVEL DEATH BENEFIT

You will receive the full face amount of your policy. (Provided no accelerated benefits are paid.)

SPOUSE ISSUE AGES AND MAXIMUMS

Ages 17-49: $50,000
Ages 50-60: $25,000

RATES BASED ON ISSUE AGE AND TOBACCO STATUS

Your premiums will be based on your age on the date your policy becomes effective. You can be eligible for reduced rates if you are a non-tobacco user.

RENEWABLE AND CONVERTIBLE[4]

You may renew your coverage to age 90. You may convert to a whole life policy prior to age 70.

SAMPLE 20-YEAR TERM NON- TOBACCO MONTHLY PREMIUM RATES[5]

	$25K+	$50K+	$100K	$150K	$300K
25	$6.50	$9.00	$16.00	$20.00	$38.00
35	$7.50	$11.50	$21.00	$27.50	$53.00
45	$11.75	$20.50	$39.00	$56.00	$110.00
55	$25.25	$38.50	$75.00	n/a	n/a

+Shaded amounts available for spouse base policy purchases.

[4]Premiums remain level for the initial term period selected. If you choose the 10 or 20 Year Term Life Plan, the renewal date will be every 10 or 20 years until the policy anniversary following age 70 or 60 respectively. Thereafter, premiums are renewable annually. The 30 Year Term Life Plan is renewable annually after the initial term period. All term plans expire the policy anniversary following age 90. Rates will be adjusted on each renewed term period; [5]Example is based on a 20-year term, monthly, non-tobacco, base policy with no attached riders. For specific ages, rates, term periods or face amounts, see your American Fidelity account manager.

Enhance Your Plan[6]

Waiver of Premium Rider

This rider waives the premium if the base Insured becomes totally disabled, as defined in the rider, for at least six consecutive months. Premiums are waived for the base policy and any attached riders. Issue age is 17-60. The rider terminates at age 65.

Accidental Death and Dismemberment Rider

This rider provides coverage upon death, dismemberment, or paralysis of the base Insured prior to age 70 if such death, dismemberment, or paralysis results from accidental causes, as defined in the rider. This rider also provides an additional 10% seatbelt benefit, if the police accident report certifies the base Insured was wearing a properly fastened seatbelt at time of death. Benefits are payable once per Covered Accident.

Spouse Term Rider

This rider provides level Term Life Insurance coverage on your spouse. The premiums for this rider are based on the spouse's age and tobacco usage. Coverage may be renewed for each additional renewal period up to the spouse's age 90, while the base policy is in force. [4]Premiums adjust upon renewal. Face amount must be equal to or less than the base policy.

Children's Term Rider

This rider provides level term life insurance protection for all your eligible children who are between the ages of one month through age 19. Coverage remains on each child until age 26 or marriage of the child prior to age 26. Your covered child may also convert this rider for up to five times the amount of coverage (subject to a $100,000 limit overall) to any form of permanent insurance offered by American Fidelity for conversions. One premium covers all eligible children. Three benefit levels are available: $10,000, $20,000, and $30,000.

Accelerated Benefit Rider for Long Term Illness

(Available with 30-Year Term Life Only)

This rider provides for two equal advances of a portion of the base policy's death benefit due to a Long Term Illness if we receive satisfactory proof of Long Term Illness prior to each annual payment. Coverage is available on the base Insured only.

[4]Premiums remain level for the initial term period selected. If you choose the 10 or 20 Year Term Life Plan, the renewal date will be every 10 or 20 years until the policy anniversary following age 70 or 60 respectively. Thereafter, premiums are renewable annually. The 30 Year Term Life Plan is renewable annually after the initial term period. All term plans expire the policy anniversary following age 90. Rates will be adjusted on each renewed term period;[6]Additional riders are subject to our general underwriting criteria and coverage is not guaranteed. Rider availability may vary by state.

Accelerated Benefit Summary and Disclosure Notice

THIS DOCUMENT SERVES ONLY AS A SUMMARY AND A DISCLOSURE NOTICE. PLEASE REFER TO YOUR POLICY OR RIDER FOR ACTUAL CONTRACT PROVISIONS.

THE POLICY/RIDER PROVIDES AN ACCELERATED BENEFIT OPTION. YOU SHOULD CONSULT WITH A PERSONAL TAX ADVISOR IF YOU ARE CONSIDERING ELECTING PAYMENT UNDER AN ACCELERATED BENEFIT PROVISION. BENEFITS AS SPECIFIED IN THE POLICY/RIDER WILL BE REDUCED UPON RECEIPT OF AN ACCELERATED BENEFIT PAYMENT. RECEIPT OF ACCELERATED BENEFIT PAYMENTS: 1) MAY BE TAXABLE; 2) MAY AFFECT YOUR ELIGIBILITY FOR BENEFITS UNDER STATE OR FEDERAL LAW; AND, 3) DO NOT AND ARE NOT INTENDED TO QUALIFY AS LONG-TERM CARE INSURANCE.

The policy and/or rider you are applying for has an Accelerated Benefit provision. The provision allows a portion of the death benefits to be advanced if certain conditions are met. Please see policy/rider for conditions and definitions, as applicable.

Prior to the payment of any Accelerated Benefit, the following conditions must be met:

- The minimum Accelerated Benefit available is $5,000. The maximums vary by policy/rider (see specific information below) and shall not exceed the Benefit Amount for the policy shown on the Policy Schedule.
- Only one Accelerated Benefit election will be made under the policy and/or each rider even if the Owner does not elect the full acceleration amount.
- If two or more Accelerated Benefits are payable on behalf of the Insured/Covered Person under the policy or any attached riders for the same or related sickness, injury or loss, benefits will be paid in the following order:
  1) Accelerated Benefit for Critical Illness, if this optional rider is attached to the policy;
  2) Accelerated Benefit for Long Term Illness, if this optional rider is attached to the policy; and
  3) Accelerated Benefit for Terminal Condition.
- Additional limitations and exclusions may apply, please read your policy/rider carefully.

Upon request to accelerate the policy/rider proceeds, and upon the payment of the accelerated benefit, the Owner and any irrevocable beneficiary shall be given a statement demonstrating the effect of the acceleration on the payment of policy proceeds, cash value, death benefit, premium, and policy loans, as applicable.

Accelerated Benefit for Terminal Condition

Prior to the payment of any Accelerated Benefit, the Insured/Covered Person must have a Terminal Condition, defined as an imminent death expected as a result of a non-correctable medical condition that with reasonable medical certainty will result in a drastically limited life span of the Insured/Covered Person of 12 months or less. The maximum payable is the lesser of: 50% of the eligible proceeds as defined in the policy/rider, or $100,000. There is no premium associated with this provision.

Payment of an Accelerated Benefit, if elected, will have the following effect on your contract:

- Upon payment of the Accelerated Benefit, the policy/rider will remain in force. Any premiums due to keep the policy/rider in force will be paid by us, and will be deducted from the policy proceeds upon death, unless you are currently exercising the Automatic Premium Loan option. If you are currently exercising the Automatic Premium Loan option, any premiums will continue to be paid under this option, until such time as this option is exhausted or discontinued.
- Policy proceeds which are payable on the death of the Insured/Covered Person will be reduced by the amount of the Accelerated Benefit, any outstanding policy loans, and any premiums paid by us on your behalf.
- Cash values, if any, will continue to accumulate as specified in your policy or rider. Access to the policy cash value may be restricted to the excess of the cash value over the sum of the amount accelerated and any premiums paid by us and any other outstanding policy loans.
- Any outstanding loan, including interest will not be deducted from the Accelerated Benefit payment.
- This Accelerated Benefit will be treated as a lien against the death benefit and applied at time of death.

Accelerated Benefit for Long Term Illness

(optional rider)

Prior to the payment of any Accelerated Benefit, the Insured must have a Long Term Illness, which means the Insured has been certified within the last 12 months by a Licensed Health Care Practitioner as permanently unable to perform, without Substantial Assistance from another individual, at least two out of five Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or requiring Substantial Supervision due to permanent Severe Cognitive Impairment. The maximum payable is the lesser of 50% of the Eligible Proceeds available at the time of claim payable in two equal annual payments up to a maximum of 25% of the eligible proceeds per year for two consecutive years; or $100,000 payable in two equal annual payments up to a maximum of $50,000 per year for two consecutive years. Premium is required to keep this rider in force.

Payment of an Accelerated Benefit for Long Term Illness, if elected and/or Critical Illness, if elected, will have the following effect on your contract:

- Upon payment of the Accelerated Benefit, the rider will terminate and no additional benefits will be due under the rider, even for recurrence. The policy will remain in force and premiums will continue to be billed and payable as due.
- Policy proceeds which are payable on the death of the Insured will be reduced by the amount of the Accelerated Benefit.
- Cash values, if any, will continue to accumulate as specified in your policy or rider. The cash values will be adjusted proportionally by the percent accelerated.
- Any outstanding policy loan, including interest, will be proportionally reduced by the percent accelerated and will be deducted from the Accelerated Benefit payment.
- The Accelerated Benefit will reduce the Benefit Amount and will be applied immediately upon acceleration.

ICC14 DN111

The acceleration of life insurance benefits offered under this policy are intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If the acceleration of life insurance benefits qualify for such favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to acceleration of life insurance benefits are complex. You are advised to consult with a qualified tax advisor under circumstances under which you could receive acceleration of life insurance benefits excludable from income under federal law.

Receipt of acceleration of life insurance benefits may affect you, your spouse or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect you, your spouse and your family's eligibility for public assistance.

This brochure does not constitute the full policy and is intended to provide basic information about American Fidelity Assurance Company's Renewable and Convertible Term Life Insurance product, ICC14 RCTL14 / RCTL14 Series. For specific details, limitations and exclusions, please refer to your policy, riders. Please consult your tax advisor for your specific situation. This policy is not eligible under Section 125. Rider availability may vary by state.

We will not pay the policy proceeds if the insured commits suicide, while sane or insane for the period of time as described in the insured's policy, from the Effective date. Instead, we will return all premiums paid.

TERM LIFE INSURANCE
Renewable and Convertible

Marketed by:

First Financial Group of America
First in Service and Expertise

Underwritten by American Fidelity Assurance Company

Spouse Coverage Available[1]

10 YEAR RATES *Tobacco Users Rates*

ISSUE AGE	DEATH BENEFIT *Monthly Premium Including Policy Fee*										
	$25,000	$30,000	$50,000	$75,000	$100,000	$125,000	$150,000	$175,000	$200,000	$250,000	$300,000
17	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
18	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
19	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
20	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
21	8.25	9.50	12.50	17.75	23.00	24.50	29.00	33.50	38.00	47.00	56.00
22	8.25	9.50	13.00	18.50	24.00	24.50	29.00	33.50	38.00	47.00	56.00
23	8.25	9.50	13.00	18.50	24.00	24.50	29.00	33.50	38.00	47.00	56.00
24	8.25	9.50	13.50	19.25	25.00	24.50	29.00	33.50	38.00	47.00	56.00
25	8.25	9.50	14.00	20.00	26.00	24.50	29.00	33.50	38.00	47.00	56.00
26	8.25	9.50	14.50	20.75	27.00	24.50	29.00	33.50	38.00	47.00	56.00
27	8.50	9.80	14.50	20.75	27.00	24.50	29.00	33.50	38.00	47.00	56.00
28	8.50	9.80	15.00	21.50	28.00	25.75	30.50	35.25	40.00	49.50	59.00
29	8.75	10.10	15.00	21.50	28.00	25.75	30.50	35.25	40.00	49.50	59.00
30	8.75	10.10	15.50	22.25	29.00	25.75	30.50	35.25	40.00	49.50	59.00
31	9.00	10.40	16.00	23.00	30.00	27.00	32.00	37.00	42.00	52.00	62.00
32	9.50	11.00	17.00	24.50	32.00	28.25	33.50	38.75	44.00	54.50	65.00
33	9.75	11.30	17.50	25.25	33.00	29.50	35.00	40.50	46.00	57.00	68.00
34	10.00	11.60	18.00	26.00	34.00	32.00	38.00	44.00	50.00	62.00	74.00
35	10.50	12.20	19.00	27.50	36.00	33.25	39.50	45.75	52.00	64.50	77.00
36	11.25	13.10	20.00	29.00	38.00	37.00	44.00	51.00	58.00	72.00	86.00
37	12.00	14.00	21.50	31.25	41.00	40.75	48.50	56.25	64.00	79.50	95.00
38	12.75	14.90	23.00	33.50	44.00	44.50	53.00	61.50	70.00	87.00	104.00
39	13.50	15.80	24.50	35.75	47.00	49.50	59.00	68.50	78.00	97.00	116.00
40	14.50	17.00	26.00	38.00	50.00	54.50	65.00	75.50	86.00	107.00	128.00
41	15.75	18.50	28.50	41.75	55.00	57.00	68.00	79.00	90.00	112.00	134.00
42	17.00	20.00	31.00	45.50	60.00	60.75	72.50	84.25	96.00	119.50	143.00
43	18.25	21.50	34.00	50.00	66.00	63.25	75.50	87.75	100.00	124.50	149.00
44	19.75	23.30	37.50	55.25	73.00	67.00	80.00	93.00	106.00	132.00	158.00
45	21.50	25.40	41.00	60.50	80.00	70.75	84.50	98.25	112.00	139.50	167.00
46	24.00	28.40	42.50	62.75	83.00	73.25	87.50	101.75	116.00	144.50	173.00
47	27.00	32.00	44.00	65.00	86.00	77.00	92.00	107.00	122.00	152.00	182.00
48	30.50	36.20	45.50	67.25	89.00	80.75	96.50	112.25	128.00	159.50	191.00
49	34.25	40.70	47.00	69.50	92.00	84.50	101.00	117.50	134.00	167.00	200.00
50	38.50	45.80	48.50	71.75	95.00	--	--	--	--	--	--
51	40.50	48.20	53.00	78.50	104.00	--	--	--	--	--	--
52	42.75	50.90	58.00	86.00	114.00	--	--	--	--	--	--
53	45.25	53.90	63.00	93.50	124.00	--	--	--	--	--	--
54	47.50	56.60	69.00	102.50	136.00	--	--	--	--	--	--
55	50.25	59.90	75.50	112.25	149.00	--	--	--	--	--	--
56	56.50	67.40	84.00	125.00	166.00	--	--	--	--	--	--
57	63.50	75.80	93.00	138.50	184.00	--	--	--	--	--	--
58	71.25	85.10	103.50	154.25	205.00	--	--	--	--	--	--
59	80.25	95.90	115.50	172.25	229.00	--	--	--	--	--	--
60	90.50	108.20	128.50	191.75	255.00	--	--	--	--	--	--
61	90.75	108.50	137.50	205.25	273.00	--	--	--	--	--	--
62	91.25	109.10	147.50	220.25	293.00	--	--	--	--	--	--
63	91.50	109.40	158.50	236.75	315.00	--	--	--	--	--	--
64	92.00	110.00	170.00	254.00	338.00	--	--	--	--	--	--
65	92.25	110.30	182.50	272.75	363.00	--	--	--	--	--	--

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TERM LIFE INSURANCE
Renewable and Convertible

10 YEAR RATES *Non-Tobacco Users Rates*

RIDER RATES (Monthly Premium)

SPOUSE TERM RIDER: Use the rate sheet to find the the spouse's coordinating age, face amount, and tobacco use and deduct $2.00.

CHILDREN'S TERM RIDER: $10,000: $4.80 / $20,000: $9.60 / $30,000: $14.40. Issue ages 1mo thru 19. Subject to the overall child maximum of $50,000. Grandchildren are not eligible for this rider.

ACCIDENTAL DEATH & DISMEMBERMENT RIDER: For the monthly rate, multiply .08 per $1,000 of coverage.

WAIVER OF PREMIUM RIDER: Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

Spouse Coverage Available[1]

ISSUE AGE	DEATH BENEFIT *Monthly Premium Including Policy Fee*										
	$25,000	$30,000	$50,000	$75,000	$100,000	$125,000	$150,000	$175,000	$200,000	$250,000	$300,000
17	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
18	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
19	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
20	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
21	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
22	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
23	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
24	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
25	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
26	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
27	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
28	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
29	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
30	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
31	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
32	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
33	6.75	7.70	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
34	6.75	7.70	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
35	6.75	7.70	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
36	7.00	8.00	9.50	13.25	17.00	18.25	21.50	24.75	28.00	34.50	41.00
37	7.25	8.30	10.00	14.00	18.00	19.50	23.00	26.50	30.00	37.00	44.00
38	7.50	8.60	10.50	14.75	19.00	20.75	24.50	28.25	32.00	39.50	47.00
39	7.75	8.90	11.00	15.50	20.00	22.00	26.00	30.00	34.00	42.00	50.00
40	8.00	9.20	11.50	16.25	21.00	23.25	27.50	31.75	36.00	44.50	53.00
41	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
42	8.75	10.10	13.00	18.50	24.00	27.00	32.00	37.00	42.00	52.00	62.00
43	9.00	10.40	13.50	19.25	25.00	28.25	33.50	38.75	44.00	54.50	65.00
44	9.25	10.70	14.00	20.00	26.00	29.50	35.00	40.50	46.00	57.00	68.00
45	9.75	11.30	15.00	21.50	28.00	32.00	38.00	44.00	50.00	62.00	74.00
46	10.50	12.20	16.00	23.00	30.00	34.50	41.00	47.50	54.00	67.00	80.00
47	11.50	13.40	17.50	25.25	33.00	37.00	44.00	51.00	58.00	72.00	86.00
48	12.50	14.60	18.50	26.75	35.00	40.75	48.50	56.25	64.00	79.50	95.00
49	13.50	15.80	20.00	29.00	38.00	44.50	53.00	61.50	70.00	87.00	104.00
50	14.75	17.30	21.50	31.25	41.00	--	--	--	--	--	--
51	15.50	18.20	23.00	33.50	44.00	--	--	--	--	--	--
52	16.50	19.40	24.00	35.00	46.00	--	--	--	--	--	--
53	17.50	20.60	25.50	37.25	49.00	--	--	--	--	--	--
54	18.50	21.80	27.50	40.25	53.00	--	--	--	--	--	--
55	19.50	23.00	29.00	42.50	56.00	--	--	--	--	--	--
56	21.25	25.10	32.00	47.00	62.00	--	--	--	--	--	--
57	23.00	27.20	35.00	51.50	68.00	--	--	--	--	--	--
58	25.00	29.60	38.50	56.75	75.00	--	--	--	--	--	--
59	27.25	32.30	42.50	62.75	83.00	--	--	--	--	--	--
60	29.75	35.30	46.50	68.75	91.00	--	--	--	--	--	--
61	31.00	36.80	50.50	74.75	99.00	--	--	--	--	--	--
62	32.00	38.00	54.50	80.75	107.00	--	--	--	--	--	--
63	33.25	39.50	59.00	87.50	116.00	--	--	--	--	--	--
64	34.75	41.30	64.00	95.00	126.00	--	--	--	--	--	--
65	36.00	42.80	69.50	103.25	137.00	--	--	--	--	--	--

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20 YEAR RATES *Tobacco Users Rates*

Spouse Coverage Available[1]

ISSUE AGE	DEATH BENEFIT Monthly Premium Including Policy Fee										
	$25,000	$30,000	$50,000	$75,000	$100,000	$125,000	$150,000	$175,000	$200,000	$250,000	$300,000
17	8.75	10.10	12.50	17.75	23.00	25.75	30.50	35.25	40.00	49.50	59.00
18	8.75	10.10	12.50	17.75	23.00	25.75	30.50	35.25	40.00	49.50	59.00
19	8.75	10.10	12.50	17.75	23.00	25.75	30.50	35.25	40.00	49.50	59.00
20	8.75	10.10	12.50	17.75	23.00	25.75	30.50	35.25	40.00	49.50	59.00
21	8.75	10.10	13.00	18.50	24.00	25.75	30.50	35.25	40.00	49.50	59.00
22	8.75	10.10	13.50	19.25	25.00	27.00	32.00	37.00	42.00	52.00	62.00
23	8.75	10.10	13.50	19.25	25.00	27.00	32.00	37.00	42.00	52.00	62.00
24	8.75	10.10	14.00	20.00	26.00	28.25	33.50	38.75	44.00	54.50	65.00
25	8.75	10.10	14.50	20.75	27.00	28.25	33.50	38.75	44.00	54.50	65.00
26	9.00	10.40	15.00	21.50	28.00	29.50	35.00	40.50	46.00	57.00	68.00
27	9.25	10.70	15.50	22.25	29.00	30.75	36.50	42.25	48.00	59.50	71.00
28	9.25	10.70	16.00	23.00	30.00	30.75	36.50	42.25	48.00	59.50	71.00
29	9.50	11.00	16.50	23.75	31.00	32.00	38.00	44.00	50.00	62.00	74.00
30	9.75	11.30	17.00	24.50	32.00	33.25	39.50	45.75	52.00	64.50	77.00
31	10.25	11.90	18.00	26.00	34.00	34.50	41.00	47.50	54.00	67.00	80.00
32	11.00	12.80	19.50	28.25	37.00	37.00	44.00	51.00	58.00	72.00	86.00
33	11.50	13.40	20.50	29.75	39.00	39.50	47.00	54.50	62.00	77.00	92.00
34	12.25	14.30	22.00	32.00	42.00	40.75	48.50	56.25	64.00	79.50	95.00
35	13.00	15.20	23.50	34.25	45.00	43.25	51.50	59.75	68.00	84.50	101.00
36	14.00	16.40	25.50	37.25	49.00	47.00	56.00	65.00	74.00	92.00	110.00
37	15.00	17.60	27.50	40.25	53.00	52.00	62.00	72.00	82.00	102.00	122.00
38	16.25	19.10	30.00	44.00	58.00	55.75	66.50	77.25	88.00	109.50	131.00
39	17.50	20.60	32.50	47.75	63.00	60.75	72.50	84.25	96.00	119.50	143.00
40	18.75	22.10	35.50	52.25	69.00	67.00	80.00	93.00	106.00	132.00	158.00
41	20.25	23.90	38.50	56.75	75.00	74.50	89.00	103.50	118.00	147.00	176.00
42	22.00	26.00	42.00	62.00	82.00	84.50	101.00	117.50	134.00	167.00	200.00
43	24.00	28.40	46.00	68.00	90.00	94.50	113.00	131.50	150.00	187.00	224.00
44	26.25	31.10	50.00	74.00	98.00	105.75	126.50	147.25	168.00	209.50	251.00
45	28.50	33.80	54.50	80.75	107.00	118.25	141.50	164.75	188.00	234.50	281.00
46	31.50	37.40	57.00	84.50	112.00	124.50	149.00	173.50	198.00	247.00	296.00
47	34.75	41.30	59.50	88.25	117.00	130.75	156.50	182.25	208.00	259.50	311.00
48	38.25	45.50	62.50	92.75	123.00	138.25	165.50	192.75	220.00	274.50	329.00
49	42.25	50.30	65.50	97.25	129.00	145.75	174.50	203.25	232.00	289.50	347.00
50	46.75	55.70	68.50	101.75	135.00	--	--	--	--	--	--
51	50.25	59.90	74.00	110.00	146.00	--	--	--	--	--	--
52	53.75	64.10	80.00	119.00	158.00	--	--	--	--	--	--
53	57.75	68.90	86.00	128.00	170.00	--	--	--	--	--	--
54	62.00	74.00	93.00	138.50	184.00	--	--	--	--	--	--
55	66.50	79.40	100.50	149.75	199.00	--	--	--	--	--	--
56	73.50	87.80	108.50	161.75	215.00	--	--	--	--	--	--
57	81.25	97.10	117.50	175.25	233.00	--	--	--	--	--	--
58	89.75	107.30	127.00	189.50	252.00	--	--	--	--	--	--
59	99.25	118.70	137.50	205.25	273.00	--	--	--	--	--	--
60	110.00	131.60	149.00	222.50	296.00	--	--	--	--	--	--

This insert must be used in conjunction with SB-30357 and any state specific deviations thereof. *Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For specific details, limitations, and exclusions, please refer to the policy/rider. Rider availability may vary by state. Not eligible under section 125.* [1] *Maximum face amount available is $50,000.*

TERM LIFE INSURANCE
Renewable and Convertible

RIDER RATES (Monthly Premium)

SPOUSE TERM RIDER: Use the rate sheet to find the the spouse's coordinating age, face amount, and tobacco use and deduct $2.00.

CHILDREN'S TERM RIDER: $10,000: $4.80 / $20,000: $9.60 / $30,000: $14.40. Issue ages 1mo thru 19. Subject to the overall child maximum of $50,000. Grandchildren are not eligible for this rider.

ACCIDENTAL DEATH & DISMEMBERMENT RIDER: For the monthly rate, multiply .08 per $1,000 of coverage.

WAIVER OF PREMIUM RIDER: Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

20 YEAR RATES *Non-Tobacco Users Rates*

Spouse Coverage Available[1]

ISSUE AGE	DEATH BENEFIT *Monthly Premium Including Policy Fee*										
	$25,000	$30,000	$50,000	$75,000	$100,000	$125,000	$150,000	$175,000	$200,000	$250,000	$300,000
17	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
18	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
19	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
20	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
21	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
22	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
23	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
24	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
25	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
26	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
27	6.50	7.40	9.00	12.50	16.00	18.25	21.50	24.75	28.00	34.50	41.00
28	6.50	7.40	9.50	13.25	17.00	18.25	21.50	24.75	28.00	34.50	41.00
29	6.50	7.40	9.50	13.25	17.00	19.50	23.00	26.50	30.00	37.00	44.00
30	6.50	7.40	9.50	13.25	17.00	19.50	23.00	26.50	30.00	37.00	44.00
31	6.75	7.70	10.00	14.00	18.00	20.75	24.50	28.25	32.00	39.50	47.00
32	7.00	8.00	10.00	14.00	18.00	20.75	24.50	28.25	32.00	39.50	47.00
33	7.00	8.00	10.50	14.75	19.00	22.00	26.00	30.00	34.00	42.00	50.00
34	7.25	8.30	11.00	15.50	20.00	22.00	26.00	30.00	34.00	42.00	50.00
35	7.50	8.60	11.50	16.25	21.00	23.25	27.50	31.75	36.00	44.50	53.00
36	7.75	8.90	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
37	8.00	9.20	13.00	18.50	24.00	27.00	32.00	37.00	42.00	52.00	62.00
38	8.25	9.50	13.50	19.25	25.00	28.25	33.50	38.75	44.00	54.50	65.00
39	8.75	10.10	14.00	20.00	26.00	30.75	36.50	42.25	48.00	59.50	71.00
40	9.00	10.40	15.00	21.50	28.00	33.25	39.50	45.75	52.00	64.50	77.00
41	9.50	11.00	16.00	23.00	30.00	35.75	42.50	49.25	56.00	69.50	83.00
42	10.00	11.60	17.00	24.50	32.00	38.25	45.50	52.75	60.00	74.50	89.00
43	10.50	12.20	18.00	26.00	34.00	40.75	48.50	56.25	64.00	79.50	95.00
44	11.00	12.80	19.00	27.50	36.00	43.25	51.50	59.75	68.00	84.50	101.00
45	11.75	13.70	20.50	29.75	39.00	47.00	56.00	65.00	74.00	92.00	110.00
46	12.75	14.90	21.50	31.25	41.00	49.50	59.00	68.50	78.00	97.00	116.00
47	14.00	16.40	22.50	32.75	43.00	52.00	62.00	72.00	82.00	102.00	122.00
48	15.25	17.90	24.00	35.00	46.00	55.75	66.50	77.25	88.00	109.50	131.00
49	16.75	19.70	25.00	36.50	48.00	58.25	69.50	80.75	92.00	114.50	137.00
50	18.50	21.80	26.50	38.75	51.00	--	--	--	--	--	--
51	19.75	23.30	28.50	41.75	55.00	--	--	--	--	--	--
52	21.00	24.80	30.50	44.75	59.00	--	--	--	--	--	--
53	22.25	26.30	33.00	48.50	64.00	--	--	--	--	--	--
54	23.75	28.10	35.50	52.25	69.00	--	--	--	--	--	--
55	25.25	29.90	38.50	56.75	75.00	--	--	--	--	--	--
56	27.50	32.60	42.50	62.75	83.00	--	--	--	--	--	--
57	30.00	35.60	47.00	69.50	92.00	--	--	--	--	--	--
58	32.50	38.60	52.00	77.00	102.00	--	--	--	--	--	--
59	35.50	42.20	58.00	86.00	114.00	--	--	--	--	--	--
60	38.75	46.10	64.00	95.00	126.00	--	--	--	--	--	--

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TERM LIFE INSURANCE
Renewable and Convertible

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First Financial Group of America
First in Service and Expertise

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30 YEAR RATES *Tobacco Users Rates*

ISSUE AGE	DEATH BENEFIT Monthly Premium Including Policy Fee															
	$10,000		$25,000		$50,000		$100,000		$150,000		$200,000		$250,000		$300,000	
	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI
17	5.00	0.12	9.50	0.30	15.00	0.59	28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
18	5.00	0.12	9.50	0.30	15.00	0.59	28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
19	5.00	0.12	9.50	0.30	15.00	0.59	28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
20	5.00	0.12	9.50	0.30	15.00	0.59	28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
21	5.10	0.12	9.75	0.31	15.50	0.62	29.00	1.23	39.50	1.85	52.00	2.46	64.50	3.08	77.00	3.69
22	5.20	0.13	10.00	0.32	16.00	0.64	30.00	1.28	41.00	1.92	54.00	2.56	67.00	3.20	80.00	3.84
23	5.30	0.13	10.25	0.33	16.50	0.67	31.00	1.33	42.50	2.00	56.00	2.66	69.50	3.33	83.00	3.99
24	5.40	0.14	10.50	0.35	17.00	0.69	32.00	1.38	44.00	2.07	58.00	2.76	72.00	3.45	86.00	4.14
25	5.50	0.14	10.75	0.35	17.50	0.70	33.00	1.40	45.50	2.10	60.00	2.80	74.50	3.50	89.00	4.20
26	5.60	0.15	11.00	0.38	18.00	0.75	34.00	1.50	47.00	2.25	62.00	3.00	77.00	3.75	92.00	4.50
27	5.70	0.16	11.25	0.40	18.50	0.80	35.00	1.60	48.50	2.40	64.00	3.20	79.50	4.00	95.00	4.80
28	5.80	0.17	11.50	0.43	19.00	0.85	36.00	1.70	50.00	2.55	66.00	3.40	82.00	4.25	98.00	5.10
29	5.90	0.18	11.75	0.45	19.50	0.90	37.00	1.80	51.50	2.70	68.00	3.60	84.50	4.50	101.00	5.40
30	6.00	0.20	12.00	0.49	20.00	0.98	38.00	1.95	53.00	2.93	70.00	3.90	87.00	4.88	104.00	5.85
31	6.40	0.21	13.00	0.53	22.00	1.05	42.00	2.10	57.50	3.15	76.00	4.20	94.50	5.25	113.00	6.30
32	6.80	0.23	14.00	0.56	24.00	1.13	46.00	2.25	62.00	3.38	82.00	4.50	102.00	5.63	122.00	6.75
33	7.30	0.24	15.25	0.60	26.50	1.20	51.00	2.40	66.50	3.60	88.00	4.80	109.50	6.00	131.00	7.20
34	7.80	0.26	16.50	0.64	29.00	1.28	56.00	2.55	72.50	3.83	96.00	5.10	119.50	6.38	143.00	7.65
35	8.30	0.27	17.75	0.68	32.00	1.37	62.00	2.73	78.50	4.10	104.00	5.46	129.50	6.83	155.00	8.19
36	8.80	0.29	19.00	0.73	34.50	1.47	67.00	2.93	84.50	4.40	112.00	5.86	139.50	7.33	167.00	8.79
37	9.40	0.31	20.50	0.78	37.50	1.57	73.00	3.13	90.50	4.70	120.00	6.26	149.50	7.83	179.00	9.39
38	10.10	0.33	22.25	0.83	40.50	1.67	79.00	3.33	98.00	5.00	130.00	6.66	162.00	8.33	194.00	9.99
39	10.80	0.35	24.00	0.88	43.50	1.77	85.00	3.53	105.50	5.30	140.00	7.06	174.50	8.83	209.00	10.59
40	11.50	0.37	25.75	0.91	47.00	1.83	92.00	3.65	113.00	5.48	150.00	7.30	187.00	9.13	224.00	10.95
41	12.30	0.39	27.75	0.99	51.00	1.97	100.00	3.94	122.00	5.91	162.00	7.88	202.00	9.85	242.00	11.82
42	13.20	0.42	30.00	1.06	55.50	2.11	109.00	4.22	131.00	6.33	174.00	8.44	217.00	10.55	260.00	12.66
43	14.20	0.45	32.50	1.13	60.50	2.25	119.00	4.50	141.50	6.75	188.00	9.00	234.50	11.25	281.00	13.50
44	15.30	0.48	35.25	1.19	66.00	2.38	130.00	4.76	153.50	7.14	204.00	9.52	254.50	11.90	305.00	14.28
45	16.50	0.50	38.25	1.26	72.00	2.52	142.00	5.04	165.50	7.56	220.00	10.08	274.50	12.60	329.00	15.12
46	17.60	0.56	41.00	1.40	74.50	2.79	147.00	5.58	173.00	8.37	230.00	11.16	287.00	13.95	344.00	16.74
47	18.80	0.61	44.00	1.53	77.00	3.05	152.00	6.10	179.00	9.15	238.00	12.20	297.00	15.25	356.00	18.30
48	20.10	0.66	47.25	1.65	80.00	3.30	158.00	6.60	188.00	9.90	250.00	13.20	312.00	16.50	374.00	19.80
49	21.50	0.71	50.75	1.77	82.50	3.55	163.00	7.09	197.00	10.64	262.00	14.18	327.00	17.73	392.00	21.27
50	23.00	0.76	54.50	1.89	85.50	3.79	169.00	7.57	--		--		--		--	

Spouse Coverage Available[1]

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TERM LIFE INSURANCE
Renewable and Convertible

RIDER RATES (Monthly Premium)

SPOUSE TERM RIDER:	Use the rate sheet to find the the spouse's coordinating age, face amount, and tobacco use and deduct $2.00.
CHILDREN'S TERM RIDER:	$10,000: $4.80 / $20,000: $9.60 / $30,000: $14.40. Issue ages 1mo thru 19. Subject to the overall child maximum of $50,000. Grandchildren are not eligible for this rider.
ACCIDENTAL DEATH & DISMEMBERMENT RIDER:	For the monthly rate, multiply .08 per $1,000 of coverage.
WAIVER OF PREMIUM RIDER:	Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.
ACCELERATED BENEFIT FOR LONG TERM ILLNESS RIDER (ABLTI):	Add the rate shown in the ABLTI column to the base rate.

30 YEAR RATES *Non-Tobacco Users Rates*

DEATH BENEFIT
Monthly Premium Including Policy Fee

ISSUE AGE	$10,000		$25,000		$50,000		$100,000		$150,000		$200,000		$250,000		$300,000	
	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI
17	4.00	0.08	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
18	4.00	0.08	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
19	4.00	0.08	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
20	4.00	0.08	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
21	4.00	0.08	7.00	0.20	10.50	0.40	19.00	0.80	24.50	1.20	32.00	1.60	39.50	2.00	47.00	2.40
22	4.00	0.08	7.00	0.21	10.50	0.42	19.00	0.83	24.50	1.25	32.00	1.66	39.50	2.08	47.00	2.49
23	4.10	0.09	7.25	0.21	11.00	0.43	20.00	0.85	26.00	1.28	34.00	1.70	42.00	2.13	50.00	2.55
24	4.10	0.09	7.25	0.22	11.00	0.44	20.00	0.88	26.00	1.32	34.00	1.76	42.00	2.20	50.00	2.64
25	4.10	0.09	7.25	0.23	11.00	0.47	20.00	0.93	26.00	1.40	34.00	1.86	42.00	2.33	50.00	2.79
26	4.10	0.10	7.25	0.25	11.00	0.50	20.00	1.00	27.50	1.50	36.00	2.00	44.50	2.50	53.00	3.00
27	4.20	0.11	7.50	0.27	11.50	0.54	21.00	1.08	27.50	1.62	36.00	2.16	44.50	2.70	53.00	3.24
28	4.20	0.12	7.50	0.29	11.50	0.58	21.00	1.15	29.00	1.73	38.00	2.30	47.00	2.88	56.00	3.45
29	4.30	0.12	7.75	0.31	12.00	0.62	22.00	1.23	29.00	1.85	38.00	2.46	47.00	3.08	56.00	3.69
30	4.30	0.13	7.75	0.33	12.00	0.65	22.00	1.30	30.50	1.95	40.00	2.60	49.50	3.25	59.00	3.90
31	4.40	0.14	8.00	0.35	12.50	0.70	23.00	1.40	32.00	2.10	42.00	2.80	52.00	3.50	62.00	4.20
32	4.50	0.15	8.25	0.38	13.00	0.75	24.00	1.50	32.00	2.25	42.00	3.00	52.00	3.75	62.00	4.50
33	4.50	0.16	8.25	0.40	13.00	0.80	24.00	1.60	33.50	2.40	44.00	3.20	54.50	4.00	65.00	4.80
34	4.60	0.17	8.50	0.43	13.50	0.85	25.00	1.70	33.50	2.55	44.00	3.40	54.50	4.25	65.00	5.10
35	4.70	0.18	8.75	0.45	14.00	0.90	26.00	1.80	35.00	2.70	46.00	3.60	57.00	4.50	68.00	5.40
36	4.90	0.19	9.25	0.48	15.00	0.97	28.00	1.93	38.00	2.90	50.00	3.86	62.00	4.83	74.00	5.79
37	5.10	0.21	9.75	0.51	16.00	1.03	30.00	2.05	41.00	3.08	54.00	4.10	67.00	5.13	80.00	6.15
38	5.30	0.22	10.25	0.55	17.00	1.09	32.00	2.18	44.00	3.27	58.00	4.36	72.00	5.45	86.00	6.54
39	5.50	0.23	10.75	0.58	18.00	1.15	34.00	2.30	47.00	3.45	62.00	4.60	77.00	5.75	92.00	6.90
40	5.80	0.24	11.50	0.60	19.50	1.20	37.00	2.39	51.50	3.59	68.00	4.78	84.50	5.98	101.00	7.17
41	6.10	0.26	12.25	0.64	21.00	1.28	40.00	2.56	56.00	3.84	74.00	5.12	92.00	6.40	110.00	7.68
42	6.50	0.27	13.25	0.68	23.00	1.36	44.00	2.71	62.00	4.07	82.00	5.42	102.00	6.78	122.00	8.13
43	6.90	0.29	14.25	0.72	24.50	1.43	47.00	2.86	66.50	4.29	88.00	5.72	109.50	7.15	131.00	8.58
44	7.30	0.30	15.25	0.75	27.00	1.51	52.00	3.01	72.50	4.52	96.00	6.02	119.50	7.53	143.00	9.03
45	7.80	0.32	16.50	0.79	29.00	1.58	56.00	3.15	80.00	4.73	106.00	6.30	132.00	7.88	158.00	9.45
46	8.30	0.35	17.75	0.86	31.50	1.73	61.00	3.45	87.50	5.18	116.00	6.90	144.50	8.63	173.00	10.35
47	8.80	0.37	19.00	0.93	34.00	1.87	66.00	3.73	95.00	5.60	126.00	7.46	157.00	9.33	188.00	11.19
48	9.30	0.40	20.25	1.00	37.00	2.00	72.00	4.00	104.00	6.00	138.00	8.00	172.00	10.00	206.00	12.00
49	9.90	0.43	21.75	1.07	40.50	2.14	79.00	4.27	114.50	6.41	152.00	8.54	189.50	10.68	227.00	12.81
50	10.60	0.45	23.50	1.13	44.00	2.25	86.00	4.50	--		--		--		--	

Spouse Coverage Available[1]

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purelife-plus

- **It's Affordable You own it**
- **You can take it with you when you change jobs or retire**
- **You pay for it through convenient payroll deductions: no checks to write or links to click**
- **You can cover your spouse, children and grandchildren, too[1]**
- **You can get a living benefit if you become terminally ill[2]**
- **You can get cash to cover living expenses if you become chronically ill[3]**
- **You can qualify by answering just 3 questions - no exam or needles**

1. Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.
2. Conditions apply.
3. Chronic Illness Rider available for an additional cost for employees only. Conditions apply. Rider not available in CA. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15

First Financial Group of America
First in Service and Expertise

Flexible Premium Adjustable Life Insurance to age 121. Policy Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18. Some limitations apply. See the PureLife-plus brochure for details. Texas Life is licensed to do business in the District of Columbia and every state but New York.

TEXASLIFE INSURANCE COMPANY
Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

19M004-C FFGA 1003 (exp0321)

TEXASLIFE INSURANCE COMPANY Employee monthly premiums

PureLife-plus — Standard Risk Table Premiums — Non-Tobacco — Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	$10,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000	$300,000	
15D-1										83
2-3										83
4-10										79
11-16										75
17-20		11.40	20.55	29.70	38.85	57.15	75.45	93.75	112.05	73
21-22		11.68	21.10	30.53	39.95	58.80	77.65	96.50	115.35	73
23-25		11.95	21.65	31.35	41.05	60.45	79.85	99.25	118.65	71
26		12.23	22.20	32.18	42.15	62.10	82.05	102.00	121.95	72
27		12.50	22.75	33.00	43.25	63.75	84.25	104.75	125.25	72
28		12.50	22.75	33.00	43.25	63.75	84.25	104.75	125.25	71
29		12.78	23.30	33.83	44.35	65.40	86.45	107.50	128.55	71
30-31		13.05	23.85	34.65	45.45	67.05	88.65	110.25	131.85	70
32		13.60	24.95	36.30	47.65	70.35	93.05	115.75	138.45	70
33		14.15	26.05	37.95	49.85	73.65	97.45	121.25	145.05	71
34		14.70	27.15	39.60	52.05	76.95	101.85	126.75	151.65	72
35		15.53	28.80	42.08	55.35	81.90	108.45	135.00	161.55	73
36		16.08	29.90	43.73	57.55	85.20	112.85	140.50	168.15	73
37		16.63	31.00	45.38	59.75	88.50	117.25	146.00	174.75	73
38		17.45	32.65	47.85	63.05	93.45	123.85	154.25	184.65	74
39		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	75
40	9.21	19.65	37.05	54.45	71.85	106.65	141.45	176.25	211.05	76
41	9.76	21.03	39.80	58.58	77.35	114.90	152.45	190.00	227.55	77
42	10.53	22.95	43.65	64.35	85.05	126.45	167.85	209.25	250.65	78
43	11.30	24.88	47.50	70.13	92.75	138.00	183.25	228.50	273.75	80
44	12.07	26.80	51.35	75.90	100.45	149.55	198.65	247.75	296.85	81
45	12.95	29.00	55.75	82.50	109.25	162.75	216.25	269.75	323.25	82
46	13.83	31.20	60.15	89.10	118.05	175.95	233.85	291.75	349.65	83
47	14.60	33.13	64.00	94.88	125.75	187.50	249.25	311.00	372.75	83
48	15.48	35.33	68.40	101.48	134.55	200.70	266.85	333.00	399.15	84
49	16.47	37.80	73.35	108.90	144.45	215.55	286.65	357.75	428.85	85
50	17.68	40.83	79.40	117.98	156.55					86
51	19.11	44.40	86.55	128.70	170.85					87
52	20.87	48.80	95.35	141.90	188.45					88
53	22.63	53.20	104.15	155.10	206.05					90
54	23.84	56.23	110.20	164.18	218.15					90
55	24.94	58.98	115.70	172.43	229.15					91
56	26.04	61.73	121.20	180.68	240.15					91
57	27.25	64.75	127.25	189.75	252.25					91
58	28.57	68.05	133.85	199.65	265.45					91
59	29.78	71.08	139.90	208.73	277.55					91
60	30.63	73.20	144.15	215.10	286.05					91
61	32.28	77.33	152.40	227.48	302.55					91
62	34.04	81.73	161.20	240.68	320.15					92
63	35.91	86.40	170.55	254.70	338.85					92
64	37.89	91.35	180.45	269.55	358.65					92
65	39.98	96.58	190.90	285.23	379.55					92
66	42.29									92
67	44.82									92
68	47.57									92
69	50.43									93
70	53.29									93

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

Non-Tobacco

TEXASLIFE INSURANCE COMPANY Employee monthly premiums

PureLife-plus — Standard Risk Table Premiums — Tobacco — Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	$10,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000	$300,000	
15D-1										83
2-3										83
4-10										79
11-16										75
17-20		16.08	29.90	43.73	57.55	85.20	112.85	140.50	168.15	70
21-22		16.63	31.00	45.38	59.75	88.50	117.25	146.00	174.75	70
23-25		17.45	32.65	47.85	63.05	93.45	123.85	154.25	184.65	69
26		17.73	33.20	48.68	64.15	95.10	126.05	157.00	187.95	69
27		18.00	33.75	49.50	65.25	96.75	128.25	159.75	191.25	68
28		18.28	34.30	50.33	66.35	98.40	130.45	162.50	194.55	68
29		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	68
30-31		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	69
32		21.30	40.35	59.40	78.45	116.55	154.65	192.75	230.85	69
33		21.58	40.90	60.23	79.55	118.20	156.85	195.50	234.15	69
34		21.85	41.45	61.05	80.65	119.85	159.05	198.25	237.45	68
35		23.23	44.20	65.18	86.15	128.10	170.05	212.00	253.95	69
36		24.05	45.85	67.65	89.45	133.05	176.65	220.25	263.85	69
37		25.43	48.60	71.78	94.95	141.30	187.65	234.00	280.35	70
38		26.25	50.25	74.25	98.25	146.25	194.25	242.25	290.25	70
39		27.90	53.55	79.20	104.85	156.15	207.45	258.75	310.05	70
40	13.50	30.38	58.50	86.63	114.75	171.00	227.25	283.50	339.75	72
41	14.27	32.30	62.35	92.40	122.45	182.55	242.65	302.75	362.85	73
42	15.26	34.78	67.30	99.83	132.35	197.40	262.45	327.50	392.55	74
43	16.80	38.63	75.00	111.38	147.75	220.50	293.25	366.00	438.75	76
44	17.68	40.83	79.40	117.98	156.55	233.70	310.85	388.00	465.15	77
45	18.89	43.85	85.45	127.05	168.65	251.85	335.05	418.25	501.45	78
46	19.99	46.60	90.95	135.30	179.65	268.35	357.05	445.75	534.45	79
47	21.09	49.35	96.45	143.55	190.65	284.85	379.05	473.25	567.45	79
48	22.19	52.10	101.95	151.80	201.65	301.35	401.05	500.75	600.45	80
49	23.95	56.50	110.75	165.00	219.25	327.75	436.25	544.75	653.25	82
50	25.16	59.53	116.80	174.08	231.35					82
51	27.03	64.20	126.15	188.10	250.05					83
52	29.34	69.98	137.70	205.43	273.15					85
53	31.21	74.65	147.05	219.45	291.85					87
54	32.75	78.50	154.75	231.00	307.25					87
55	34.29	82.35	162.45	242.55	322.65					87
56	36.05	86.75	171.25	255.75	340.25					87
57	37.70	90.88	179.50	268.13	356.75					87
58	39.68	95.83	189.40	282.98	376.55					87
59	41.33	99.95	197.65	295.35	393.05					87
60	42.51	102.90	203.55	304.20	404.85					87
61	45.37	110.05	217.85	325.65	433.45					88
62	48.01	116.65	231.05	345.45	459.85					88
63	50.54	122.98	243.70	364.43	485.15					88
64	53.07	129.30	256.35	383.40	510.45					89
65	55.71	135.90	269.55	403.20	536.85					89
66	58.57									89
67	61.65									89
68	64.84									89
69	68.25									89
70	71.88									90

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

Inforce

TEXASLIFE INSURANCE COMPANY Spouse/Child monthly premiums

PureLife-plus — Standard Risk Table Premiums — Non-Tobacco — Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	$10,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000	$300,000	
15D-1		8.00	13.75							83
2-3		8.25	14.25							83
4-10		8.50	14.75							79
11-16		8.75	15.25							75
17-20		10.75	19.25	27.75	36.25	53.25	70.25	87.25	104.25	73
21-22		11.00	19.75	28.50	37.25	54.75	72.25	89.75	107.25	73
23-25		11.25	20.25	29.25	38.25	56.25	74.25	92.25	110.25	71
26		11.50	20.75	30.00	39.25	57.75	76.25	94.75	113.25	72
27		11.75	21.25	30.75	40.25	59.25	78.25	97.25	116.25	72
28		11.75	21.25	30.75	40.25	59.25	78.25	97.25	116.25	71
29		12.00	21.75	31.50	41.25	60.75	80.25	99.75	119.25	71
30-31		12.25	22.25	32.25	42.25	62.25	82.25	102.25	122.25	70
32		12.75	23.25	33.75	44.25	65.25	86.25	107.25	128.25	70
33		13.25	24.25	35.25	46.25	68.25	90.25	112.25	134.25	71
34		13.75	25.25	36.75	48.25	71.25	94.25	117.25	140.25	72
35		14.50	26.75	39.00	51.25	75.75	100.25	124.75	149.25	73
36		15.00	27.75	40.50	53.25	78.75	104.25	129.75	155.25	73
37		15.50	28.75	42.00	55.25	81.75	108.25	134.75	161.25	73
38		16.25	30.25	44.25	58.25	86.25	114.25	142.25	170.25	74
39		17.25	32.25	47.25	62.25	92.25	122.25	152.25	182.25	75
40	8.65	18.25	34.25	50.25	66.25	98.25	130.25	162.25	194.25	76
41	9.15	19.50	36.75	54.00	71.25	105.75	140.25	174.75	209.25	77
42	9.85	21.25	40.25	59.25	78.25	116.25	154.25	192.25	230.25	78
43	10.55	23.00	43.75	64.50	85.25	126.75	168.25	209.75	251.25	80
44	11.25	24.75	47.25	69.75	92.25	137.25	182.25	227.25	272.25	81
45	12.05	26.75	51.25	75.75	100.25	149.25	198.25	247.25	296.25	82
46	12.85	28.75	55.25	81.75	108.25	161.25	214.25	267.25	320.25	83
47	13.55	30.50	58.75	87.00	115.25	171.75	228.25	284.75	341.25	83
48	14.35	32.50	62.75	93.00	123.25	183.75	244.25	304.75	365.25	84
49	15.25	34.75	67.25	99.75	132.25	197.25	262.25	327.25	392.25	85
50	16.35	37.50	72.75	108.00	143.25					86
51	17.65	40.75	79.25	117.75	156.25					87
52	19.25	44.75	87.25	129.75	172.25					88
53	20.85	48.75	95.25	141.75	188.25					90
54	21.95	51.50	100.75	150.00	199.25					90
55	22.95	54.00	105.75	157.50	209.25					91
56	23.95	56.50	110.75	165.00	219.25					91
57	25.05	59.25	116.25	173.25	230.25					91
58	26.25	62.25	122.25	182.25	242.25					91
59	27.35	65.00	127.75	190.50	253.25					91
60	28.05	66.75	131.25	195.75	260.25					91
61	29.55	70.50	138.75	207.00	275.25					91
62	31.15	74.50	146.75	219.00	291.25					92
63	32.85	78.75	155.25	231.75	308.25					92
64	34.65	83.25	164.25	245.25	326.25					92
65	36.55	88.00	173.75	259.50	345.25					92
66	38.65									92
67	40.95									92
68	43.45									92
69	46.05									93
70	48.65									93

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

Not Offered

TEXASLIFE INSURANCE COMPANY Spouse/Child monthly premiums

PureLife-plus — Standard Risk Table Premiums — Tobacco — Express Issue

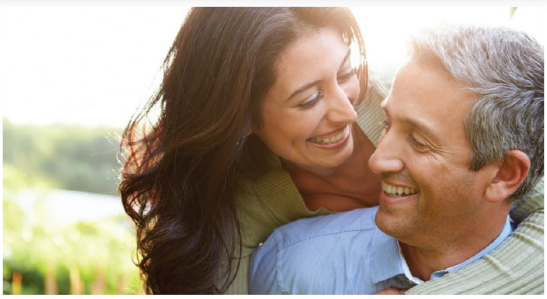
Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	$10,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000	$300,000	
15D-1										83
2-3										83
4-10										79
11-16										75
17-20		15.00	27.75	40.50	53.25	78.75	104.25	129.75	155.25	70
21-22		15.50	28.75	42.00	55.25	81.75	108.25	134.75	161.25	70
23-25		16.25	30.25	44.25	58.25	86.25	114.25	142.25	170.25	69
26		16.50	30.75	45.00	59.25	87.75	116.25	144.75	173.25	69
27		16.75	31.25	45.75	60.25	89.25	118.25	147.25	176.25	68
28		17.00	31.75	46.50	61.25	90.75	120.25	149.75	179.25	68
29		17.25	32.25	47.25	62.25	92.25	122.25	152.25	182.25	68
30-31		19.25	36.25	53.25	70.25	104.25	138.25	172.25	206.25	69
32		19.75	37.25	54.75	72.25	107.25	142.25	177.25	212.25	69
33		20.00	37.75	55.50	73.25	108.75	144.25	179.75	215.25	69
34		20.25	38.25	56.25	74.25	110.25	146.25	182.25	218.25	68
35		21.50	40.75	60.00	79.25	117.75	156.25	194.75	233.25	69
36		22.25	42.25	62.25	82.25	122.25	162.25	202.25	242.25	69
37		23.50	44.75	66.00	87.25	129.75	172.25	214.75	257.25	70
38		24.25	46.25	68.25	90.25	134.25	178.25	222.25	266.25	70
39		25.75	49.25	72.75	96.25	143.25	190.25	237.25	284.25	70
40	12.55	28.00	53.75	79.50	105.25	156.75	208.25	259.75	311.25	72
41	13.25	29.75	57.25	84.75	112.25	167.25	222.25	277.25	332.25	73
42	14.15	32.00	61.75	91.50	121.25	180.75	240.25	299.75	359.25	74
43	15.55	35.50	68.75	102.00	135.25	201.75	268.25	334.75	401.25	76
44	16.35	37.50	72.75	108.00	143.25	213.75	284.25	354.75	425.25	77
45	17.45	40.25	78.25	116.25	154.25	230.25	306.25	382.25	458.25	78
46	18.45	42.75	83.25	123.75	164.25	245.25	326.25	407.25	488.25	79
47	19.45	45.25	88.25	131.25	174.25	260.25	346.25	432.25	518.25	79
48	20.45	47.75	93.25	138.75	184.25	275.25	366.25	457.25	548.25	80
49	22.05	51.75	101.25	150.75	200.25	299.25	398.25	497.25	596.25	82
50	23.15	54.50	106.75	159.00	211.25					82
51	24.85	58.75	115.25	171.75	228.25					83
52	26.95	64.00	125.75	187.50	249.25					85
53	28.65	68.25	134.25	200.25	266.25					87
54	30.05	71.75	141.25	210.75	280.25					87
55	31.45	75.25	148.25	221.25	294.25					87
56	33.05	79.25	156.25	233.25	310.25					87
57	34.55	83.00	163.75	244.50	325.25					87
58	36.35	87.50	172.75	258.00	343.25					87
59	37.85	91.25	180.25	269.25	358.25					87
60	38.85	93.75	185.25	276.75	368.25					87
61	41.45	100.25	198.25	296.25	394.25					88
62	43.85	106.25	210.25	314.25	418.25					88
63	46.15	112.00	221.75	331.50	441.25					88
64	48.45	117.75	233.25	348.75	464.25					89
65	50.85	123.75	245.25	366.75	488.25					89
66	53.45									89
67	56.25									89
68	59.15									89
69	62.25									89
70	65.55									90

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

Inactive

CHUBB

Long Term Care & Life



Plan Features for Lamar Consolidated ISD Employees:

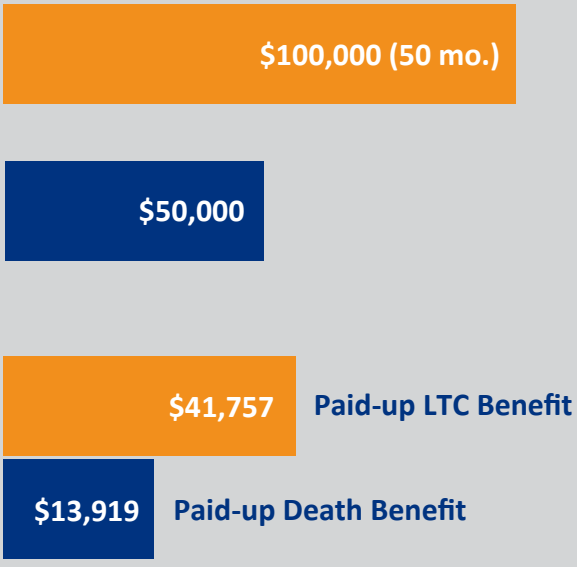
- Affordable Long Term Care & Life insurance that lasts a lifetime – Guaranteed
- Guarantee Issue for Employees of up $150,000 for Long Term Care Insurance & $50,000 for Life Insurance
- Modified Guarantee Issue for Spouse & Guarantee Issue for Dependents
- Long Term Care benefits up to 50 months of care for nursing home, assisted living and home care!
- Also includes life insurance in the event Long Term Care is never needed
- Earns Paid-Up Insurance
- Long Term Care & Life Insurance Benefit is fully paid-up prior to age 100
- Plan is portable with locked in rates
- Accelerated Death Benefit for terminal illness included
- Enroll today for minimum coverage & Guarantee your future insurability for years to come

How LifeTime Benefit Term with Long Term Care Works

For $61.33 per month; a 45-year old non-smoker can purchase $100,000 of Long Term Care coverage which provides a $2,000 monthly benefit for up to 50 Months.

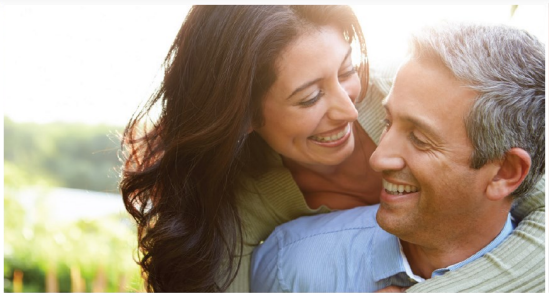
If Long Term Care is never needed a life insurance death benefit amount of $50,000 is included. Regardless of how much Long Term Care benefit is needed, the death benefit will never be less than $25,000.

At retirement you can continue paying premiums to keep the full $150,000 Long Term Care and $75,000 death benefit, OR at any time you may choose to take the paid-up benefits and stop paying premiums. This example shows paid-up benefits available at age 65.

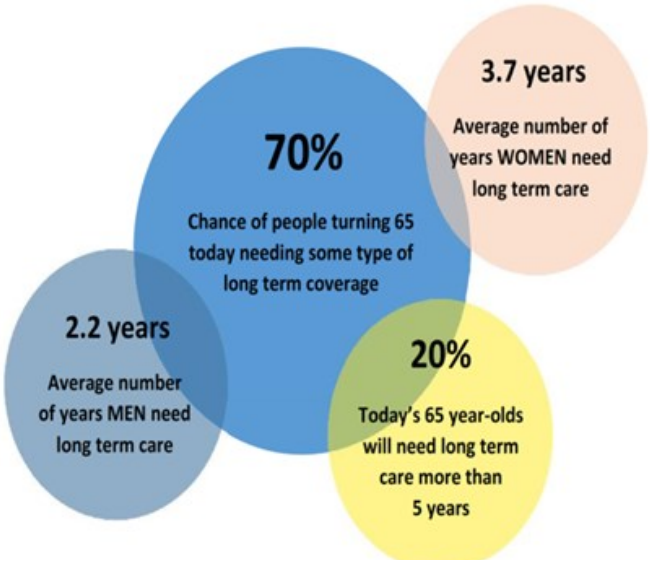


CHUBB

Why is Long-Term Care Coverage Needed?



- Long Term Care is not typically covered by medical insurance or Medicare.
- 70%: Percentage of adults who are 65 years old who will require some level of long-term care throughout the rest of their life.
- 27 Million is the estimated number of people who will pay for Long Term Care Servicers by 2050.



Long-Term Care Insurance Policy Costs - 2019

Based on 2019 American Association for Long-Term Care Insurance annual Price Index survey of leading LTC insurers. Age bands released individually during Jan and Feb.

Annual Premium - Average of Leading LTC Insurance Companies	
Single Male, Age 55 (Select Health)	$ 2,050
Single Female, Age 55	$ 2,700
Couple, Both Age 55 (cost shown is COMBINED for the couple)	$ 3,050

For Initial pool of benefits equal to $164,000 (each at age 55). Value of benefits when policyholder reaches age 85 equals $386,500 each. Calculated: January 2019

Single Male, Age 60 (Pref Health)	$ 1,925
Single Female, Age 60	$ 3,050
Couple, Both Age 60 (cost shown is COMBINED for the couple)	$ 3,400

1 Source: U.S. Department of Health and Human Services National Clearinghouse for Long Term Care Information website, May 2010
2 Source: Genworth Financial Claims Data, December 2009
3 Source: National Institute on Aging, National Institute of Health, 2/09

AF™ Accident Only Insurance

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

AMERICAN FIDELITY
a different opinion

EMPLOYER BENEFIT SOLUTIONS FOR EDUCATION

Prepare for the unexpected.

You cannot plan for when an accident will happen, but you can plan for unexpected medical expenses. AF™ **Limited Benefit Accident Only Insurance** provides coverage to help with unforeseen accident expenses. Start providing financial protection today if an accident suddenly occurs.

*An **Accident** is defined as a sudden, unexpected and unintended event, which results in bodily injury, which is independent of disease or bodily infirmity or any other cause.*

EMERGENCY ACCIDENT

Hypothetical Example [1]

Twisted knee in the parking lot resulting in a torn meniscus and treatment is received within 72 hours.

	BASIC	ENHANCED
Accident Emergency Treatment	$150	$200
Accident Follow-Up Treatment (4 visits)	$200	$200
Physical Therapy (8 treatments)	$200	$200
Medical Imaging	$200	$200
X-Ray	$50	$100
Appliances	$100	$100
Surgical Facility	$150	$250
Torn Knee Cartilage Repair	$500	$500
Anesthesia	$150	$200
TOTAL	**$1,700**	**1,950**

Annual Wellness Benefit

BASIC

$50

ENHANCED

$75

Paid directly to you!

Benefits for Policy and Enhancement Rider

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT			
BASIC	**PRIMARY**	**SPOUSE**	**CHILD**
Common Carrier	$50,000	$50,000	$25,000
Other Accident	$15,000	$15,000	$7,500
Dismemberment	$1,000 to $15,000	$1,000 to $15,000	$500 to $7,500
ENHANCED	**PRIMARY**	**SPOUSE**	**CHILD**
Common Carrier	$100,000	$100,000	$50,000
Other Accident	$30,000	$30,000	$15,000
Dismemberment	$1,500 to $30,000	$1,500 to $30,000	$750 to $15,000

[1]Hypothetical example of a covered accident based on policy AO-03 and rider AMDI-258 Series.

Schedule of Benefits for Policy and Enhancement Rider

ACCIDENT BENEFITS	BASIC	ENHANCED
EMERGENCY ACCIDENT TREATMENT		
Accident Emergency Treatment	$150	$200
Emergency Accident Follow-up Treatment (up to four treatments)	$50	$50
NON-EMERGENCY ACCIDENT TREATMENT		
Non-Emergency Accident Initial Treatment	$75	$100
Non-Emergency Accident Follow-up Treatment (up to two treatments)	$50	$50
MEDICAL IMAGING		
MRI, CT, CAT, PET, US	$200	$200
X-Rays	$50	$100
HOSPITAL CONFINEMENT		
Hospital Admission	$500	$1,000
Intensive Care Unit (up to 15 days)	$300	$600
Hospital Confinement (up to 365 days)	$100	$200
AMBULANCE		
Ground	$300	$300
Air	$1,500	$1,500
TREATMENT		
Outpatient Hospital or Ambulatory Surgical Center	$150	$250
Anesthesia	$150	$200
TRANSPORTATION BENEFITS		
Transportation Patient only, per round trip for up to 3 round trips per calendar year	$300	$300
Family Member Lodging and Meals Per day per accident; up to 30 days per confinement	$100	$100

MONTHLY PREMIUMS For Policy And Benefit Enhancement Rider**	BASIC	ENHANCED
Individual	$19.90	$26.10
Individual & Spouse	$28.30	$34.90
Individual & Child(ren)	$31.50	$41.00
Family	$39.90	$49.80

ACCIDENT INJURY BENEFITS	ALL COVERAGE LEVELS
INJURY TREATMENT	
Fractures Benefit Depending on open or closed reduction, bone involved, or chip fracture	$25 to $3,000
Lacerations Benefit Not requiring sutures	$25
Sutured lacerations up to two inches	$100
Sutured lacerations totaling two to six inches	$200
Sutured lacerations totaling over six inches	$400
Appliances Benefit Crutches, leg braces, etc.	$100
Torn Knee Cartilage or Ruptured Disc Benefit	$500
Eye Injury Benefit Injury with surgical repair, for one or both eyes	$250
Removal of foreign body by a physician, for one or both eyes	$50
Dislocations Benefit Depending on open or closed reduction, with or without anesthesia and joint involved.	$25 to $3,000
Concussion Benefit	$200
2nd & 3rd Degree Burns Skin grafts are 25% of benefit	$100 to $10,000
Internal Injuries Benefit Resulting in open abdominal or thoracic surgery	$1,000
Paralysis Benefit: Paraplegia / Quadriplegia	$5,000 / $10,000
Tendons, Ligaments, and Rotator Cuff Benefit One tendon, ligament, or rotator cuff	$500
More than one tendon, ligament, or rotator cuff	$750
Blood, Plasma, and Platelets Benefit	$250
Exploratory Surgery without Surgical Repair Benefit	$250
Physical Therapy Benefit Per treatment up to eight treatments	$25
Prosthesis Benefit	$500
Emergency Dental Work Benefit Broken teeth repaired with crown	$150
Extraction of broken teeth (regardless of number)	$50

WELLNESS BENEFIT	BASIC	ENHANCED
WELLNESS		
Annual Routine Physical Exam Requires a 12-month waiting period before use. One exam per policy per calendar year	$50	$75

***The premium and amount of benefits provided vary based upon the plan selected.*

Plan Highlights

A Covered Person (thereafter referred to as "Person") under AF™ **Limited Benefit Accident Only Insurance** Policy can expect the following benefits when a Covered Accident (thereafter referred to as "Accident") happens. All benefits are paid once per Person per Accident unless otherwise specified. All benefits are only paid as a result of Injuries received in an Accident that occurs while coverage is in force. All treatment, procedures, and medical equipment must be diagnosed, recommended and treated by a Physician. These references are not intended to change or modify any definitions in the AO-03 policy series.

Accident Emergency Treatment Benefit Payable for receiving emergency treatment in a Physician's office or emergency room within 72 hours, including physician fees and emergency services.

Accident Follow-Up Treatment Benefit Payable for necessary follow-up treatment of Injuries in addition to the emergency treatment administered within 72 hours for up to four treatments. Not payable for a visit in which a Physical Therapy Benefit or Non-Emergency Follow-Up Benefit is paid.

Accidental Death and Dismemberment Benefit The applicable benefits apply when an Accidental Death or Dismemberment occurs within 90 days of an Accident. In the event that Accidental Death and Dismemberment result from the same Accident, only the Accidental Death Benefit will be paid.

Ambulance Benefit If air and ground ambulance transportation is required for the same Accident, only the highest benefit will be paid.

Anesthesia Benefit Pays the amount shown in the Schedule of Benefits for the services of an anesthesiologist for a surgery performed due to an Accident. Hospital Confinement is not required to receive this benefit. We will only pay one Anesthesia Benefit per Person in a 24-hour period even if more than one surgical procedure is performed. This benefit is not payable for local anesthesia.

Appliances Benefit Payable for one of the following: crutches, leg braces, back braces, walkers, or wheel chairs. Not payable for Prosthetic Devices.

Blood, Plasma and Platelets Benefit Payable for blood, plasma and platelets. This benefit does not provide benefits for immunoglobulins.

Burns Benefit Payable for 2nd and 3rd degree burns when treated by a Physician within 72 hours.

Concussion Benefit Payable for a Person who sustains a concussion and is diagnosed by a Physician within 72 hours using any type of medical imaging.

Dislocations Benefit Amount payable varies by the joint involved, type of treatment, and type of anesthesia. If a Person receives more than one Dislocation in an Accident, we will pay for all Dislocations up to two times the amount shown in the Schedule of Benefits for the Dislocation involved that has the highest benefit amount. No other amount will be paid under this benefit. Benefits are payable only for the first dislocation of a joint which occurs while this policy is in force.

Emergency Dental Work Benefit Payable for repair to natural teeth when treated by a Physician or dentist. Initial dental treatment must be received within 72 hours.

Exploratory Surgery without Surgical Repair Benefit Payable when an exploratory surgical operation without surgical repair is performed.

Eye Injury Benefit Payable for one or both eyes requiring treatment by a Physician due to an Accident.

Family Member Lodging and Meals Benefit Payable for lodging and meals for a family member to be near a Person who is Hospital Confined in a non-local Hospital. The Hospital must be at least 50 miles away, one way from closer of the Covered Person's residence or site of the Accident.

Fractures Benefit Varies based on the bone involved, type of fracture and type of treatment. If the Person fractures more than one bone, payment is made for all fractures up to two times the amount for the bone involved that has the highest benefit amount.

Hospital Admission Benefit Pays per admission for confinement to a Hospital. This benefit does not pay for outpatient treatment, emergency room treatment, or a stay of less than 18 hours in an observation unit.

Hospital Confinement Benefit Pays a daily benefit for a Hospital Confinement that is longer than 18 hours for up to 365 days.

Intensive Care Unit Benefit Payable for each day of confinement in an Intensive Care Unit, as defined in the policy, up to 15 days. This benefit is paid in addition to the Hospital Confinement Benefit amount.

Internal Injuries Benefit Payable for an open abdominal or thoracic surgery performed within 72 hours.

Lacerations Benefit This benefit varies based on the severity of the laceration due to an Accident.

Medical Imaging Benefit Payable for a Magnetic Resonance Imaging (MRI), a Computed Tomography (CT) scan, a Computed Axial Tomography (CAT) scan, a Positron Emission Tomography (PET) scan or an ultrasound due to an Accident.

Non-Emergency Accident Initial Treatment Benefit Payable for initial medical treatment when treatment is received more than 72 hours after the Accident. Initial medical treatment must: (1) be received in a Physician's office or emergency room; and (2) be the first treatment; and (3) occur within 30 days.

Non-Emergency Accident Follow-Up Treatment Benefit Payable only if the Non-Emergency Accident Initial Treatment Benefit is payable and later requires additional follow-up treatment. We will pay for up to two follow-up treatments. Not payable for the same visit that the Physical Therapy Benefit or the Accident Follow-Up Benefit is paid.

Outpatient Hospital or Ambulatory Surgical Center Benefit When a surgical procedure is performed on an outpatient basis in a Hospital or at an Ambulatory Surgical Center, we will pay the indemnity amount shown in the Schedule of Benefits for the facility fee charged by such Hospital or Ambulatory Surgical Center. We will only pay one Outpatient Hospital or Ambulatory Surgical Center Benefit in a 24-hour period even if more than one surgical procedure is performed. This benefit will not be paid for surgery performed in a Hospital emergency room or in a Physician's office.

Paralysis Benefit The duration of the Paralysis must be a minimum of 3 consecutive months. Paid once per lifetime per Person.

Physical Therapy Benefit Payable for one treatment per day for up to eight treatments by a caregiver licensed in physical therapy. This benefit is not payable for the same visit that the Accident Follow-Up Treatment Benefit or Non-Emergency Follow-Up Benefit is paid.

Prosthesis Benefit Payable for the use of a Prosthesis. This benefit is not payable for hearing aids; dental aids; eyeglasses; false teeth; cosmetic aids such as wigs ; or joint replacements such as artificial hips or knees.

Plan Highlights (cont.)

Tendons, Ligaments and Rotator Cuff Benefit Payable for the repair of one or more tendons, ligaments, or rotator cuffs. The tendons, ligaments, or rotator cuff must be repaired through surgery performed by a Physician, as a result of an Accident.

Torn Knee Cartilage or Ruptured Disc Benefit Payable for surgical repair as a result of an Accident.

Transportation Benefit Payable for the transportation when specialized treatment and Hospital Confinement in a non-local Hospital is required. A non-local Hospital must be at least 50 miles away, one way, using the most direct route, from the closer of the Person's residence or site of the Accident. Travel must be by scheduled bus, plane, train, or by car. Ambulance service does not qualify for this benefit. The treatment must be prescribed by a Physician and not be available locally. This benefit is payable up to three round trips per Calendar Year.

Wellness Benefit After coverage is in force for the waiting period shown, you can receive a benefit for an annual routine physical exam, including immunizations and preventive testing. Services must be supervised by a Physician and a charge must be incurred for the service. The benefit does not apply to dental or eye exams and is payable once per policy per calendar year.

Limitations and Exclusions For Policy and Benefit Enhancement Rider

No benefits will be provided for an Accident that is caused by or occurs as a result of:
(1) intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane;
(2) participation in any form of flight aviation other than as a fare-paying passenger in a fully licensed/passenger-carrying aircraft;
(3) any act that was caused by war, declared or undeclared, or service in any of the armed forces;
(4) participation in any activity or event while under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions;
(5) participation in, or attempting to participate in, a felony, riot or insurrection. (A felony is as defined by the law of the jurisdiction in which the activity takes place.)
(6) participation in any sport for pay or profit;
(7) participation in any contest of speed in a power driven vehicle for pay or profit;
(8) participation in parachuting, bungee jumping, rappelling, mountain climbing or hang gliding.

Benefits will not be provided for medical treatment for an Accident received outside the United States or its territories. Benefits will not be paid for services rendered by a member of the immediate family of a Covered Person.

An Accident is defined as a sudden, unexpected and unintended event, which results in bodily injury, which is independent of disease or bodily infirmity or any other cause. The policy will not pay benefits for injuries received prior to the Effective Date of coverage that are aggravated or re-injured by any event that occurs after the Effective Date.

A hospital is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

Eligibility includes you, your lawful spouse and each unmarried natural, adopted or step child who is under 26 years of age.

Guaranteed Renewable

You cannot be singled out for a rate increase for any reason. The Insurer has the right to increase premium rates only if rates for all policies in this class change.

Termination Notice

Policy/rider(s) will terminate and coverage will end for all Covered Persons on the earliest of: the end of the grace period if the premium remains unpaid; or the end of the Policy/Rider(s) Month in which we receive a written request from you to terminate this policy/rider(s); or the date of your death, if this is an Individual Plan. If the plan is other than Individual the remaining Covered Persons may have the right to continue or convert their coverage. Coverage for any Covered Person will terminate when they no longer meet the eligibility requirements.

Marketed by:

First Financial Group of America
First in Service and Expertise

First Financial Group of America
11811 N. Freeway, Suite 900 Houston, TX 77060
Local: (281) 847-8422 / Toll Free: (800)523-8422
www.ffga.com

Underwritten and administered by:

American Fidelity Assurance Company
9000 Cameron Parkway, Oklahoma City, Oklahoma 73114
800-662-1113 • **americanfidelity.com**

Refer to Plan Benefit Highlights section for more Benefit Descriptions on the Accident Only Insurance Policy and Benefit Enhancement Rider.

This brochure contains a brief description of the coverage. For complete benefits, limitations, exclusions and other provisions, please refer to the policy, AO-03, and Accident Only Benefit Enhancement Rider, AMDI-258 series. This coverage does NOT replace Workers' compensation Insurance. Availability of riders may vary by employer. ***This product is inappropriate for people who are eligible for Medicaid coverage.***

C11 CANCER *Insurance Plan*

Underwritten by American Fidelity Assurance Company

Limited Benefit Cancer Expense Insurance Policy

First Financial Group of America
First in Service and Expertise

Marketed by:
First Financial Capital Corporation
P.O. Box 670329 • Houston, TX 77267-0329
Local (281) 847-8422 | Toll Free (800) 523-8422
www.ffga.com

Cancer C11 *Insurance*

Cancer can be a costly disease.

A cancer diagnosis may be both a physical and emotional drain. Thanks to advances in medicine and procedures to treat cancer, more and more people are beating the disease. However, with the arrival of these advances also comes the continuing rise in the cost of cancer treatment.

The financial impact of a cancer diagnosis can affect anyone's financial situation. American Fidelity Assurance Company's Limited Benefit Cancer Insurance may offer a solution to help you and your family focus on fighting the disease. This plan may assist with the expenses that may not be covered by other medical insurance.

Over 1.6 million new cases of cancer will be diagnosed this year.*

Did You Know?

According to the American Institute for Cancer Research about one-third of cases of the most common cancers in the U.S. could be prevented by eating healthy, being active, and staying lean.** It is essential to have a plan in place that could help if you were diagnosed.

How It Works

This plan is designed to help cover expenses, should you be diagnosed with cancer. With more than 25 built-in plan benefits, this plan provides benefits for the treatment of cancer, transportation, hospitalization, and more.

In addition, this is a portable plan, so you own the policy. You can take the coverage with you if you choose to leave your current job, and your premiums will not increase because you left your employment.

American Fidelity's Limited Benefit Cancer Insurance features:

- Benefits paid directly to you, to be used however you see fit.
- Policy is guaranteed renewable for as long as premiums are paid as required.
- The company has the right to change premium rates by class.
- Employee, Single Parent, and Family plans are available.

SCREENING BENEFIT+

Receive a benefit for your annual internal cancer screening test, including but not limited to Mammogram, PAP, Prostate-Specific Antigen Blood Test (PSA), Chest X-ray, Flexible Sigmoidoscopy, ThinPrep Pap test, and Colonoscopy.

DIAGNOSTIC AND PREVENTION BENEFIT *(per calendar year)*	
Basic	Enhanced
$60	$75

Plan Options

You can take advantage of the following options to extend coverage to your family:

- **Individual Plan**
  The Insured, age 18 through 70, at the date of policy issue, is the only Covered Person.
- **Single Parent Family Plan**
  The Insured, age 18 through 70, at the date of policy issue, and each Eligible Child, to age 26, or as defined in the policy.
- **Family Plan**
  The Insured and spouse age 18 through 70, at the date of policy issue, and Eligible Child, to age 26, or as defined in the policy.

**American Cancer Society: Cancer Facts and Figures 2017, pg. 1.*
***American Institute for Cancer Research: For Cancer Prevention Month; accessed at www.aicr.org January 31, 2017.*
+The premium and amount of benefits vary based upon the plan selected.

Schedule of Benefits by Plan+

Marketed by: First Financial Group of America

	Basic	Enhanced
SCREENING BENEFITS		
Diagnostic and Prevention Benefit *(one per calendar year)*	$60	$75
Cancer Screening Follow-Up Benefit *(one per calendar year)*	$60	$75
TREATMENT BENEFITS		
Radiation Therapy/Chemotherapy/Immunotherapy Benefit *(per 12-month period) (Actual Charges)*	up to $15,000	up to $20,000
Medical Imaging Benefit *(per image - max 2 per calendar year)*	$200	$300
Hormone Therapy Benefit *(per treatment - max 12 treatments/calendar year)*	$50	$50
Administrative/Lab Work Benefit *(per calendar month)*	$75	$100
Blood, Plasma, and Platelets Benefit *(per day)* *(per calendar year max)*	$150 $7,500	$200 $10,000
Experimental Treatment Benefit	Paid as any non-experimental benefit	
Bone Marrow/Stem Cell Transplant Benefit **Autologous** *(Patient provided) (per calendar year)* **Non-autologous** *(Donor provided) (per calendar year)*	 $1,000 $3,000	 $1,500 $4,500
Donor Benefit	$1,000 per donation	
Inpatient Special Nursing Services Benefit *(benefit per day while Hospital Confined)*	$150	$150
Dread Disease Benefit *(benefit per day for the first 30 days per Hospital Confinement)* *(benefit per day thereafter)*	$200 $400	$300 $600
HOSPITALIZATION BENEFITS		
Hospital Confinement Benefit*** *(per day for the first 30 days)* *(per day after the first 30 days of Hospital Confinement)*	$200 $400	$300 $600
Drugs & Medicine Benefit **Hospital Confinement** *(per Confinement)* **Outpatient** *(per prescription - $100 monthly max for Basic; $150 for Enhanced)* *per calendar month*	 $200 $50	 $300 $50
Attending Physician Benefit *(per day while Hospital Confined)*	$40	$50
U.S. Government/Charity Hospital or HMO Benefit *(per day in lieu of most benefits)* **Hospital Confinement** **Outpatient Services**	 $200 $200	 $300 $300
AMBULANCE, TRANSPORTATION, & LODGING BENEFITS		
Ambulance Benefit *(per trip - max 2 trips any combination per confinement)* **Ground** **Air**	 $200 $2,000	 $200 $2,000
Transportation & Lodging Benefit (Patient and/or Family) **Transportation** *($1,500 max per round trip; max 12 trips/calendar year)* **Outpatient Lodging** *(per day up to 90 days per calendar year)*	Coach fare or $.50/mile by car $60	Coach fare or $.50/mile by car $80

Schedule of Benefits by Plan+ (continued)

	Basic	Enhanced
SURGICAL TREATMENT BENEFITS		
Surgical Benefit *Unit Dollar Amount (per surgical unit)* *Maximum Per Operation*	 $30 $3,000	 $40 $4,000
Anesthesia Benefit	25% of the amount paid for covered surgery	
Outpatient Hospital or Ambulatory Surgical Center Benefit *(per day)*	$400	$600
Second & Third Surgical Opinion Benefit *(per diagnosis)* *(Additional $300 for 3rd if required)*	$300	$300
CONTINUING CARE BENEFITS		
Prosthesis Benefit **Non-Surgical** *(per device - 1 per site, lifetime max of 3)* **Surgical Implantation** *(per device, includes surgical fee - 1 per site, lifetime max of 2)* **Hair Prosthesis** *(once per life)*	 $150 $1,500 $150	 $200 $2,000 $200
Extended Care Facility Benefit *(per day for up to the same number of days of paid Hospital Confinement)*	$75	$100
Physical or Speech Therapy Benefit *(per visit up to 4 per calendar month - lifetime max of $1,000)*	$25	$25
Hospice Care Benefit *(per day - $13,500 lifetime max for Basic; $18,000 lifetime max for Enhanced)*	$75	$100
Home Health Care Benefit *(per day for up to the same number of days of paid Hospital Confinement)*	$75	$100

Refer to Plan Benefit Highlights for more complete Benefit Descriptions and limits on the Cancer Insurance Plan.

Enhance your plan++

Critical Illness Rider

Thanks to medical technology, more people are surviving critical illnesses. This rider is designed to help with the cost associated with surviving these types of illnesses.

Schedule of Benefits	
Cancer Benefit *(per unit - maximum $10,000)*	$2,500
Heart Attack/Stroke Benefit *(per unit - maximum $10,000)*	$2,500

Summary of Critical Illness Rider Benefits:

- Pays when diagnosed after 30-day Critical Illness Waiting Period with Internal Cancer or Heart Attack/Stroke, depending upon the Critical Illness coverage elected at time of application.
- Pays the specified Maximum Benefit Amount per Covered Critical Illness, as defined under this rider.
- Each benefit is a one-time paid benefit.
- All Critical Illness amounts reduce by 50% at age 70.

Hospital Intensive Care Unit Rider

This rider can provide a benefit to help by paying for each day a Covered Person is confined in an Intensive Care Unit (ICU), as defined in the rider.

Schedule of Benefits	
ICU Confinement Benefit *(per day up to 30 days)*	$600
Ambulance Benefit *(per admission in an ICU)*	$100

Summary of Hospital ICU Rider Benefits:

- Confinement must be due to an accident or sickness and begin after the effective date of coverage under this rider.
- A day is defined as a 24-hour period.
- If confined to an ICU for a portion of a day, a pro rata share of the daily benefit will be paid.
- Under age 70, pays $100 per admission for ambulance charges, or age 70 or older, $50 for transportation to a Hospital where the Covered Person is admitted to an ICU within 24 hours of arrival.
- All ICU amounts reduce by 50% at age 70.

+The premium and amount of benefits provided vary based upon the plan selected.
++Availability of riders may vary by state and employer. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed.

Diagnostic, Prevention and Cancer Screening Follow-up Benefits

Pays the indemnity amount for one generally medically recognized internal Cancer screening test per Covered Person per Calendar Year. Tests include but are not limited to Mammogram, ThinPrep Pap test, Prostate-Specific Antigen Blood Test (PSA), Colonoscopy, and Chest X–ray. Refer to the policy for a complete listing. Screening tests payable under this benefit will ONLY be paid under this benefit and does not include any test payable under the Medical Imaging Benefit. Benefits will only be paid for tests performed after the 30–day period following the Covered Person's effective date of coverage.

Cancer Screening Follow-Up Benefit pays the indemnity amount for a Covered Person to receive one invasive follow–up test needed due to an abnormal covered cancer screening result. Diagnostic surgeries which result in a positive diagnosis of Cancer will be paid under the Surgical Benefit.

Radiation/Chemotherapy/Immunotherapy Benefit

Pays the Actual Charges up to the maximum amount shown when a Covered Person receives Radiation Therapy, Chemotherapy, or Immunotherapy as defined in the policy, per 12-month period. The 12-month period begins on the first day the Covered Person receives covered Radiation Therapy, Chemotherapy, or Immunotherapy. This benefit does not cover other procedures related to Radiation/Chemotherapy/Immunotherapy. Anti-nausea drugs are not covered under this benefit. This benefit does not include any drugs/medicines covered under the Drugs and Medicine Benefit or the Hormone Therapy Benefit. Actual Charges means the amount actually paid by or on behalf of the insured person and accepted by the provider for services provided.

Medical Imaging Benefit

Pays the indemnity amount for a Covered Person who has been diagnosed with Cancer who receives either an MRI; CT scan; CAT scan; or PET scan when performed at the request of a Physician due to Cancer or the treatment of Cancer.

Hormone Therapy Benefit

Pays the indemnity amount for hormone therapy treatments as defined in the policy, prescribed by a Physician. This benefit covers drugs and medicines only and does not include associated administrative processes. This benefit does not include drugs/medicines covered under the Radiation/Chemotherapy/Immunotherapy Benefit or the Drugs and Medicine Benefit.

Administrative/Lab Work Benefit

Pays the indemnity amount once per calendar month, when the Covered Person is receiving Radiation/Chemotherapy/Immunotherapy Benefit that month, for related procedures such as treatment planning, treatment management, etc.

Blood, Plasma and Platelets Benefit

Pays the indemnity amount for blood, plasma and platelets. This does not include any laboratory processes. Colony stimulating factors are not covered under this benefit. Benefits for Blood, Plasma and Platelets are ONLY provided under this benefit.

Bone Marrow Benefit/Stem Cell Transplant Benefit

Pays the indemnity amount when a bone marrow transplant or peripheral blood stem cell transplant is performed on a Covered Person as treatment for a diagnosed Cancer. This benefit will not be paid for the harvest of bone marrow or stem cells from a donor.

Hospital Confinement Benefit

Pays the indemnity amount for a Covered Person while confined to a Hospital for at least 18 continuous hours for the treatment of Cancer. ***A Hospital is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

Drugs and Medicines Benefit

Pays the indemnity amount for anti–nausea and pain medication prescribed by a Physician for a Covered Person for treatment of Cancer, who is also receiving Radiation Therapy/Chemotherapy/Immunotherapy, a covered surgery, or a Bone Marrow/Stem Cell Transplant. This benefit does not cover associated administrative processes. This benefit does not include drugs/medicines covered under the Radiation/Chemotherapy/Immunotherapy Benefit or the Hormone Therapy Benefit.

Attending Physician Benefit

Pays the indemnity amount for one Physician's visit per day when a Covered Person requires the services of a Physician, other than a surgeon while Hospital Confined for the treatment of Cancer.

U.S. Government/Charity Hospital /HMO Benefit

If an itemized list of services is not available because a Covered Person is: confined in a charity Hospital or U.S. Government owned Hospital; or covered under a Health Maintenance Organization (H.M.O.) or Diagnostic Related Group (D.R.G.) where no charges are made to the Covered Person, the Primary Insured may convert benefits under the policy to pay the indemnity amount shown in schedule of benefits. This benefit will be paid in lieu of most benefits under the policy.

Ambulance Benefit

Pays the indemnity amount per day for either licensed air or ground ambulance transportation of a Covered Person to a Hospital or from one medical facility to another where the Covered Person is admitted as an Inpatient and Hospital Confined for at least 18 consecutive hours for treatment of Cancer.

Transportation and Lodging Benefits

These benefits pay for the transportation of a Covered Person and/or one adult family member when the Covered Person has been diagnosed with Cancer and receives covered Radiation Therapy, Chemotherapy, Immunotherapy, Bone Marrow/Stem Cell Transplant, or surgery due to Cancer in the nearest Physician prescribed Hospital providing such treatment that is at least 50 miles away from the Covered Person's residence, using the most direct route. Travel must be by scheduled bus, plane or train, or by car and be within the United States or its Territories. Benefits will be provided for only one mode of transportation per round trip and will be paid for up to 12 round trips per Calendar Year. Benefits for travel of the Covered Person and/or family member will be paid: once per Covered Person's Hospital Confinement; or only on days of the Covered Person's outpatient specialized treatment. Benefits for lodging of the Covered Person and/or family member will be paid: once per Covered Person's Hospital Confinement; or only on days of the Covered Person's outpatient specialized treatment. If the family member and the Covered Person travel in the same car or lodge in the same room, benefits for travel and lodging will only be paid under the Transportation and Lodging Benefit for the patient.

Plan Benefit Highlights (continued)

Surgical Benefit

Pays an indemnity benefit up to the Maximum Per Operation amount shown in the Schedule of Benefits in the policy when a surgical operation is performed on a Covered Person for covered diagnosed Cancer, Skin Cancer, or reconstructive surgery due to Cancer. Benefits will be calculated by multiplying the surgical unit value assigned to the procedure, as shown in the most current Physician's Relative Value Table, by the Unit Dollar Amount shown in the Schedule of Benefits. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Any diagnostic surgery covered under the Diagnostic and Prevention Benefit will not be covered under this benefit. Bone marrow surgeries are paid under the Bone Marrow Transplant Benefit. Surgeries required to implant a permanent prosthetic device are covered under the Prosthesis Benefit. This benefit is payable for reconstructive breast surgery performed on a non-diseased breast to establish symmetry with a diseased breast when reconstructive surgery on the diseased breast is performed while covered under this policy. Reconstructive surgery to the non-diseased breast must occur within 24 months of the reconstructive surgery of the diseased breast.

Anesthesia Benefit

Pays 25% of the amount paid for a covered surgery for the services of an anesthesiologist. Services of an anesthesiologist for bone marrow transplants, Skin Cancer, or surgical prosthesis implantation are not covered under this benefit.

Outpatient Hospital or Ambulatory Surgical Center Benefit

We will pay the indemnity amount shown towards the facility fee charges of an Ambulatory Surgical Center or Hospital for an outpatient surgical procedure of a diagnosed Cancer. Surgical procedures for Skin Cancer are not covered under this benefit.

Second and Third Surgical Opinion Benefit

Pays the indemnity amount once per diagnosis for a Covered Person's second surgical opinion and if the second disagrees with the first, a third opinion, when the attending Physician recommends surgery for the treatment of Cancer. Surgical opinions for reconstructive, Skin Cancer, or prosthesis surgeries are not covered under this benefit.

Prosthesis Benefits

Pays the indemnity amount for a prosthetic device received due to Cancer that manifested after the 30th day following the Effective Date, and its surgical implantation if required as a direct result of surgery for Cancer. This benefit does not cover prosthetic related supplies. Temporary prosthetic devices used as tissue expanders are covered under the Surgical Benefit. **Hair Prosthesis** benefit pays the indemnity amount for a Covered Person's hair prosthesis needed as a direct result of Cancer or the treatment of Cancer. This benefit is payable once per Covered Person per lifetime.

Extended Care Facility Benefit

Pays the indemnity amount for each day room and board charges are incurred while a Covered Person is confined in an Extended Care Facility due to Cancer at the direction of a Physician that begins within 14 days after a covered Hospital Confinement. Paid for up to the same number of days benefits were paid for the Covered Person's preceding Hospital Confinement.

Physical or Speech Therapy Benefit

Pays the indemnity amount if a Physician advises a Covered Person to seek physical therapy or speech therapy. Physical or speech therapy must be performed by a caregiver licensed in physical or speech therapy and be needed as a result of Cancer or the treatment of Cancer. We will pay for one treatment per day up to four treatments per calendar month per Covered Person for any combination of physical or speech therapy treatments up to a lifetime maximum of $1,000.

Hospice Care Benefit

Pays the indemnity amount for Hospice Care directed by a licensed Hospice organization, as defined in the policy, of a Covered Person expected to live six months or less due to Cancer. This benefit does not include: well baby care; volunteer services; meals; housekeeping services; or family support after the death of the Covered Person.

Home Health Care Benefit

Pays the indemnity amount for a Covered Person's Home Health Care, as described in the policy, required due to Cancer when prescribed by a Physician in lieu of Hospital Confinement beginning within 14 days after a Hospital Confinement. This benefit does not include: nutrition counseling; medical social services; medical supplies; prosthesis or orthopedic appliances; rental or purchase of durable medical equipment; drugs or medicines; child care; meals or housekeeping services. This benefit does not include physical or speech therapy. This benefit will be paid for up to the same number of days benefits were paid for the Covered Person's preceding Hospital Confinement. If the Covered Person qualifies for coverage under the Hospice Care Benefit, the Hospice Care Benefit will be paid in lieu of this benefit.

Waiver of Premium

If the Primary Insured becomes disabled due to Cancer and remains so for more than 90 continuous days, we will pay all premiums due after the 90th day so long as the Primary Insured remains disabled. "Disabled" means the Primary Insured's inability because of Cancer: to work at any job for which (s) he is qualified by education, training or experience; not working at any job for pay or benefits; and under the care of a Physician for the treatment of Cancer. This policy must be in force at the time disability begins and the Primary Insured must be under age 65.

Experimental Treatment Benefit

We will provide coverage for Experimental Treatment prescribed by a Physician, as defined in the policy, the same as any other benefit covered under this policy. This benefit does not provide coverage for treatments received outside of the United States or its territories.

Donor Benefit

Pays the indemnity amount shown for a donor's expenses incurred on behalf of a Covered Person for a covered surgery due to organ transplant or a Bone Marrow/Stem Cell Transplant. Blood donor expenses are not covered under this benefit.

Dread Disease Benefit

Pays an indemnity amount for each period of Hospital Confinement for treatment of a Dread Disease as defined in the policy, including: Addison's Disease, Amyotrophic Lateral Sclerosis, Cystic Fibrosis, Diphtheria, Encephalitis, Grand Mal Epilepsy, Legionnaire's Disease, Meningitis, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Niemann-Pick Disease, Osteomyelitis, Poliomyelitis, Reye's Syndrome, Rheumatic Fever, Rocky Mountain Spotted Fever, Sickle Cell Anemia, Systemic Lupus Erythematosus, Tay-Sachs Disease, Tetanus, Toxic Epidermal Necrolysis, Toxic Shock Syndrome, Tuberculosis, Tularemia, Typhoid Fever, and Whipple's Disease. Benefits for Dread Disease are ONLY provided under this benefit.

Inpatient Special Nursing Services Benefit

Pays the indemnity amount shown for Full-time special nursing care (other than that regularly furnished by a Hospital) while a Covered Person is Hospital Confined for treatment of Cancer. "Full-time" means at least eight consecutive hours during a 24 hour period. Care must be provided by a Nurse, as defined by the Policy, be prescribed by a Physician and be Medically Necessary for the treatment of Cancer.

See your policy for more information regarding the benefits listed above.

Limitations and Exclusions

Eligibility

This policy will be issued only to those persons who meet American Fidelity's insurability requirements, which includes satisfactory responses to medical questions. The Hospital Intensive Care Unit Rider will not cover heart conditions for a period of two years following the Effective Date of coverage for anyone who has been diagnosed or treated for any heart related condition prior to the 30th day following the Covered Person's Effective Date of coverage.

Cancer means a disease which is manifested by autonomous growth (malignancy) in which there is uncontrolled growth, function, or spread (local or distant) of cells in any part of the body. This includes Cancer in situ and malignant melanoma. It does not include other conditions which may be considered precancerous or having malignant potential such as: leukoplakia; hyperplasia; polycythemia; actinic keratosis; myelodysplastic and non–malignant myeloproliferative disorders; aplastic anemia; atypia; non–malignant monoclonal gamopathy; carcinoid; or pre–malignant lesions, benign tumors or polyps.

This product is inappropriate for those people who are eligible for Medicaid Coverage.

Base Policy

All diagnosis of Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. This policy pays only for loss resulting from definitive cancer treatment including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. This policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer.

No benefits are payable for any Covered Person for any loss incurred during the first year of this policy as a result of a Pre–Existing Condition. A Pre-Existing Condition is a Specified Disease for which, within 12 months prior to the Effective Date of coverage, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession; for which symptoms manifested in such a manner as would cause an ordinarily prudent person to seek diagnosis, medical advice, or treatment. Pre–Existing Conditions specifically named or described as excluded in any part of this contract are never covered.

This policy contains a 30-day waiting period during which no benefits will be paid under this policy. If any Covered Person has a Specified Disease diagnosed before the end of the 30-day period immediately following the Covered Person's Effective Date, coverage for that person will apply only to loss that is incurred after one year from the Effective Date of such person's coverage. If any Covered Person is diagnosed as having a Specified Disease during the 30-day period immediately following the Effective Date, you may elect to void the policy from the beginning and receive a full refund of premium. All benefits are payable only up to the maximum amount listed in the Schedule of Benefits in the policy.

Critical Illness Rider

Benefits will only be paid for a Covered Critical Illness as shown on the Policy Schedule page in the policy. No benefits will be provided for any loss caused by or resulting from: intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane; or intentional self-injury; or alcoholism or drug addiction; or any act of war, declared or undeclared or any act related to war; or military service for any country at war; or a Pre-Existing Condition during the 12 month period following the Covered Person's Effective Date (Pre-Existing Condition, as defined in this rider means any sickness or condition for which, within 12 months prior to the Effective Date of coverage under this rider, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession, or for which symptoms manifested in such a manner as would cause an ordinarily prudent person to seek diagnosis, medical advice or treatment.); or a Covered Critical Illness when the Date of Diagnosis occurs during the waiting period, if applicable; or participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; or participation in, or attempting to participate in, a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place.). Internal Cancer does not include: other conditions that may be considered pre–cancerous or having malignant potential such as: acquired immune deficiency syndrome (AIDS); or actinic keratosis; or myelodysplastic and non–malignant myeloproliferative disorders; or aplastic anemia; or atypia; or non–malignant monoclonal gamopathy; or pre–malignant lesions, benign tumors or polyps; or Leukoplakia; or Hyperplasia; or Carcinoid; or Polycythemia; or cancer in situ or any skin cancer other than invasive malignant melanoma into the dermis or deeper.

Hospital Intensive Care Unit Rider

No benefits will be provided during the first two years of this rider for Hospital Intensive Care Unit confinement caused by any heart condition when any heart condition was diagnosed or treated prior to the 30th day following the Covered Person's Effective Date of this rider (The heart condition causing the confinement need not be the same condition diagnosed or treated prior to the Effective Date.). Confinement caused by any other pre-existing condition will be covered as long as the confinement begins on or after the effective date of this rider. No benefits will be provided if the loss results from: attempted suicide whether sane or insane; intentional self–injury; alcoholism or drug addiction; or any act of war, declared or undeclared, or any act related to war; or military service for any country at war. No benefits will be paid for confinements in units such as: Surgical Recovery Rooms, Progressive Care, Burn Units, Intermediate Care, Private Monitored Rooms, Observation Units, Telemetry Units or Psychiatric Units not involving intensive medical care; or other facilities which do not meet the standards for Intensive Care Unit as defined in the Rider. For a newborn child born within the ten–month period following the effective date of this rider, no benefits will be provided for Hospital Intensive Care Unit Confinement that begins within the first 30 days following the birth of such child

Termination of Insurance

This policy/rider(s) will terminate and coverage will end for all Covered Persons on the earliest of: the end of the grace period if the premium remains unpaid; or the end of the Policy/Rider(s) Month in which we receive a written request from you to terminate this policy/rider(s); or the date of your death, if this is an Individual Plan; or the date insurance has ceased on all persons covered under this policy/rider(s).

Cancer Insurance Premiums

Base Plan Monthly Premiums*

BASIC	18-40	41-50	51-60	61+
Individual	16.30	23.60	32.60	44.20
1 Parent Family	24.40	35.20	48.70	65.90
2 Parent Family	31.80	45.70	63.30	85.80

ENHANCED	18-40	41-50	51-60	61+
Individual	21.00	30.80	42.40	57.30
1 Parent Family	31.40	45.80	63.30	85.60
2 Parent Family	40.80	59.50	82.30	111.30

Optional Benefit Rider Monthly Premiums*

Hospital Intensive Care Unit Rider Monthly Premiums

ICU RIDER	18-40	41-50	51-60	61+
Individual	3.40	4.20	5.50	7.10
1 Parent Family	5.10	6.30	8.20	10.60
2 Parent Family	6.60	8.20	10.70	13.80

Optional Benefit Rider Monthly Premiums*

Critical Illness Rider Monthly Premiums

CANCER ONLY

	$2,500			$5,000			$7,500			$10,000		
	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family
18-40	1.50	2.20	2.90	3.00	4.40	5.80	4.50	6.60	8.70	6.00	8.80	11.60
41-50	3.00	4.50	5.80	6.00	9.00	11.60	9.00	13.50	17.40	12.00	18.00	23.20
51-60	4.90	7.30	9.40	9.80	14.60	18.80	14.70	21.90	28.20	19.60	29.20	37.60
61+	7.10	10.60	13.80	14.20	21.20	27.60	21.30	31.80	41.40	28.40	42.40	55.20

HEART ATTACK/STROKE ONLY

	$2,500			$5,000			$7,500			$10,000		
	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family
18-40	0.80	1.20	1.50	1.60	2.40	3.00	2.40	3.60	4.50	3.20	4.80	6.00
41-50	2.10	3.10	4.10	4.20	6.20	8.20	6.30	9.30	12.30	8.40	12.40	16.40
51-60	3.10	4.60	6.00	6.20	9.20	12.00	9.30	13.80	18.00	12.40	18.40	24.00
61+	4.60	6.90	8.90	9.20	13.80	17.80	13.80	20.70	26.70	18.40	27.60	35.60

*The premium and amount of benefits provided vary based upon the plan selected.
This is a brief description of the coverage. For complete benefits and other provisions, please refer to the policy and riders. This coverage does not replace Workers' Compensation Insurance. **These products are inappropriate for people who are eligible for Medicaid Coverage.**

View and print your policies or file a claim at americanfidelity.com

American Fidelity's Online Service Center provides you convenient, secure access to manage your account.

Guaranteed Renewable

You are guaranteed the right to renew your base policy during your lifetime as long as you pay premiums when due or within the premium grace period. We have the right to increase premiums by class.

Underwritten and administered by:

AMERICAN FIDELITY
a different opinion

9000 Cameron Parkway • Oklahoma City, Oklahoma 73114 • 800-654-8489 • www.americanfidelity.com

AF Hospital Assist™

Help pay for your stay

AMERICAN FIDELITY
a different opinion

EMPLOYER BENEFIT SOLUTIONS
FOR EDUCATION

Are you financially prepared for a medical emergency?

If you experienced a medical emergency, would you be prepared to cover the out-of-pocket medical expenses? And, what about everything else that adds up, like bills, groceries, and housing?

Major medical insurance plans are designed to pay a large portion of your medical costs. But with a high deductible plan, you must pay out of your own pocket until you meet your deductible and plan maximum.

That's where AF Hospital Assist™ can help.

Health Savings Account Qualified Plan

This Health Savings Account (HSA) qualified plan provides a way to help pay for large, out-of-pocket expenses, like a hospital stay, while also getting the tax benefit and potential savings from an HSA.

Plan Highlights

- No health questions required to apply
- Benefits paid directly to you
- Portable so you can take it with you even if you leave employment
- Coverage available for you, your spouse, and your children up to age 26
- Online claims filing process

Cover your costs. Help protect your savings.

Help offset your high deductible, let your HSA savings grow, and give yourself a little protection for the unexpected.

Did you know?

Hospital stays in the United States average over $11,259.[1]

They're neither cheap nor predictable, but they happen. And often. In fact, over 35 million Americans were hospitalized in 2016.[2]

The premium and amount of benefits provided vary based upon the plan selected. This brochure highlights important features of the policy. Please refer to your certificate for complete details. If you reside in a state other than your employers state domicile, where required by law, policy provisions and benefits may vary.

Choose Your Coverage

Benefits are paid on a calendar year basis	Basic	Enhanced	Enhanced Plus
Hospital Admission 1 day/Covered Person	$500	$1,000	$1,500
Hospital Confinement Pays up to 30 days/ Covered Person	$100	$150	$200
ICU 10 days/Covered Person	$200	$300	$400
Rehab 10 days/Covered Person	$50	$75	$100
Accident Treatment - ER 3 days/Covered Person	$200	$300	$400
Accident Treatment - Physician's Office or Urgent Care 6 days/Covered Person	$50	$75	$100
Accident Surgery - Hospital or Ambulatory Surgical Center 3 days/Covered Person	$1,000	$1,500	$2,000
Accident Surgery - Physician's Office or Urgent Care 6 days/Covered Person	$125	$125	$250

Refer to the Plan Benefit Highlights section for additional information.

Hospital Benefits

If hospitalized, you can get paid directly for the costs.

- Basic
- Enhanced
- Enhanced Plus

Hypothetical Example with Enhanced Plan
You have a car accident and are rushed to the ER. You're admitted and stay 3 days for a back injury. Then, you complete 10 days of rehabilitation.

Cost of Care		Payable Plan Benefits		Your Deductible[3] $1,600
Confinement[4]	$11,259	Admission	$1,000	
Rehab[5]	$1,620	Confinement	$450	
		Rehab	$750	
Total	**$12,879**			Total benefit payment to you **$2,200**

Accident Benefits

Weekend warrior? Active family? Or a long daily commute? No matter your situation, accidents happen.

- Basic
- Enhanced
- Enhanced Plus

Hypothetical Example with Enhanced Plan
Your child fell on the playground and broke his arm. He went to the ER, then had surgery in the hospital to repair the broken arm.

Cost of Care		Payable Plan Benefits		Your Deductible[3] $1,600
ER Visit[6]	$1,233	ER Visit	$300	
Surgery[7]	$16,000	Surgery	$1,500	
Total	**$17,233**			Total benefit payment to you **$1,800**

AF Hospital Assist™ Premiums

Monthly Premium	Basic	Enhanced	Enhanced Plus
Employee	$14.54	$24.54	$34.60
Employee + Spouse	$27.76	$46.80	$65.90
Employee + Child	$29.94	$49.66	$69.62
Family	$43.16	$71.92	$100.92

Plan Benefit Highlights

Hospital Admission Benefit: We will not pay this benefit for outpatient treatment, emergency room treatment, or a stay of less than 18 hours in an observation unit. Successive hospital admissions will be considered as one admission if they are due to the same or related accident or sickness and separated by less than 90 days.

Hospital Confinement Benefit: We will not pay this benefit for outpatient treatment or a hospital stay of less than 18 hours. ***Hospital*** shall not include an institution used by you as a place for rehabilitation; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatric ward; or an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.

Rehabilitation Facility Confinement Benefit: Confinement to the facility must be physician authorized for at least 18 continuous hours and begin immediately following a hospital confinement. Successive hospital admissions will be considered as one admission if they are due to the same or related accident or sickness and separated by less than 30 days.

Outpatient Accident Treatment Benefit: Pays a benefit when any covered person incurs an expense and receives treatment by a physician in an emergency room, physician's office or urgent care facility due to a covered accident. ***Accident*** means an event which results in bodily injury that is independent of disease or bodily infirmity or any other cause and occurs while coverage is in force.

Accident Surgical Procedure Benefit: Pays a benefit when any covered person incurs an expense and requires a surgical procedure due to a covered accident. The procedure must be performed by a Physician in a hospital, ambulatory surgical center, urgent care facility, or physician's office. We will pay for only one accident surgical procedure performed on the same day even if caused by more than one accident. We will not pay this benefit for colonoscopy or flexible sigmoidoscopy.

Exclusions: We will not pay benefits resulting from or caused by:
(a) suicide or any attempt, while sane or insane;
(b) any intentionally self-inflicted injury or Sickness;
(c) voluntary abortion except, with respect to You or Your covered Dependent Spouse;
(1) where You or Your Dependent Spouse's life would be endangered if the fetus were carried to term; or
(2) where medical complications have arisen from abortion;
(d) pregnancy of a Dependent child (except for complications of pregnancy);
(e) participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority;
(f) commission of a felony;
(g) participation in a contest of speed in power driven vehicles, parachuting, or hang gliding;
(h) air travel, except:
(1) as a fare-paying passenger on a commercial airline on a regularly scheduled route; or
(2) as a passenger for transportation only and not as a pilot or crew member;
(i) elective procedures or cosmetic surgery, including complications of elective procedures or cosmetic surgery;
(j) experimental treatment, drugs, or surgery, except in connection with an approved cancer clinical trial;
(k) performance of military, naval, or air force service of any country;
(l) dental or routine vision services, unless:
(1) resulting from an Accident occurring while the Covered Person's coverage is in force and if performed within 12 months of the date of such Accident; or
(2) due to congenital disease or anomaly of a covered newborn child;
(m) immunizations, sports and routine annual physicals;
(n) services, treatment or loss rendered in any Physician's office, Veterans Administration or Federal Hospital or any other Hospital, except if there is a legal obligation to pay;
(o) artificial insemination, in vitro fertilization, test tube fertilization, sterilization, tubal ligation, or vasectomy, and reversal thereof;
(p) loss that takes place outside of North America;
(q) participation in any sport for pay or profit;
(r) alcoholism or drug use, unless such drugs were taken on the advice of a Physician and taken as prescribed;
(s) mental or emotional disorders without demonstrable organic disease;
(t) air or ground ambulance;
(u) Pre-Existing Conditions, unless the Covered Person has satisfied the Pre-Existing Condition Exclusion period of 12 months. **Pre-Existing Condition** means a disease or physical condition for which you: had treatment or received advice from a physician, during the 12 month period immediately before your effective date of coverage.

Pregnancy Limitation:
For the Pregnancy Limitation Period, 10 months, the Company will not pay benefits due to any Covered Person giving birth as a result of a normal pregnancy, including cesarean section. Complications of Pregnancy will be covered to the same extent as any other covered benefit. Complications of Pregnancy includes but is not limited to, conditions requiring Confinement (when pregnancy is not terminated), whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy, such as acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity, ectopic pregnancy which is terminated, spontaneous termination of pregnancy which occurs during a period of gestation in which a viable birth is not possible, puerperal infection, eclampsia and toxemia.

Complications of Pregnancy shall not include false labor, occasional spotting, Physician prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a classifiably distinct Complication of Pregnancy.

This product may contain limitations, exclusions and waiting periods.
This product is inappropriate for people who are eligible for Medicaid coverage. [1]AHRQ Healthcare Cost and Utilization Project, National Inpatient Sample as of November 10, 2017. [2]American Hospital Association: Fast Facts on U.S. Hospitals, 2018. [3]Deductible amount based on an average High Deductible Health Plan. [4]AHRQ Healthcare Cost and Utilization Project, National Inpatient Sample as of November 10, 2017. [5]MD Save: Procedures A to Z; accessed 10/3/2018 from MDsave.com. [6]Healthcare Bluebook: Emergency Room Visit – Moderate Problem; Accessed March 22, 2017 from www.healthcareblubook.com. [7]CostHelper: How Much Does a Broken Arm Cost?; accessed 10/3/2018 from health.costhelper.com. CostHelper: How Much Does a Broken Arm Cost?

Termination of Insurance
Coverage for you and your covered dependent(s) may be continued during a layoff or leave of absence for up to a maximum period of 3 months. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment terminates. Your coverage can be terminated or premiums may be increased on any premium due date with 31 days advance notice.

American Fidelity Assurance Company
9000 Cameron Parkway, Oklahoma City, Oklahoma 73114
800-662-1113 • **americanfidelity.com**

Group Critical Illness Insurance

Limited Benefit Group Critical Illness with Cancer Benefit

AMERICAN FIDELITY
a different opinion™

This brochure highlights important features of the policy.
Please refer to your certificate for complete details.

Critical Illness insurance is here for you.

Surviving a critical illness, such as a heart attack or stroke, is becoming increasingly common with new medical technology. However, with advances in technology to treat these diseases, the cost of treatment rises more and more every year. Although many medical plans provide coverage for hospital stays and medical expenses arising from a critical illness, there are still out-of-pocket expenses that can affect anyone's finances.

Co-pays, transportation expenses, and lost income should be the last thing you or your family worries about if a critical illness were to occur. American Fidelity Assurance Company's Limited Benefit Group Critical Illness Insurance can help cover your out-of-pocket medical expenses and allow your family to focus on recovery.

17% of total healthcare costs are paid out-of-pocket.[1]

About every 19 seconds someone in the United States will be diagnosed with cancer.[2] American Fidelity's Group Critical Illness Insurance can help with the rising cost of treatment for a covered Critical Illness such as heart attack or stroke.

How It Works

If you are diagnosed with a covered Critical Illness, such as a heart attack or stroke, this plan is designed to pay a lump sum benefit amount to help cover expenses. In addition, certain specified Critical Illnesses that reoccur will allow for an additional benefit.

American Fidelity's Critical Illness Insurance features:

- Benefits paid directly to you, to be used however you see fit.
- No required medical exams as part of the application process.
- Guaranteed Issue benefit amounts may be available for first time eligible employees and spouse.
- Extends coverage to dependent children at no additional cost.
- Compatible with a Health Savings Account.

Coverage is available for you and your lawful spouse at determined benefit amounts and for your eligible child(ren), as defined in the policy, at 25% of the employees benefit amount.

WELLNESS SCREENING BENEFIT

This benefit covers several qualified tests, including, but not limited to,

- Pap Smear
- Prostate Test
- Skin Biopsy
- Colonoscopy
- Stress Test
- Echocardiogram
- Electrocardiogram (EKG)
- Blood Glucose Testing

HEALTH SCREENING BENEFIT *(per calendar year per Covered Employee and Covered Spouse)*
$100

If you reside in a state other than your employer's state of domicile, where required by law, policy provisions and benefits may vary.

[1] *2017 Milliman Medical Index; May 2017, p.9.*
[2] *American Cancer Society: Cancer Facts and Figures 2016, pg. 4.*

Group Critical Illness Insurance

Schedule of Benefits

Knowing everyone's financial situation is different, American Fidelity offers multiple lump sum benefit amounts. Depending on the plan selected by your employer, the following Benefit Amounts may be available. The Employee Benefit Amounts can range from $5,000 to $50,000 in $5,000 increments. If elected, Spousal Benefit Amounts will be 50% of the Employee Benefit Amount.

Critical Illness Benefits

Pays once per Covered Person for each Critical Illness shown below.

	Benefit Percentage	Recurrent Diagnosis Benefit
Heart Attack Benefit Pays full lump sum benefit amount.	100%	50%
Coronary Artery Bypass Surgery Pays 25% of benefit amount. Payment will reduce the Heart Attack Benefit.	25%	–
Stroke Benefit (Permanent damage due to a Stroke) Pays full lump sum benefit amount.	100%	50%
Paralysis Benefit (Permanent due to a Covered Accident) Pays full lump sum benefit amount.	100%	–
Major Organ Failure Benefit Pays full lump sum benefit amount.	100%	50%
End Stage Renal Failure Benefit Pays full lump sum benefit amount.	100%	–
Early Stage Cancer (Carcinoma In Situ) Benefit Pays 25% of the benefit amount. Payment will reduce any Invasive Cancer Benefit.	25%	–
Invasive Cancer Benefit Pays full lump sum benefit amount.	100%	–

Plan Benefit Highlights

Wellness Screening Benefit

Pays $100 when a Covered Employee or Covered Spouse receives a covered Health Screening Test. This benefit covers several qualified tests, including, but not limited to: Pap Smear, Prostate test, Skin Biopsy, Colonoscopy, Blood test for triglycerides, Doppler ultrasound, Echocardiogram, Electrocardiogram (EKG), Fasting blood glucose test, Serum cholesterol test to determine HDL and LDL levels, Exercise or Pharmacologic stress test, and Neuroimaging studies. This policy pays for one test per Covered Employee and one test per Covered Spouse per Calendar Year regardless of the number of tests received during the Calendar Year. This benefit is available without a diagnosis of a Critical Illness. This benefit does not reduce the Critical Illness lump sum benefit amount.

Critical Illness Benefit

Pays once per Covered Person for each Critical Illness. Each Critical Illness must be separated by at least 90 days following the first Critical Illness Occurrence Date.

Heart Attack

Pays following a Heart Attack due to Coronary Artery Disease. Any previous amounts paid for a Coronary Artery Bypass Surgery will be deducted from the amount payable under this benefit.

A Heart Attack is not congestive heart failure, atherosclerotic heart disease, angina, cardiac arrest, or any other disease or injury involving the cardiovascular system.

Coronary Artery Bypass Surgery

Pays following open heart surgery performed by a Physician to correct Coronary Artery Disease with bypass grafts. Coronary Artery Bypass Surgery does not include balloon angioplasty, laser angioplasty, stenting, valve replacement surgery, or procedures other than Coronary Artery Bypass Surgery.

Stroke (Permanent Damage Due To A Stroke)

Pays following permanent neurological damage to the brain due to a Stroke which results from an acute or sub-acute interruption of blood flow to brain tissue as defined in the policy. Permanent Damage due to a Stroke does not include Transient Ischemic Attacks (TIA).

Paralysis (Permanent Due To A Covered Accident)

Injuries to the spinal cord due to a Covered Accident, which result in the loss of use of two or more limbs. Paralysis must be diagnosed as permanent, total, and irreversible.

Major Organ Failure

Pays following the date the Covered Person is placed on the United Network for Organ Sharing (UNOS) list for a transplant of the heart, liver, lung, or entire pancreas.

End Stage Renal Failure

Pays following the Occurrence Date of End Stage Renal Failure resulting in irreversible failure of both kidneys to function and which requires regular dialysis or renal transplantation to sustain life.

Plan Benefit Highlights, continued

Effective Date
Certificates will become effective on the requested effective date following the date we approve the application, providing you are on Active Employment and premium has been paid.

Eligibility
All permanent employees in the covered group working 20 hours or more per week.

Cancer Critical Illness Benefit
Early Stage Cancer (Carcinoma In Situ)
Pays 25% of the Critical Illness Cancer benefit amount following diagnosis of early stage of internal cancer in which the tumor or tumor cells are confined to the organ or tissue where it first developed without having invaded neighboring tissue. Carcinoma in Situ does not include Skin Cancer. Some examples of covered early stage cancer include prostate cancer, breast cancer, or colon cancer meeting certain diagnosis requirements. Partial payments for Carcinoma in Situ reduces the Invasive Cancer benefit. At no time will combined payments for any Cancer related benefits exceed 100% of the Cancer Critical Illness Benefit amount.

Invasive Cancer
Pays a Cancer Critical Illness benefit amount following the Occurrence Date and diagnosis of Invasive Cancer with uncontrolled growth, function, or spread of cells in any part of the body. The documented staging will be used to determine if the cancer meets the Invasive Cancer definition.

Recurrent Diagnosis Benefit
Upon a second Occurrence of certain specified Critical Illnesses, this benefit pays 50% of the amount previously paid under the policy. Covered Critical Illness events include Heart Attack, Permanent Damage Due To a Stroke, and Major Organ Failure. The second Occurrence Date must be separated by at least 180 days following the first Occurrence Date of that same Critical Illness. Once a Recurrent Diagnosis Benefit has been paid for a Critical Illness, no further benefits for that same Critical Illness will be payable.

Portability
Upon becoming no longer eligible for coverage, you will have 30 days to request continuation of coverage. Providing you pay premiums when due, you may continue your coverage provided in this certificate upon leaving employment until the earliest of these dates: a) your 75th birthday, b) 10 years from the portability effective date, c) the date the policy is terminated, or d) the date you fail to pay the required premium. You must have been continuously covered for 12 consecutive months prior to the date your coverage under the Policy ends.

Limitations and Exclusions

Pre-Existing Condition Limitation
No Critical Illness Benefit will be payable for a Critical Illness which is caused by or resulting from a Pre-Existing Condition when the Critical Illness Occurrence Date occurs before a Covered Person has been continuously covered under the Policy for 12 consecutive months. Pre-Existing Condition means a disease, Accident, Sickness, physical condition or mental illness for which a Covered Person has experienced any of the following: (a) treatment; (b) incurred expense; (c) took medication; (d) received care or services including diagnostic testing or related measures; or (e) received a diagnosis or advice from a Physician, during the 12-month period immediately before the Covered Person's Effective Date of coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, Accident, Sickness, physical condition or mental illness.

A Heart Attack is an acute Myocardial Infarction due to Coronary Artery Disease resulting in death of a portion of the heart muscle. Diagnosis must be supported by onset of new symptoms and any of the following: EKG changes, elevation of biochemical markers, or imaging studies, consistent with an acute myocardial infarction. In the event of death, an autopsy, medical examiner's confirmation or death certificate identifying Heart Attack will be acceptable.

Heart attack does not include congestive heart failure, atherosclerotic heart disease, angina, cardiac arrest, or any other disease or injury involving the cardiovascular system.

Exclusions
We will not pay benefits for any Critical Illness resulting from or caused, whether directly or indirectly, by: (a) An intentionally self-inflicted Accident or Sickness. (b) Suicide or attempted suicide, while sane or insane. (c) Participating in a riot, insurrection, rebellion, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority. (d) Being intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions. Intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the event that caused the Critical Illness occurred. (e) Committing, or attempting to commit a felony. (f) Being incarcerated in any type of penal institution. (g) Alcoholism or drug addiction. (h) A diagnosis received outside the United States, or its territories, that cannot be confirmed by a Physician licensed and practicing in the United States.

Your coverage may be continued for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment terminates. Your coverage can be terminated or premiums may be increased on any premium due date with 31 days advance notice.

This product is only offered on an after-tax basis. **This product is inappropriate for people who are eligible for Medicaid coverage.**

View and print your policies or file a claim at americanfidelity.com
American Fidelity's Online Service Center provides you convenient, secure access to manage your account.

AMERICAN FIDELITY
a different opinion

9000 Cameron Parkway
Oklahoma City, Oklahoma 73114
800-654-8489
americanfidelity.com

Group Critical Illness Insurance

Limited Benefit Group Critical Illness With Cancer Benefit

Extends coverage to dependent children at no additional cost.

EMPLOYEE MONTHLY RATES

	$10,000		$15,000		$20,000		$25,000		$30,000	
AGE	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-29	$7.28	$10.92	$8.98	$14.42	$10.66	$17.90	$12.34	$21.40	$14.02	$24.90
30-39	$11.48	$18.20	$15.32	$25.32	$19.10	$32.46	$22.90	$39.62	$26.68	$46.74
40-49	$20.82	$34.34	$29.28	$49.54	$37.72	$64.74	$46.16	$79.94	$54.60	$95.16
50-59	$35.98	$60.90	$52.04	$89.40	$68.06	$117.86	$84.10	$146.38	$100.14	$174.84
60 & Over	$59.10	$101.22	$86.68	$149.90	$114.28	$198.56	$141.88	$247.22	$169.48	$295.86

SPOUSE MONTHLY RATES

	$5,000		$7,500		$10,000		$12,500		$15,000	
AGE	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-29	$5.02	$7.44	$5.56	$9.22	$6.08	$11.02	$6.66	$12.76	$7.20	$14.52
30-39	$7.30	$11.68	$8.96	$15.60	$10.66	$19.48	$12.32	$23.38	$14.04	$27.26
40-49	$12.42	$21.16	$16.66	$29.78	$20.92	$38.42	$25.18	$47.06	$29.42	$55.64
50-59	$20.68	$36.52	$29.08	$52.86	$37.46	$69.14	$45.88	$85.44	$54.24	$101.76
60-69	$33.36	$60.00	$48.06	$88.06	$62.80	$116.08	$77.50	$144.14	$92.24	$172.16

**Higher benefit amounts are available up to a maximum Employee benefit amount of $50,000*

This insert must be used in conjunction with SB-32243(FF) and any state specific deviations thereof.

AMERICAN FIDELITY
a different opinion ™

9000 Cameron Parkway • Oklahoma City, Oklahoma 73114
800-654-8489 • americanfidelity.com

First Financial Group of America
First in Service and Expertise

Marketed by American Fidelity Assurance Company

MASA Medical Transport Solutions™

FOR EMPLOYEES

Emergencies can happen
to anyone, anytime, and anywhere!

**No matter what,
MASA MTS has you covered!**

What is Covered?

BENEFIT	EMERGENT PLUS $14/mo or $160/yr
Emergent Ground Transportation	U.S./Canada
Emergency Air Transportation	U.S./Canada
Repatriation	Worldwide

Be prepared for the unexpected with a MASA membership. No matter where you live, you could have access to vital emergency medical transportation for a minimal monthly fee. That membership could one day save your life, and, every day, it will give you peace of mind like nothing else.

MASA Medical Transport Solutions™

A division of MASA Global.

Any Ground. Any Air. Anywhere.

Only MASA MTS for Employees can provide you with complete protection.

THE TRUTH....

Americans today **suffer from a false sense of security** that their medical coverage will pay for all costs associated with emergency or critical care transport. The reality is that a majority of Americans are **only partially covered** for these high costs.

Most healthcare policies will only pay based off of the "Usual and Customary Charges" while Medicare pays based off a set fee schedule, both **leaving you with the remainder of the bill**.

You face the possibility that your medical coverage will deny the claim **leaving you responsible for the ENTIRE bill**.

Typically health insurance policies will not get you back home when traveling, leaving you exposed to transportation **costs that can exceed $100,000.**

We provide medical emergency transportation solutions AND cover your out of pocket medical transport cost when your insurance falls short.

"All I had to do was send the bill which was never paid by Medicare and TriCare for Life --- and the rest is history. When MASA received that bill, it was paid and all amounts owed satisfied." --- MASA Member, 2015

MASA MTS for Employees Ensures...

- NO health questions
- NO age limits
- NO claim forms
- NO deductibles
- NO provider/insurance network limitations
- NO dollar limits on emergency transport costs

VOLUNTARY DENTAL PLAN

Lamar Consolidated ISD

VOLUNTARY DENTAL COVERAGE

BENEFIT	Low PPO	High PPO	DHMO
Calendar Year Deductible	$100 per person/ $300 per family	$100 per person/ $300 per family	Not Applicable
Preventive Care (Cleanings, Exams, X-ray)	0% after deductible	0% after deductible	Various copays
Basic Care (Endo, Perio, Oral Surgery)	30% after deductible	20% after deductible	Various copays
Major Care (Crowns, Bridges, Dentures)	60% after deductible	50% after deductible	Various copays
Orthodontics (Children to age 19)	50% after deductible	50% after deductible	Various copays
Annual Benefit Maximum	$750 per person	$1,500 per person	Unlimited

For DHMO copays, please refer to the Schedule of Benefits

USE YOUR DENTAL CLEANINGS TO PREVENT PROBLEMS LATER ON

VOLUNTARY DENTAL PREMIUM

	UHC Low PPO	**UHC High PPO**	**UHC DHMO**
Employee Only	$20.00	$21.06	$6.38
Employee + Spouse	$39.99	$42.11	$12.36
Employee + Children	$50.19	$52.85	$13.36
Employee + Family	$73.38	$77.27	$19.35

LAMAR CONSOLIDATED ISD

Eye Care Highlight Sheet

Ameritas

High Plan Summary **Policy # 010-350837 Effective Date: 11/1/2020**

	VSP Network	Out of Network
Deductibles		
	$10 Exam	$10 Exam
	$25 Eye Glass Lenses or Frames*	$25 Eye Glass Lenses or Frames
Annual Eye Exam	Covered in full	Up to $50
Lenses (per pair)		
Single Vision	Covered in full	Up to $50
Bifocal	Covered in full	Up to $75
Trifocal	Covered in full	Up to $100
Lenticular	Covered in full	Up to $125
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Member cost up to $60	No benefit
Elective	Up to $150	Up to $120
Medically Necessary	Covered in full	Up to $210
Frames	$150	Up to $70
Frequencies (months)		
Exam/Lens/Frame	12/12/12	12/12/12
	Based on date of service	Based on date of service

**Deductible applies to a complete pair of glasses or to frames, whichever is selected.*

Lens Options (member cost)*

	VSP Network	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Trifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Trifocal allowance.
Std. Polycarbonate	Covered in full for dependent children $25 adults	No benefit
Solid Plastic Dye	$13 (except Pink I & II)	No benefit
Plastic Gradient Dye	$15	No benefit
Photochromatic Lenses (Glass & Plastic)	$27-$76	No benefit
Scratch Resistant Coating	$15-$29	No benefit
Anti-Reflective Coating	$39-$75	No benefit
Ultraviolet Coating	$14	No benefit

**Lens Option member costs vary by prescription, option chosen and retail locations.*

Monthly Rates

Employee Only (EE)	$12.12
EE + 1 Dependent	$23.76
EE + 2 or more Dependents	$32.96

LAMAR CONSOLIDATED ISD

Eye Care Highlight Sheet

Ameritas

Additional Focus® Features

Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
Frame Discount	VSP offers 20% off any amount above the retail allowance.*
Laser VisionCare	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is $1,800 for LASIK and $2,300 for custom LASIK using Wavefront technology, and $1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of approved amount (up to $1,000 is covered every two years).

Based on applicable laws, reduced costs may vary by doctor location.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.
To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eye Care Plan Member Service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more. Locate a VSP provider at: ameritas.com or to View plan benefit information at: vsp.com

VSP Call Center: 1-800-877-7195

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday
- Interactive Voice Response available 24/7

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

Worldwide Support

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S.

Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

SECTION 125
Cafeteria Plan

First Financial Administrators, Inc.
First in Service and Expertise

Medical Expense & Dependent Care Reimbursement

What is a Section 125 Cafeteria Plan?

A Cafeteria Plan (under IRS Code Section 125) is a benefit available when you choose an eligible health plan with your employer. It allows you to withhold a portion of your pretax salary to cover your insurance premiums and certain medical and child care expenses. This allows you to pay less taxes and increase your take home pay at the same time.

Section 125 Plan Sample Paycheck

The example below shows how a married employee claiming one exemption can reduce their taxable income when they pay for their insurance coverage on a pre-tax basis.

Without Section 125		With Section 125	
Monthly Salary	$2,000.00	Monthly Salary	$2,000.00
Less Medical Deductions	N/A	Less Medical Deductions	$250.00
Taxable Gross Income	$2,000.00	Taxable Gross Income	$1,750.00
Less Taxes (Fed/State @ 20%)	- $400.00	Less Taxes (Fed/State @ 20%)	- $350.00
Less Estimated FICA (7.65%)	- $153.00	Less Estimated FICA (7.65%)	- $133.00
Less Medical Deductions	- $250.00	Less Medical Deductions	- N/A
Take Home Pay	**$1,197.00**	**Take Home Pay**	**$1,267.00**

You saved $70 per month in taxes by paying for your benefits on a pre-tax basis!

Participation in the Section 125 Plan will increase your spendable income.

First Financial is proud to be your Section 125/Flexible Spending Accounts Plan Provider. For more information or to enroll in this plan, see your Account Representative.

Flexible Spending Accounts

There are two types of Flexible Spending Accounts (FSAs): Medical Reimbursement and Dependent Day Care (DDC). Your participation in an FSA program allows a portion of your salary to be redirected to provide reimbursement for these types of expenses on a tax-exempt basis. At the beginning of each plan year, you elect a specific dollar amount for each FSA you wish to participate.

Money remaining in your FSA account(s) will not be returned to you at the end of the plan year. Any amount remaining after the end of the runoff or grace period, if your employer offers one, will be forfeited. Because of the use-it-or-lose-it rule, it is important for you to carefully estimate your out-of-pocket Medical Reimbursement and DDC expenses for the upcoming plan year.

Medical Reimbursement FSA

With the FSA, you can pay out-of-pocket health care expenses for yourself, your spouse and all of your eligible dependents for health, dental, and vision care expenses. The services must be incurred while you are actively participating in the FSA plan. The eligible expenses may be reimbursed regardless of whether you, your spouse or dependents are covered by your employer's medical, dental, or health plan.

*The COVID-19 Relief Bill signed into law now allows over-the-counter medications and menstrual products to qualify as eligible expenses under FSA and HSA accounts.

Common Eligible Expenses

- Co-Payments
- Co-Insurance
- Deductibles
- Over-the-counter Drugs*
- Dental Treatment
- Orthodontia
- Lab Fees
- X-Rays
- Vision Expenses
- Lasik Surgery
- Physical Therapy
- Chiropractor Services
- Acupuncture
- Eye Contact Solution
- Eye Drops

Common Ineligible Expenses

- Cosmetic Surgery
- Teeth Whitening
- Veneers
- Botox
- Non Prescribed Vitamins and Supplements
- Toiletries
- Medical Insurance Premiums
- Health Club Membership Fees

Dependent Care FSA

The Dependent Care FSA allows you to pay for day care expenses for your qualified dependent/child with pre-tax dollars while you (and your spouse) are working, seeking employment, or attending school as a full-time student for at least five months during the year.

Common Eligible Expenses

- Day Camps
- Before/After School Care
- Babysitters/Day Care Centers
- Au Pair
- Nanny
- Nursery School

Common Ineligible Expenses

- Registration Fees
- Care for child while not working
- Kindergarten
- Food/Activity expenses if separate from cost of care
- Care provided by anyone under age 19
- Pre-School
- Books and Supplies
- Field Trips

First Financial Administrators, Inc. • P.O. Box 161968 • Altamonte Springs, FL 32716
Phone: (866) 853-3539 • Fax: (800) 298-7785 • *www.ffga.com*

Clever RX

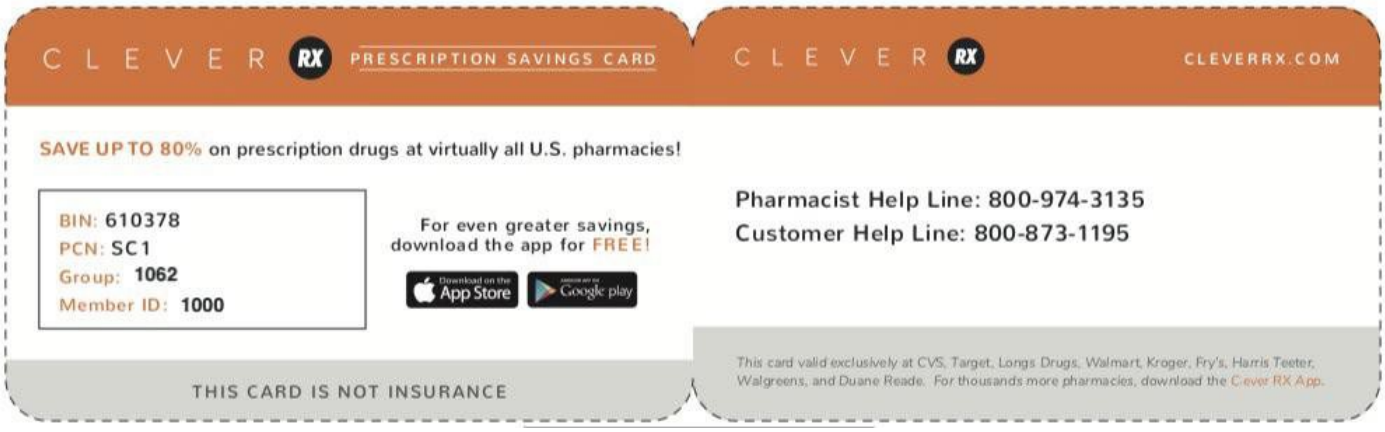
Clever RX | https://partner.cleverrx.com/ffga | 1.800.873.1195

Clever RX helps you save money by using a prescription drug savings card. They partner with the healthcare community to bring state-of-the-art, money-savings tools to participants. It helps you save up to 80% off prescriptions drugs and often beats the average copay. Plus, it's completely free. Thanks to Clever RX, you will never overpay for prescriptions again!

HIGHLIGHTS

- 100% FREE to use.
- Unlock discounts on thousands of medications.
- Save up to 80% on prescription medication – Often beats your copay!
- Download the Clever RX app by using the information on your card below to unlock exclusive savings at over 60,000 pharmacies nationwide.
- Available to use now!

Use Clever RX every time you pay for a medication for instant savings! Download the app or visit the site to price a drug: https://partner.cleverrx.com/ffga.



Health Savings Accounts

Optum Bank| www.optumbank.com | 1.866.234.8913

HEALTH SAVINGS ACCOUNTS

A Health Savings Account (HSA) is a great way to help you control your healthcare costs. It works in conjunction with a qualified High Deductible Health Plan (HDHP) to combine tax-free savings earmarked for qualified medical expenses. An HSA allows you to set aside money to pay for higher deductibles associated with a lower monthly premium HDHP. The money you save in monthly insurance premiums is reserved for eligible medical expenses you incur in the future. Eligible expenses include things like co-pays and deductibles, prescriptions, vision expenses, dental care, therapy and medical supplies.

Your maximum contribution amount in 2020 for Employee Only is $3,550 and $7,100 for Family.

HIGHLIGHTS

- Balances roll over from year to year and earn interest along the way.
- Portable – you keep it even after you leave employment.
- Tax advantages – invest money in mutual funds to grow your tax savings for either futurehealthcare costs or retirement.
- Pay for expenses with a benefits debit card that gives you immediate access to your money at the time of purchase.
- Expenses also can be reimbursed through our online portal, online bill pay directly to your provider or submitting a distribution request form.
- Receipts are not required for reimbursement but be sure to save them for tax purposes.

Flexible Spending Accounts

First Financial Administrators, Inc. | www.ffga.com | 1.866.853.3539
P.O. Box 161968 | Altamonte Springs, FL 32716

HEALTHCARE FSA

A Health Flexible Spending Account (Health FSA) is an IRS-approved program to help you save taxes and pay for out-of-pocket medical expenses not covered under your medical plan. If your plan includes a grace period option, you have additional time to incur and claim against unused funds in the new plan year. Keep in mind that remaining balances after the grace period is exhausted will be forfeited under the use-it-or-lose-it rule.

Your maximum contribution amount for 2020 is $2,650.

HIGHLIGHTS

- Contributions are automatically deducted from your paycheck on a pre-tax basis, which helps reduce your taxable income and increase your spendable income.
- Your full election will be available to you at the beginning of the plan year.
- Be conservative – any money left in your account at the end of the plan year with be forfeited.
- Use your benefits card to pay for qualified expenses upfront so you don't have to spend money out of pocket.
- Keep all receipts in case you need to substantiate a claim for tax purposes.

NOTE: The IRS requires proof that all expenses are eligible. Keep all receipts in case you need to substantiate a claim for tax purposes. Your receipt must include: Date of purchase or service, amount you were required to pay after insurance, description of the product or service, merchant or provider name, and the patient name.

DEPENDENT CARE FSA

With a Dependent Care Flexible Spending Account, you can set aside part of your pay on a pre-tax basis to pay for eligible dependent care expenses like child care, babysitters and adult day care.

You may allocate up to $5,000 per tax year for reimbursement of dependent care services. If you are married and file a separate tax return, the limit is$2,500.

HIGHLIGHTS

- Eligible dependents must be claimed as an exemption on your tax return.
- Eligible dependents must be children under age 13 or an adult dependent incapable of self-care.
- Contributions are not loaded upfront. Funds become available as contributions are made to your account.
- Keep all receipts in case you need to substantiate a claim for tax purposes.
- Balances will be forfeited at the end of the runoff or grace period.

FSA RESOURCES

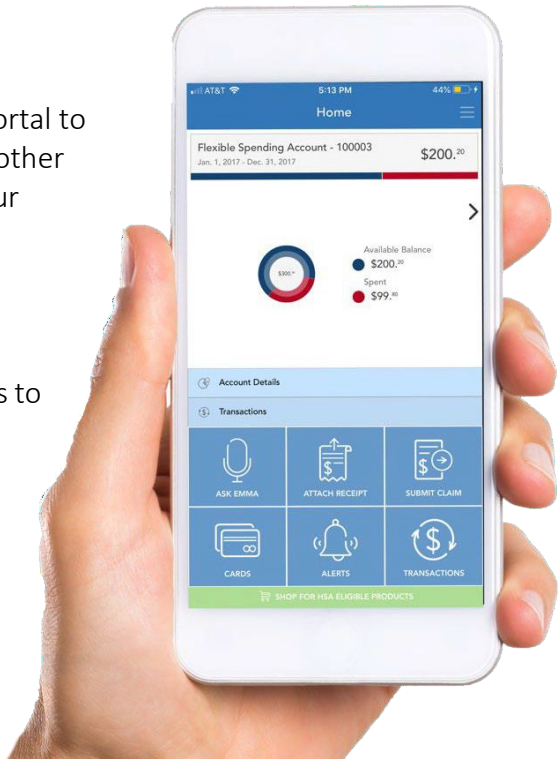
BENEFITS CARD

The First Financial Benefits Card is available to all employees that participate in Medical FSA and/or a Dependent Care FSA. The Benefits Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse, and eligible dependents that are at least 18 years old.

- The IRS requires validation of most transactions for FSAs. You must submit receipts for validation of expenses when requested. If you fail to substantiate by providing a receipt to First Financial within 90 days of the purchase or date of service your card will be suspended until the necessary, receipt or explanation of benefits from your insurance provider is received.
- Dependent Care FSA Contributions are not loaded upfront. Funds become available as contributions are made to your account.

ONLINE FSA PORTAL

Flexible Spending Account participants can log in to their online FSA portal to access account balances, check on claims, upload receipts and access other account details. Visit https://ffga.com/individuals to login or set up your account.



FF FLEX MOBILE APP

Managing your benefit accounts on the go is made easy with *FF Flex Mobile App*. This powerful, intuitive mobile application gives you access to view your account balances, update your profile, submit a claim and much more – right from your Android or Apple device.

- Access account Information
- View card details and profile information
- Submit FSA claims using an electronic claim form
- View pending claims
- Upload receipts and documentation
- Receive alerts
- Update direct deposit information

FSA STORE

First Financial has partnered with the FSA Store to bring you an easy to use online store to better understand and manage your FSA. An online marketplace that connects consumers to FSA-eligible products, seasonal deals, and account support resources such as open enrollment guides and educational videos.

Visit http://www.ffga.com/fsaextras for more details & special deals!

- Shop for eligible items from bandages to wheelchairs and thousands of products in between
- Browse or search for eligible products and services using the Eligibility List
- Visit the Learning Center to help find answers to questions you may have about your account.

Limited Purpose FSA

First Financial FSA Department | www.ffga.com | 1.866.853.3539
P.O. Box 161968 | Altamonte Springs, FL 32716

A Limited Purpose Flexible Spending Account (LPFSA) works together with a Health Savings Account (HSA) for you to further optimize your tax savings. By establishing an LPFSA, you can save money on taxes by using the account for eligible dental and vision expenses while preserving your HSA funds for other purposes, including simply saving those funds for the future.

Your maximum contribution amount for 2020 is $2,650.

HIGHLIGHTS

- Only certain dental and vision expense are eligible such as eye exams, contact lenses and eyeglasses.
- Funds can be accessed by submitting a claim or paying for expenses upfront with a benefits debit card.
- Purchases may need to be verified during the claims process, so be sure to save your receipts.
- Balances may be rolled over the following plan year if your employer allows it.

COBRA

First Financial Administrators, Inc. | www.cobrapoint.benaissance.com | 1.800.523.8422, option 4

Life is full of unexpected events that may impact your health insurance coverage. Under the Consolidated Omnibus Budget Reconciliation Act, better known as COBRA, you have the right to continue your group health coverage such as medical, dental, vision insurance and flexible spending accounts for a limited period of time.

HIGHLIGHTS

- Temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work, divorce, death or a child no longer qualifying as a dependent. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.
- Either you or your family member are responsible for notifying your employer of a divorce, legal separation or child losing dependent status within 60 days of the event. In the case of termination, death or reduction in hours, your employer will be responsible for letting the provider know that you have the right to continue coverage under COBRA.
- Benefits will remain identical to what you had while employed. However, you will be responsible for paying the full premium, plus any applicable fees.

CONTACT INFORMATION

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Curtis Grant, Sr. Account Manager
Curtis.grant@ffga.com | 281. 734. 7600

CONTACTS

BENEFIT	CARRIER	WEBSITE	PHONE
403 (b) Retirement	First Financial Administrators, Inc.	retirement@ffga.com	866.853.3539
Disability Insurance	American Fidelity	www.americanfidelity.com	800.662.1113
Group Term Life	American Fidelity	www.americanfidelity.com	800.662.1113
Permanent Life	Texas Life	www.texaslife.com	800.283.9233
Combined LTC/ Life	CHUBB	www.combinedinsurance.com	855.241.9891
Accident	American Fidelity	www.americanfidelity.com	800.662.1113
Cancer	American Fidelity	www.americanfidelity.com	800.662.1113
Hospital Gap	American Fidelity	www.americanfidelity.com	800.662.1113
Critical Illness	American Fidelity	www.americanfidelity.com	800.662.1113
Medical Transport	MASA	www.masamts.com	954.334.8261
Dental	United Healthcare Dental	www.myuhc.com	877.816.3596
Vision	Ameritas	www.ameritas.com	800.877.7195
Prescription Saving Card	Clever RX	https://partner.cleverrx.com/ffga	800.873.1195
Health Savings Accounts	Optum Bank	www.optumbank.com	866.234.8913
Flexible Spending Account	First Financial Administrators, Inc.	www.ffga.com	866.853.3539
Dependent Care Accounts	First Financial Administrators, Inc.	www.ffga.com	866.853.3539
COBRA	First Financial Administrators, Inc.	www.cobrapoint.benaissance.com	800.523.8422

Visit the Lamar CISD website at www.benefits.ffga.com/lamarcisd