

# New Account Set Up Instructions

American Heritage Life Insurance Company

Account No.: \_\_\_\_\_ Master Account No.: \_\_\_\_\_ Industry Type: Government

SIC Code: 9199 Years in Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_  
(or number of members if not an employer)

Account Name: Lexington Fayette Urban County Government

Owner/Chief Executive: \_\_\_\_\_ Account Contact Person: John Maxwell

Account Effective Date: 1/1/2014 Date of First Deduction: \_\_\_\_\_

Is account discontinuing a previous voluntary insurance program?  Yes  No

If yes, name of prior insurer and product types: \_\_\_\_\_

## Billing Instructions (check & complete one)

Credit Union Account. Complete Credit Union Account Set-Up Form

Direct Account. Initial Billing Date: \_\_\_\_\_

Electronic invoice notices will be sent to (email address): \_\_\_\_\_

Correspondence Address (if different from Account's address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

If billing/premium payment will be processed through a third party, indicate whether third party is:

The account's own service provider (example: payroll service company).

A third party administrator of AHL (example: AHL agent). Requires TPA contract with AHL.

Name of third party: \_\_\_\_\_

Billing will be sorted:  Alphabetically  Numerically (By Control #) \_\_\_\_\_

Billing Options (Check only one.)

Billing Frequency	Deductions Per Year	Bills Per Year	Billing Frequency	Deductions Per Year	Bills Per Year
<input type="checkbox"/> Monthly	12 monthly	12	<input type="checkbox"/> Semi-Annually	varies	2
<input type="checkbox"/> Monthly	24 semi-monthly	12	<input type="checkbox"/> Annually	varies	1
<input type="checkbox"/> Every 4 Weeks (28 days)	52 weekly	13	<input type="checkbox"/> Ninthly	varies	9
<input type="checkbox"/> Every 4 Weeks (28 days)	26 bi-weekly	13	<input type="checkbox"/> Tenthly	varies	10
<input type="checkbox"/> Quarterly	varies	4			

Is account to be under a Section 125 Plan?  Yes  No Federal Tax I.D. No. 61-0858140

Enrollment for Plan Year 1 / 1 / 2014 to 12 / 31 / 2014  
(Effective Date)

*Note-Self Accounting: Accounts may remit premium checks with their own payroll deduction lists or worksheets if the data (1) is in electronic format only, and (2) includes the following minimum information for each deduction: Employee/Member Name, Social Security or Other I.D. Number, and Amount Deducted. Please contact the AB Premium Administration Department for details.*

## Servicing Agent Certification

I have personally contacted this new account, verified all the above information and the account is ready to be processed.

Signature: [Signature]

Agent No.: \_\_\_\_\_

Printed Name: Benji Marrs

Date: 3/15/13



**Allstate**  
Benefits

## Employer's Acceptance of Voluntary Insurance Program

American Heritage Life Insurance Company  
1776 American Heritage Life Drive  
Jacksonville, Florida 32224  
1-800-521-3535

This is to advise American Heritage Life Insurance Company (AHL) that we will process AHL's Voluntary Insurance Program for the benefit of our employees. For each employee who executes a payroll deduction request, we will withhold the amount authorized. We will forward this money either: (i) directly to AHL upon notice of the premium due from each employee, or (ii) to the credit union if named below.

We may, upon written notice to AHL and to our employees, discontinue our participation in AHL's Voluntary Insurance Program. In such event, the continued payment of premiums will be a matter directly between each employee and AHL.

We assume no responsibility for forwarding premiums from anyone other than current employees.

We understand that AHL does not disclose personal information about our employees to companies or organizations not affiliated with AHL that would use the information to market their own products and services. However, AHL may share with us personal information about our employees, and other persons, in order to carry out the purpose of AHL's Voluntary Insurance Program. Personal information includes all personally identifiable health information and other information about a person that:

- a person provides to AHL to obtain insurance,
- results from an insurance transaction, or
- is otherwise obtained in connection with providing insurance.

We agree not to disclose or use this personal information except as necessary for our participation in AHL's Voluntary Insurance Program. We may be provided access to this information in electronic form and are responsible for limiting this access to those necessary for our participation.

Employer Name: Lexington Fayette Urban County Government  
 Address (Street & Number): 200 East Main Street  
 City: Lexington State: KY Zip: 40507  
 Telephone: 859-258-3033 Fax: \_\_\_\_\_ Email: jmaxwell2@lexington.ky.gov  
 Employer Selected Insurance Plan(s): \_\_\_\_\_  
 Future Purchase Option Rider Selected:  Yes  No  
 Check here if payroll deductions will be sent to Credit Union.  
 Credit Union to which deductions will be forwarded: \_\_\_\_\_  
 Agent of Record: Benji Marris Agent # \_\_\_\_\_  
 Accepted by Employer:  
 Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



CIGNA Group Insurance  
Life - Accident - Disability

### Implementation Requirements Intent to Purchase

- Life Insurance Company of North America
- CIGNA Life Insurance Company of New York

**New Client Information**

Legal Client Name Lexington Fayette Urban County Government  
 Effective Date 11/1/14

**Client Address**

Street Address 200 East Main Street  
 City Lexington State KY Zip Code 40507

**Contact Information**

Name John Maxwell  
 Title HR Director  
 Email Address jmaxwell2@lexingtonky.gov  
 Phone 859-259-3033

**Broker Contact**

Name Benji Marrs  
 Title Benefit Advisor  
 Email Address Benji@teambim.com  
 Phone 859-255-9455

**Company Information**

Situs State KY  
 TAX-ID Number 61-0858140

The Client confirms receipt of the proposal from the insurance company named above and accepts the terms and conditions of the proposal and any attachments or modifications made to the proposal. Your signature below indicates your intent to move forward with the implementation of the proposed plans. A CIGNA Group Insurance Implementation Coordinator will provide you with a welcome package with all signature document under separate cover.

**Client Authorized Representative**

(print) \_\_\_\_\_ Client Signature \_\_\_\_\_

**Please be prepared to discuss the following items with your Implementation Coordinator.**

- Eligibility Waiting Period
- ERISA Plan Information (Plan name, Plan number and Plan end date)
- Continuation Provisions and Durations
- Claim Reporting Requirements
- Premium Remittance Contact
- Eligibility Verification Contact
- Beneficiary Designation (paper/electronic)
- Voluntary Enrollment Requirements (Dates, Printed/PDF materials)

# AMERICAN HERITAGE LIFE INSURANCE COMPANY (AHL)

Jacksonville, Florida

## GROUP ACCOUNT INFORMATION

For Home Office use only	
Group/Account No.	_____
Master Account No.	_____
Effective Date	_____

### I. Proposed Policyholder

A. Name Lexington Fayette Urban County Government B. SIC code 9199  
(Legal Name)  
C. Fed. I.D. No. 61-0858140 D. Type of Business Government E. Years in Business \_\_\_\_\_  
F. Address 200 East Main Street Lexington KY 40507 Fayette  
(Street) (City) (State) (Zip) (County)

G. Contact Person(s): (P.O. Box, If any) (City) (State) (Zip) (County)  
1. Responsible Officer & Title \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
2. Administrative Contact Mr. John Maxwell Phone: (859) 258-3033 Fax: (\_\_\_\_) \_\_\_\_\_

H. Affiliated Companies to be included in coverage:

Name	Location (City, State, Zip)	Number of Employees	Wholly-owned Subsidiary of Policyholder?	
			YES	NO*
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

\*If the "affiliate" is *not owned* by the Policyholder, please describe the relationship under Item IV, "Comments".

I. Requested Effective Date for Plan year 1/1/2014 to 12/31/2014. First Payroll Deduction Date \_\_\_\_\_  
J. Will this replace similar group coverage?  Yes  No If yes:  
Termination date of similar plan \_\_\_\_\_  
Name of similar insurer \_\_\_\_\_ (attach copy of Certificate or SPD)  
K. Is the Policyholder discontinuing a previous voluntary insurance program?  Yes  No  
If yes, name of prior insurer and product types: \_\_\_\_\_  
L. Will the AHL insurance be part of an Employee Welfare Benefit Plan (ERISA)?  Yes  No  
If yes, should AHL include a Summary Plan Description (SPD) in the Certificates of Coverage?  Yes  No  
**If yes**, complete the following as it appears on the most recent Form 5500 or **AS IT WILL APPEAR** on the first form 5500 for a new plan.  
ERISA Plan No. \_\_\_\_\_ Plan Year: From \_\_\_\_\_ through \_\_\_\_\_ each year  
Plan Name \_\_\_\_\_  
If no, the SPD will be the Policyholder's responsibility.

M. All Group Plans underwritten by AHL with the exception of Disability and Life are subject to COBRA. AHL offers and pays for administration of its COBRA plans through COBRAGuard with the exception of The Major Medical Complement. If you want to utilize COBRAGuard, please complete the COBRAGuard User Service Order Form, ABJ13007.

### II. Proposed Insureds

A. Eligible Employees.  
1. Total number of employees eligible for coverage: \_\_\_\_\_  
2. Eligible Employees are: (check all that apply)  
 Full-time employees who work 25 or more hours per week.  
 Full-time employees who work 30 or more hours per week.  
 Regular part-time employees who work 20 or more hours per week.  
 Full-time employees who work 20 or more hours per week.  
 Other (explain): \_\_\_\_\_  
3. Describe any class of employees to be excluded: \_\_\_\_\_  
B. Eligible Association / Union Members (applies to Cancer/Specified Disease, Accident, SHOP, Indemnity Medical, Critical Illness, Vision, Universal Life, and Disability (GVDI))  
1. Total number of members eligible for coverage: \_\_\_\_\_  
2. Eligible Members are: (check all that apply)  
 Full-time members who work 25 or more hours per week.  
 Full-time members who work 30 or more hours per week.

**II. Proposed Insureds** (continued)

- Regular part-time members who work 20 or more hours per week.
- Full-time members who work 20 or more hours per week.
- Other(explain): \_\_\_\_\_

3. Describe any class of members to be excluded: \_\_\_\_\_

- C. New-Hire Waiting Period is \_\_\_\_\_ days after hire date.  
New-Hire Enrollment Period includes the 31 days following the New-Hire Waiting Period.  
Coverage for New-Hires begins:  On the first day of the month following enrollment - or -  the Next Day.
- D. Eligible Individuals in the Waiting Period on the policy effective date will:  
 Complete Waiting Period - or -  Be eligible immediately.
- E. Annual Enrollment Period is:  
 The Calendar Month before the Policy Anniversary Date - or -  Other (explain) \_\_\_\_\_  
*(Only applicable to Heritage Choice Dental, Disability (GVD-4000) and Term Life)*
- F. Individuals first eligible after the policy effective date may enroll (Applies to AHL Products ONLY):  
 within 31 days of eligibility - or -  only at the next Annual Enrollment Period
- G. Rehired Employees:  
More than 31 days after termination considered a new employee?  Yes  No If No, explain: \_\_\_\_\_

**III. Billing Information**

<input type="checkbox"/> <b>Credit Union Account: Complete Credit Union Account Set-Up Form ABJ445.</b>			
Billing Contact Person: _____			
Billing Address (Street & Number): _____			
City: _____		State: _____	Zip: _____
Telephone: _____		Fax: _____	Email: _____
If billing/premium payment will be processed through a third party, indicate whether third party is:			
<input type="checkbox"/> The account's own service provider (example: payroll service company).			
<input type="checkbox"/> A third party administrator of AHL (example: AHL agent). Requires TPA contract with AHL.			
Name of third party: _____			
Billing Options (Check only one.)			
Billing Frequency	Deductions Per Year	Bills Per Year	
<input type="checkbox"/> Monthly	12 monthly	12	
<input type="checkbox"/> Monthly	24 semi-monthly	12	
<input type="checkbox"/> Every 4 Weeks (28 days)	52 weekly	13	
<input type="checkbox"/> Every 4 Weeks (28 days)	26 bi-weekly	13	

**IV. Comments**

ITEM #	ADDITIONAL INFORMATION

**V. Employer Agreement**

**A. Electronic Acceptance of American Heritage Life Insurance Company Products**

By checking the "Yes" box below, you agree to electronic delivery of the certificate of insurance and its accompanying notices ("the Certificates"). If electronically delivered, insureds will be provided instructions on how to receive their Certificate via the following address: [www.allstateatwork.com/mybenefits](http://www.allstateatwork.com/mybenefits).

To electronically receive their Certificate, insureds will need a personal computer with internet access and appropriate browser software, and Adobe Acrobat Reader®.

Insureds must also consent to receive their Certificate electronically, which is valid as long as they are covered by the policy. At any time, they may withdraw their consent for any reason and receive a paper copy of their Certificate, free of charge, by calling, toll-free: 1-800-521-3535; or by writing to: Customer Care Center, American Heritage Life Insurance Company, 1776 American Heritage Life Drive, Jacksonville, Florida, 32224.

- YES, I agree to have insureds receive their Certificate electronically via the internet.
- NO, I prefer for insureds to receive paper copies of their Certificate.

**B. Additional Services**

May we contact your employees to offer them:

- a) The Good Hands<sup>SM</sup> Roadside Assistance Plan?  Yes  No
- b) A no obligation auto insurance quote?  Yes  No

**C. Effective Date**

If issued, the coverage selected as indicated on the attached addendum(s) will become effective on the date stated in the Policy(ies). The Policy(ies) issued and any amendments, riders, and/or endorsements thereto, along with the application, will constitute the entire contract.

**D. Acceptance of Voluntary Insurance**

This is to advise American Heritage Life Insurance Company (AHL) that we will process AHL's Insurance Program for the benefit of our employees. For each employee who executes a payroll deduction request, we will withhold the amount authorized. We will forward this money either: (i) directly to AHL upon notice of the premium due from each employee, or (ii) to the credit union if named below.

We may, upon written notice to AHL and to our employees, discontinue our participation in AHL's Insurance Program. In such event, the continued payment of premiums will be a matter directly between each employee and AHL.

We assume no responsibility for forwarding premiums from anyone other than current employees.

We understand that AHL does not disclose personal information about our employees to companies or organizations not affiliated with AHL that would use the information to market their own products and services. However, AHL may share with us personal information about our employees, and other persons, in order to carry out the purpose of AHL's Insurance Program. Personal Information includes all personally identifiable health information and other information about a person that:

- a person provides to AHL to obtain insurance,
- results from an insurance transaction, or
- is otherwise obtained in connection with providing insurance.

We agree not to disclose or use this personal information except as necessary for our participation in AHL's Insurance Program. We may be provided access to this information in electronic form and are responsible for limiting this access to those necessary for our participation.

Authorized Officer Printed Name \_\_\_\_\_ Authorized Officer Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

	AGENT NAME	SIGNATURE	DATE
AGENT OF RECORD #			
SERVICING AGENT #			
ADDITIONAL AGENT #			

**AOR SALES CHANNEL (check one):**

- Allstate (EA/EFS)       Independent Agent

**Accident\*\*** (GVAP1)  **Section 125** (Employer and Association / Union Groups)

<b>Base Units:</b> _____ <b>Benefit Enhancement Rider Units:</b> _____	
<b>Optional Disability Riders for Employees</b> <input type="checkbox"/> Off the Job Accident _____ Units <input type="checkbox"/> On and Off the Job Accident _____ Units <input type="checkbox"/> Off the Job Accident and Sickness _____ Units <input type="checkbox"/> On and Off the Job Accident and Sickness _____ Units	<b>Optional Disability Riders for Insured Spouse*</b> <input type="checkbox"/> On and Off the Job Accident _____ Units <input type="checkbox"/> On and Off the Job Accident and Sickness _____ Units <b>* Available only with Individual &amp; Spouse or Family coverage when Insured Spouse has worked 25 hours per week for 3 consecutive months.</b>
<b>Strike/Layoff Riders: (Only one Rider may be selected.)</b>	
<input type="checkbox"/> Continuation During Strike or Layoff Rider <input type="checkbox"/> Premium Refund Upon Layoff Rider <b>(Not available on Section 125 plans)</b>	
<b>Policyholder</b> contributes \$ _____ or _____ % of each Employee's/Member's Total Monthly Premium.	
<b>Policyholder</b> contributes \$ _____ or _____ % of each Dependent's Unit Total Monthly Premium.	

\*\* 4 tiers except in CO, WA and WV.

**Accident\*** (GVAP2)  **Section 125** (Employer and Association / Union Groups)

<b>Base Units:</b> _____ <b>Benefit Enhancement Rider Units:</b> _____ <b>Outpatient Physician's Rider Units</b> _____	
<b>Strike/Layoff Riders: (Only one Rider may be selected.)</b>	
<input type="checkbox"/> Continuation During Strike or Layoff Rider <input type="checkbox"/> Premium Refund Upon Layoff Rider <b>(Not available on Section 125 plans)</b>	
<b>Policyholder</b> contributes \$ _____ or _____ % of each Employee's/Member's Total Monthly Premium.	
<b>Policyholder</b> contributes \$ _____ or _____ % of each Dependent's Unit Total Monthly Premium.	

\* In South Dakota, all employees/members must be covered by Workers' Compensation. If Workers' Compensation is not available, you must elect GVAP1.

**Cancer/Specified Disease** (GVCP2)  **Section 125** (Employer Groups Only)

<b>Check one:</b> <input type="checkbox"/> PLAN 1 <input type="checkbox"/> PLAN 2 <input type="checkbox"/> PLAN 3			
<b>BENEFITS (Select Units)</b>	<b>UNITS</b>	<b>OPTIONAL BENEFITS (Select Units)</b>	<b>UNITS</b>
Hospital Benefits	_____	<input type="checkbox"/> Initial Diagnosis	_____
Radiation/Chemotherapy Benefits	_____	<input type="checkbox"/> Intensive Care	_____
Surgery/Related Benefits	_____	<input type="checkbox"/> Cancer Screening	_____
Miscellaneous Benefits	_____ 1 _____		
<b>Policyholder</b> contributes \$ _____ or _____ % of each Employee's Total Monthly Premium.			
<b>Policyholder</b> contributes \$ _____ or _____ % of each Dependent's Unit Total Monthly Premium.			

**Cancer/Specified Disease** (GVCP3)  **Section 125** (Employer and Association / Union Groups)

<input type="checkbox"/> <b>2-Tier</b> (EE Only or Family) <input type="checkbox"/> <b>4-Tier</b> (EE Only, EE + Spouse, EE + Child(ren), or Family)			
<b>BENEFITS (Select Units)</b>	<b>UNITS</b>	<b>OPTIONAL BENEFITS (Select Units)</b>	<b>UNITS</b>
Hospital Benefits	_____	<input type="checkbox"/> Initial Diagnosis	_____
Radiation/Chemotherapy Benefits	_____	<input type="checkbox"/> Intensive Care	_____
Surgery/Related Benefits	_____	<input type="checkbox"/> Wellness	_____
Miscellaneous Benefits	_____ 1 _____		
<b>Strike/Layoff Riders: (Only one Rider may be selected.)</b>			
<input type="checkbox"/> Continuation During Strike or Layoff Rider <input type="checkbox"/> Premium Refund Upon Layoff Rider <b>(Not available on Section 125 plans)</b>			
<b>Policyholder</b> contributes \$ _____ or _____ % of each Employee's/Member's Total Monthly Premium.			
<b>Policyholder</b> contributes \$ _____ or _____ % of each Dependent's Unit Total Monthly Premium.			

**Mayo Services Option** (Available with GVCIP1, GVCIP2, GCI3)

Please select which Critical Illness Product you would like to add the Mayo Services option to:

GVCIP1     GVCIP2     GCI3

**Critical Illness (GVCIP1)**                       **Section 125**                      *(Employer and Association / Union Groups)*

Basic Benefit Amount \$ \_\_\_\_\_  
Enhanced Benefit Amount \$ \_\_\_\_\_

Check one:     My Lifeline             New Generation

Critical Illness Enhancement Rider

**OPTIONAL BENEFITS**

Critical Illness Cancer Option  
 Recurrence Option

**OPTIONAL BENEFITS (Select Units)**

Wellness Option                      UNITS \_\_\_\_\_

**Policyholder** contributes \$ \_\_\_\_\_ or \_\_\_\_\_ % of each Employee's/Member's Total Monthly Premium.

**Policyholder** contributes \$ \_\_\_\_\_ or \_\_\_\_\_ % of each Dependent's Unit Total Monthly Premium.

**Critical Illness (GVCIP2)**                       **Section 125**                      *(Employer and Association / Union Groups)*

Basic Benefit Amount \$ \_\_\_\_\_                      Enhanced Benefit Amount \$ \_\_\_\_\_

Waive Preexisting Condition Exclusion (Subject to Home Office Approval)     Waive Portability (Subject to Home Office Approval)

Critical Illness Enhancement Rider

**OPTIONAL BENEFITS**

Cancer Critical Illness Benefit  
 Second Event Initial Critical Illness Benefit  
 Supplemental Critical Illness I (with Occupational HIV)  
 Supplemental Critical Illness II (without Occupational HIV)  
 Increasing Critical Illness Benefit                      Units: \_\_\_\_\_  
 Wellness Benefit    Units: \_\_\_\_\_

**Strike/Layoff Riders: (Only one Rider may be selected.)**

Continuation During Strike or Layoff Rider     Premium Refund Upon Layoff Rider **(Not available on Section 125 plans)**

**Policyholder** contributes \$ \_\_\_\_\_ or \_\_\_\_\_ % of each Employee's/Member's Total Monthly Premium.

**Policyholder** contributes \$ \_\_\_\_\_ or \_\_\_\_\_ % of each Dependent's Unit Total Monthly Premium.

**Critical Illness (GCI3)**                      **(Employer Paid)**                      *(Employer and Association / Union Groups)*

Basic Benefit Amount \$ \_\_\_\_\_                      Enhanced Benefit Amount \$ \_\_\_\_\_

Critical Illness Enhancement Rider

**OPTIONAL BENEFITS**

Cancer Critical Illness Benefit  
 Second Event Critical Illness Benefit  
 Supplemental Critical Illness I (with Occupational HIV)  
 Supplemental Critical Illness II (without Occupational HIV)  
 Wellness Benefit    Units: \_\_\_\_\_

**Heritage Choice Dental Plan**                       **Section 125**                      *(Employer Groups Only)*

Check one:     PLAN 1     PLAN 2     PLAN 3     PLAN 4     PLAN 5

**Policyholder** contributes \$ \_\_\_\_\_ or \_\_\_\_\_ % of each Employee's Total Monthly Premium.

**Policyholder** contributes \$ \_\_\_\_\_ or \_\_\_\_\_ % of each Dependent's Unit Total Monthly Premium.



**Group Voluntary Disability Income (GVDI)**  
(Non-Occupational Coverage [off the job only])

**Section 125** (Employer and Association / Union Groups)

Check one:  My Lifeline  My Generation

1. **Monthly Benefit Amount:** Insured may choose amounts in **\$100 units**, subject to the following:

- Minimum monthly benefit is \$400.
- Maximum monthly benefit is  \$3,000; -or-  \$\_\_\_\_\_ (insert maximum from proposal, if it is not \$3,000)  
Insured's maximum monthly benefit may not exceed 60% of his/her Monthly Earnings, as defined in the policy.

2. **Monthly Earnings** do not include: commissions, overtime, bonuses, or other extra compensation, unless specifically requested. (If included, they will be averaged for the 12 month period just prior to the date of disability.)

Request the following be included: \_\_\_\_\_

3. **Select your Elimination Period and Monthly Benefit Combinations:**

Elimination Period:	Benefit Period: 3 months	6 months	12 months	24 months
0 Days Injury / 7 Days Sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Days Injury / 7 Days Sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Days Injury / 14 Days Sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 Days Injury / 30 Days Sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*90 Days Injury / 90 Days Sickness	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
*180 Days Injury / 180 Days Sickness	N/A	N/A	N/A	<input type="checkbox"/>

\*N/A for My Generation

4. **Optional Portability Benefit**  Yes  No (N/A for My Generation) (If blank, portability will not be included.)

5. **Remove Mental/Nervous Disorder Exclusion**  Yes  No (If blank, Mental/Nervous exclusion remains.)

6. **OPTIONAL RIDERS:**

- Doula/FMLA Rider
- Increasing Benefit Period Rider
- Premium Refund Upon Layoff Rider (Not available on Section 125 plans)
- On the Job Accident Disability Rider
- Survivor/Accident Rider

7. **Policyholder** contributes \$ \_\_\_\_\_ or \_\_\_\_\_ % of each Employee's Total Monthly Premium.

**Group Universal Life**

(Employer and Association / Union Groups)

Plan: \_\_\_\_\_

**Available Riders:**

Optional      Required      Declined

Total Disability Waiver of Premium (Employee Coverage Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Disability Payor Waiver of Premium (Spouse Coverage Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level Term	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accelerated Death Benefit for Terminal Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future Purchase Option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Term	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Insured Person (Spouse) Term	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accidental Death Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accelerated Death Benefit for Long Term Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care with Extension of Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuation of Coverage During a Strike or Layoff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Policyholder** contributes \$ \_\_\_\_\_ or \_\_\_\_\_ % of each Employee's/Member's Total Monthly Premium.

**Policyholder** contributes \$ \_\_\_\_\_ or \_\_\_\_\_ % of each Dependent's Unit Total Monthly Premium.

**Indemnity Medical** (Composite Rated-Hospital Indemnity)  **Section 125** (Employer and Association / Union Groups)

Check one: For all states, except CO and FL, plans 1 - 8 are available. For CO and FL, plans 3 - 10 are available.

PLAN 1  PLAN 2  PLAN 3  PLAN 4  PLAN 5  PLAN 6  PLAN 7  PLAN 8  PLAN 9  PLAN 10

**Life Insurance Rider:** Employee: \$20,000  
Dependent: \$10,000

*Life amounts are 75% of the amounts selected for Insured Persons who are ages 65-69 and 50% for those who are age 70 and over.*

**Short Term Disability Rider:**

- Non-Occupational Coverage (off the job only)
- Monthly Benefit: \$650
- Elimination Period: 7 Days Accident / 7 Days Sickness
- Maximum Payment Duration: 3 months

**Catalyst Rx Plan**  **Catalyst Rx Plus Plan** (Only one Rx Plan may be selected per plan.)

(Underwritten by Fidelity Security Life Insurance Company, Kansas City, MO 64111)

**Policyholder** contributes \$ \_\_\_\_\_ or \_\_\_\_\_ % of each Employee's/Member's Total Monthly Premium.

**Policyholder** contributes \$ \_\_\_\_\_ or \_\_\_\_\_ % of each Dependent's Unit Total Monthly Premium.

**Long Term Disability**  **Section 125** (Employer Groups Only)

(24-Hour Coverage with offset for Workers' Comp.)

1. **Monthly Benefit Amount:**

Insureds may choose amounts in **\$100 units**, subject to the following:

- Minimum monthly benefit is \$400.
- Maximum monthly benefit is  \$6,000; -or-  \$ \_\_\_\_\_ (insert maximum from proposal, if it is not \$6,000)  
(Maximum monthly benefit may not exceed 60% of Monthly Earnings);

- or -

Insured's monthly benefit will be 60% of his/her Monthly Earnings, not to exceed:

\$6,000; -or-  \$ \_\_\_\_\_ ;

- or -

Insured's monthly benefit will be 50% of his/her Monthly Earnings, not to exceed \$ \_\_\_\_\_. (Please attach a copy of the proposal.)

2. **Monthly Earnings** do not include: commissions, overtime, bonuses, or other extra compensation, unless specifically requested. (If included, they will be averaged for the 12 month period just prior to the date of disability.)

Request the following also be included: \_\_\_\_\_

3. **Elimination Period:** (Applicable to Disabilities due to both Accident and Sickness)  90 Days  180 Days  365 Days

4. **Benefit Duration** will be:  To Normal Social Security Retirement Age\*  2 Years\*  5 Years\*

\*Modified benefit duration may apply to disabilities beginning on or after age 60.

5. **Policyholder** contributes \$ \_\_\_\_\_ or \_\_\_\_\_ % of each Employee's Total Monthly Premium.

**SHOP** (Age Banded - Hospital Indemnity)  **Section 125** (Employer and Association / Union Groups)

BENEFITS (Select Units)	UNITS	OPTIONAL BENEFITS (Select Units)	UNITS
Hospital Related	_____	<input type="checkbox"/> Diagnostic/Wellness Option	_____
Surgery/Inpatient Physician	_____	<input type="checkbox"/> Prescription Drug Option	_____
Outpatient Related	_____		

**Strike/Layoff Riders: (Only one Rider may be selected.)**

Continuation During Strike or Layoff Rider  Premium Refund Upon Layoff Rider (Not available on Section 125 plans)

**Policyholder** contributes \$ \_\_\_\_\_ or \_\_\_\_\_ % of each Employee's/Member's Total Monthly Premium.

**Policyholder** contributes \$ \_\_\_\_\_ or \_\_\_\_\_ % of each Dependent's Unit Total Monthly Premium.

**BUY UP OPTIONS** (Optional coverages Employees/Members may select)

**Life Insurance Rider** UNITS \_\_\_\_\_

*Life amounts are 75% of the amounts selected for Insured Persons who are ages 65-69 and 50% for those who are age 70 and over.*

**Short Term Disability Rider:**

- Non-Occupational Coverage (off the job only)
- Monthly Benefit: \$650
- Elimination Period: 7 Days Accident / 7 Days Sickness
- Maximum Payment Duration: 3 months

**Dental - Check one:**  PLAN 1  PLAN 2  PLAN 3  PLAN 4  PLAN 5

**Policyholder** contributes \$ \_\_\_\_\_ or \_\_\_\_\_ % of the **Buy Up Option** for each Employee's/Member's Total Monthly Premium.

**Policyholder** contributes \$ \_\_\_\_\_ or \_\_\_\_\_ % of the **Buy Up Option** for each Dependent's Unit Total Monthly Premium.

**Short Term Disability\* (GVD-4000)**  
(Non-Occupational Coverage [off the job only])

**Section 125** (Employer Groups Only)

1. **Monthly Benefit Amount:**  
 Insured may choose amounts in **\$100 units**, subject to the following:  
• Minimum monthly benefit is \$400.  
• Maximum monthly benefit is  \$2,500; -or-  \$ \_\_\_\_\_ (insert maximum from proposal, if it is not \$2,500)  
Insured's maximum monthly benefit may not exceed 60% of his/her Monthly Earnings, as defined in the policy;  
- or -  
 Insured's monthly benefit will be 60% of his/her Monthly Earnings, not to exceed:  
 \$2,500; -or-  \$ \_\_\_\_\_

2. **Monthly Earnings** do not include: commissions, overtime, bonuses, or other extra compensation, unless specifically requested. (If included, they will be averaged for the 12 month period just prior to the date of disability.)  
 Request the following be included: \_\_\_\_\_

3. **Elimination Period:**  
 **7 Days Accident / 7 Days Sickness**  **30 Days Accident / 30 Days Sickness**  
 **14 Days Accident / 14 Days Sickness**  **0 Days Accident / 7 Days Sickness**

4. **Maximum Payment Duration:**  3 Months  6 Months  12 Months  24 Months

5. **Policyholder** contributes \$ \_\_\_\_\_ or \_\_\_\_\_ % of each Employee's Total Monthly Premium.

\* Please attach proposal with sold rates in it.

**Term Life Insurance**

**Section 125** (Available for benefit amounts up to \$50,000)

Include Accidental Death & Dismemberment?  Yes  No

EMPLOYEE DESCRIPTIONS	AMOUNTS OF LIFE INSURANCE																		
	Employee*																		
<input type="checkbox"/> All Eligible Employees - or - <input type="checkbox"/> Other (describe): _____ _____ _____ _____ _____ _____ _____ _____ _____	<input type="checkbox"/>	The amount elected by the employee ( <b>must be</b> in even multiples of \$10,000), subject to a minimum amount of \$10,000 and a maximum amount equal to the lesser of: (a) \$500,000; or (b) 5 times the Employee's Basic Annual Earnings.																	
	<input type="checkbox"/>	3 times the Employee's Basic Annual Earnings, subject to a minimum amount of \$50,000 and a maximum amount of \$500,000.																	
	<input type="checkbox"/>	Other (describe): _____																	
	* Employees age 70 and older at time of enrollment are limited to a maximum life insurance amount of \$20,000. Higher amounts may be available with evidence of insurability. Employee life insurance amounts will be automatically reduced to 65% of the original amount upon reaching age 70, to 50% upon reaching age 75, and to 35% upon reaching 80.																		
	Spouse																		
	<input type="checkbox"/>	The amount elected by the employee for his/her spouse ( <b>must be</b> in even multiples of \$10,000), subject to a minimum amount of \$10,000 and a maximum amount equal to the lesser of: (a) \$100,000; or (b) 50% of the amount of Voluntary Life Insurance in force on the Employee.																	
	<input type="checkbox"/>	Other (describe): _____																	
	Child(ren)**																		
	<input type="checkbox"/>	All of the following:	<table border="1"><thead><tr><th></th><th>1 year &amp; Over</th><th>14 days to 1 year</th></tr></thead><tbody><tr><td>Plan A</td><td>\$ 10,000</td><td>\$ 1,000</td></tr><tr><td>Plan B</td><td>\$ 7,500</td><td>\$ 750</td></tr><tr><td>Plan C</td><td>\$ 5,000</td><td>\$ 500</td></tr><tr><td>Plan D</td><td>\$ 2,500</td><td>\$ 250</td></tr></tbody></table>		1 year & Over	14 days to 1 year	Plan A	\$ 10,000	\$ 1,000	Plan B	\$ 7,500	\$ 750	Plan C	\$ 5,000	\$ 500	Plan D	\$ 2,500	\$ 250	
		1 year & Over	14 days to 1 year																
Plan A	\$ 10,000	\$ 1,000																	
Plan B	\$ 7,500	\$ 750																	
Plan C	\$ 5,000	\$ 500																	
Plan D	\$ 2,500	\$ 250																	
<input type="checkbox"/>	Other (describe): _____																		
** Children less than 14 days old are not eligible.																			
<b>Policyholder</b> contributes \$ _____ or _____ % of each Employee's Total Monthly Premium.																			
<b>Policyholder</b> contributes \$ _____ or _____ % of each Dependent's Unit Total Monthly Premium.																			

**The Major Medical Complement\*** (Fills gap left by insurance)  **Section 125** (Employer Groups Only)

Underwritten by Fidelity Security Life Insurance Company of Kansas City, MO

1. Name of Group Major Medical Insurance Carrier: \_\_\_\_\_

2. Effective Date of Major Medical Plan: \_\_\_\_\_ Major Medical Plan Annual Enrollment Period \_\_\_\_\_ to \_\_\_\_\_

3. Payroll Deductions are:  Current (example: June premiums are deducted in May)  
-or-  
 in Arrears (example: June premiums are deducted in June)

4. Does the group account have Employees residing out of the account's situs state?  Yes  No  
If yes, list states: \_\_\_\_\_

**Policyholder** contributes \$ \_\_\_\_\_ or \_\_\_\_\_ % of each Employee's Total Monthly Premium.  
**Policyholder** contributes \$ \_\_\_\_\_ or \_\_\_\_\_ % of each Dependent's Unit Total Monthly Premium.

\* Not available for groups situated in CT, ID, KS, MA, MN, MT, NH, NY, UT, and WA.

**EyeMed Vision Care**  **Section 125** (Employer and Association / Union Groups)

Underwritten by Fidelity Security Life Insurance Company of Kansas City, MO

**Policyholder** contributes \$ \_\_\_\_\_ or \_\_\_\_\_ % of each Employee's/Member's Total Monthly Premium.  
**Policyholder** contributes \$ \_\_\_\_\_ or \_\_\_\_\_ % of each Dependent's Unit Total Monthly Premium.

**Group PPO Dental Plan\***  **Section 125** (Employer and Association / Union Groups)

Underwritten by Guardian Life Insurance Company of America (New York, NY)

**Plans:**  Value Plan 1  Value Plan 2  Value Plan 3  
 Network Access Plan 1  Network Access Plan 2  Network Access Plan 3  
 Check here for Orthodontia Benefits

**Open Enrollment Period** \*Open Enrollment is only available when a Section 125 is in place.  
From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Transfer Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Domestic Partner Information:** • Does the company offer coverage for Domestic Partners?  Yes  No  
• Does the company offer coverage for children of Domestic Partners?  Yes  No

**Policyholder Contribution:**  
**Policyholder** contributes \_\_\_\_\_ % of each Employee's/Member's Total Monthly Premium.  
**Policyholder** contributes \_\_\_\_\_ % of each Dependent's Unit Total Monthly Premium.

Does policyholder have an employment location in TX?  Yes  No

Municipal employees covered? (Illinois situated policy only)  Yes  No

**Delivery of Plan Materials:**

**Certificate Booklet and Employer Rider: (Choose ONE)**  
 Email  Postal Mail (To Policyholder; requires distribution by the Policyholder to employees)  
• If Email, completed and signed Guardian consent form is required.

**ID Cards:**  
Guardian will send generic ID cards to the Policyholder; requires distribution by the Policyholder to employees.  
• Are there employees residing in Illinois?  Yes  No  
If yes, requires member ID cards.  
 Send to Policyholder  
 Send to EE home address

\*Plans may vary by state.

# Voluntary Benefits

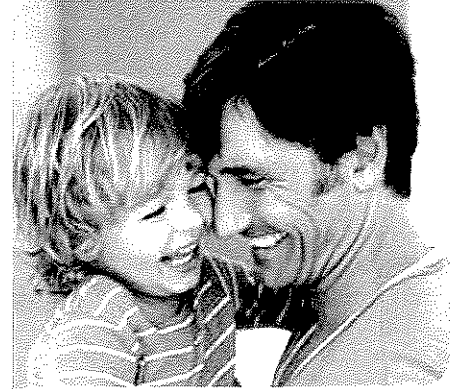
Prepared for:  
Lexington Fayette Urban  
County Government  
July 23, 2013

Quote: 8584707-01-001

Proposed coverages: Whole Life  
Term Life

Proposed effective date: January 1, 2014

Disability  
Life  
Critical Illness  
Cancer  
Accident  
Supplemental Health



# Humana Workplace Voluntary Benefits



## Humana's voluntary benefits include:

- Disability
- Life
- Accident
- Critical illness
- Cancer
- Supplemental health

## Help protect your employees' savings

Many American workers fail to plan for expenses, such as loss of income and childcare, not covered by health insurance. In fact, unexpected illnesses and injuries cause 350,000 personal bankruptcies each year.\*

Humana's voluntary benefits can help protect your employees' savings if they can't work due to an illness or injury. By offering these benefits you can help your employees be more financially prepared for the unexpected.

## How you benefit

- Expand your benefit options without breaking the budget – voluntary benefits are 100 percent employee paid
- Opportunity to possibly reduce your payroll tax for each enrolled employee
- Minimize disruption to business with custom enrollment options
- Provide a range of benefits to help keep employees productive and loyal

## How employees benefit

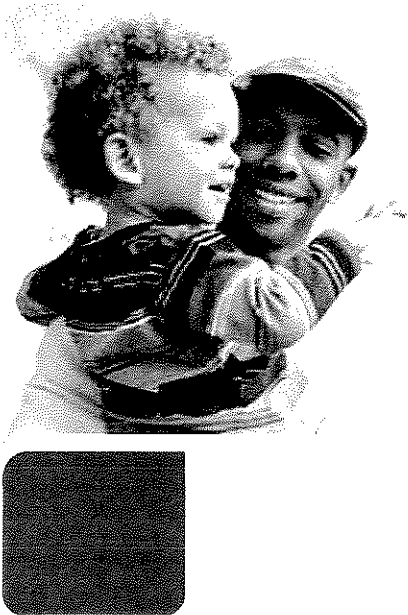
- Choose the benefits that match their needs and concerns
- Directly receive benefits when they need it most
- Don't have to rely solely on savings or incur additional debt to cover expenses such as childcare, transportation, and medical bills
- Save money on premiums because benefits purchased through the employer are typically less expensive than purchasing on their own
- Pay premiums through payroll deduction, many on a pre-tax basis

Contact your broker for more information about Humana's workplace voluntary benefits



\* Council for Disability Awareness

# Humana Whole Life



Owners of life insurance say they purchase insurance to cover burial and final expenses, as well as for income replacement.

- LIMRA International survey

## Whole life: part of a lifetime financial plan

With voluntary whole life coverage, you and your loved ones have a solid foundation on which to build a long-term financial plan. It helps ensure your family is financially protected with money that can be used for funeral costs and other final expenses; immediate needs such as probate expenses; ongoing bills such as utilities; debt liquidation such as paying off loans or a mortgage; and future expenses such as education funds or retirement needs.

## Why do I need whole life coverage?

Whole life coverage is a simple, voluntary policy you can get at reasonable cost during your working years, when you and your family need. It's also a benefit that can stay in place when retirement rolls around. Features include level premiums through the life of the policy, guaranteed renewable protection that cannot be reduced, and accumulated cash values that can be withdrawn at the policy's surrender, borrowed against as a loan, annuitized, or used to purchase extended or reduced paid-up coverage.

## Here's how it works

The coverage is simple and straightforward. Coverage amounts vary based on your needs. You buy a policy with guaranteed coverage and actual cash value. Coverage is guaranteed to stay level, and cash values stay with the policy for a lifetime, enabling funds to be taken as loans or used to buy paid-up coverage. Coverage also is portable, so you can take it with you if you leave their current job.

Our whole life plan has two "living benefits" that offer real value while you're living. One enables you to request an acceleration payment of up to 50 percent of the death benefit if you're diagnosed with a terminal illness in the future. The second benefit, the Facility Care Accelerated Benefit, provides an acceleration of your life insurance benefit for adult day care and inpatient resident care.

## Choose a plan for a lifetime

When you're working and for years to come, whole life coverage can be there to protect everything that's most important to you, right up to retirement and well beyond. Enjoy the peace of mind that comes from knowing you're providing your family with essential, secure protection.

Kentucky

Lexington Fayette Urban  
County Government

If people depend financially on you, you need life insurance, no matter what your age or marital status. With life insurance, you can help spare your grieving loved ones the additional stress of economic difficulties and preserve their quality of life. Premiums for this whole life product are payable to age 65. The policy providers guaranteed coverage and cash values stay with the policy for its lifetime – you can take funds as loans or use to buy paid-up coverage.

Coverage type	Humana Whole Life 65 is an individual whole life insurance product with premiums payable to age 65. Benefits are comprised of a base policy with multiple riders.
Benefit type	<input type="checkbox"/> Defined benefit
Policyholder	Employee
Benefit amount	Benefit amounts are available at various levels. You can choose: <ul style="list-style-type: none"> <li>• \$2,500 to \$300,000 for employees</li> </ul> Family term coverage also can be added: <ul style="list-style-type: none"> <li>• Spouse: \$2,500 to \$50,000</li> <li>• Child: \$2,500 to \$25,000 for each eligible child</li> </ul> You can also add stand-alone coverage for your dependents: <ul style="list-style-type: none"> <li>• Spouse: \$2,500 to \$50,000</li> <li>• Child(ren): \$2,500 to \$25,000 for each eligible child</li> </ul>
Issue ages	Employee base coverage: 18 - 55 Spouse stand-alone coverage: 18 - 55 Child(ren) stand-alone coverage: 14 days - 24 years
Additional included benefits	<b>Terminal illness acceleration benefit:</b> For the primary insured provides an acceleration of up to 50 percent of the original death benefit, base and term rider, amount including any ABI amounts, upon diagnosis of a terminal illness. 12-month waiting period.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit products at [Disclosure.Humana.com](https://www.humana.com/disclosure). Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

Policy: 00455

Underwritten by Kanawha Insurance Company, a Humana company.



Kentucky

Lexington Fayette Urban  
County Government

Additional included benefits	<p><b>Facility Care Acceleration Benefit:</b> provides an acceleration of one percent of the face amount, up to \$2,000/month up to a maximum of 36 months for Licensed Adult Day Care and/or up to two percent of the face amount, up to \$4,000/month up to a maximum of 18 months for inpatient resident care. Benefits cannot exceed the lesser of 36 percent of the face amount, \$72,000, or the face amount of the policy less the cash value.</p>
Product restrictions	<ul style="list-style-type: none"> <li>• Total amount of permanent life insurance coverage and term life insurance coverage with Kanawha Insurance Company not to exceed \$300,000.</li> <li>• If both parents are eligible employees, their eligible children may be insured by either spouse but not both.</li> <li>• Purchasing option, whether money purchase or flat face amount, will be determined by the employer.</li> <li>• When optional riders are selected, the weekly money purchase premium will be calculated to include the base benefit and any rider(s) (per applicant).</li> <li>• If an employee's base policy, rider(s), and any additional Kanawha Insurance Company life insurance products exceed our company maximum of \$300,000, we will first reduce the applicant's rider(s) on this coverage. If additional reductions are necessary, we will reduce the face amount of the base policy.</li> </ul>
Age calculation	Age at effective date of policy
Portability	Yes
Guarantee renewable	Yes
Cash value	<p>Whole Life 65 is a whole life policy with guaranteed values, not an interest sensitive policy. As such, there is not an interest rate associated with the cash value of the policy; the cash values are all guaranteed in the table of cash values inside each and every Whole Life policy.</p>

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit products at [Disclosure.Humana.com](http://Disclosure.Humana.com). Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

Policy: 00455  
Underwritten by Kanawha Insurance Company, a Humana company.



# Humana Whole Life 65 rates

Lexington Fayette Urban County  
Government

## Kentucky

### Humana Whole Life 65 rates

Employee, Non-tobacco coverage, Defined Benefit amounts displaying semi-monthly payroll deductions based on monthly premium.

Age	Benefit Amount						
	BENEFIT:	\$50,000	CASH VALUE*	\$75,000	CASH VALUE*	\$100,000	CASH VALUE*
18		\$13.67	\$23,140	\$19.98	\$34,710	\$26.29	\$46,280
19		\$14.21	\$23,140	\$20.79	\$34,710	\$27.38	\$46,280
20		\$14.75	\$23,140	\$21.61	\$34,710	\$28.46	\$46,280
21		\$15.40	\$23,140	\$22.57	\$34,710	\$29.75	\$46,280
22		\$16.04	\$23,140	\$23.54	\$34,710	\$31.04	\$46,280
23		\$16.69	\$23,140	\$24.51	\$34,710	\$32.34	\$46,280
24		\$17.33	\$23,140	\$25.48	\$34,710	\$33.63	\$46,280
25		\$17.98	\$23,140	\$26.45	\$34,710	\$34.92	\$46,280
26		\$18.98	\$23,140	\$27.95	\$34,710	\$36.92	\$46,280
27		\$20.00	\$23,140	\$29.48	\$34,710	\$38.96	\$46,280
28		\$21.00	\$23,140	\$30.98	\$34,710	\$40.96	\$46,280
29		\$22.00	\$23,140	\$32.48	\$34,710	\$42.96	\$46,280
30		\$23.00	\$23,140	\$33.98	\$34,710	\$44.96	\$46,280
31		\$24.38	\$23,140	\$36.04	\$34,710	\$47.71	\$46,280
32		\$25.75	\$23,140	\$38.11	\$34,710	\$50.46	\$46,280
33		\$27.13	\$23,140	\$40.17	\$34,710	\$53.21	\$46,280
34		\$28.50	\$23,140	\$42.23	\$34,710	\$55.96	\$46,280
35		\$29.90	\$23,140	\$44.33	\$34,710	\$58.75	\$46,280
36		\$32.07	\$23,140	\$47.58	\$34,710	\$63.09	\$46,280
37		\$34.23	\$23,140	\$50.83	\$34,710	\$67.42	\$46,280
38		\$36.42	\$23,140	\$54.11	\$34,710	\$71.80	\$46,280
39		\$38.59	\$23,140	\$57.36	\$34,710	\$76.13	\$46,280
40		\$40.75	\$23,140	\$60.61	\$34,710	\$80.46	\$46,280
41		\$44.05	\$23,140	\$65.55	\$34,710	\$87.05	\$46,280
42		\$47.32	\$23,140	\$70.45	\$34,710	\$93.59	\$46,280
43		\$50.61	\$23,140	\$75.39	\$34,710	\$100.17	\$46,280
44		\$53.88	\$23,140	\$80.30	\$34,710	\$106.72	\$46,280
45		\$57.17	\$23,140	\$85.24	\$34,710	\$113.30	\$46,280
46		\$63.36	\$23,831	\$94.52	\$35,747	\$125.68	\$47,663
47		\$69.55	\$24,532	\$103.80	\$36,799	\$138.05	\$49,065
48		\$75.76	\$25,244	\$113.11	\$37,866	\$150.47	\$50,488
49		\$81.94	\$25,965	\$122.40	\$38,948	\$162.85	\$51,930

\*Cash values are calculated as of age 65.

The proposed rates are for an effective date no later than January 1<sup>st</sup>, 2014.



1-800-327-9728 | [HumanaVoluntaryBenefits.com](http://HumanaVoluntaryBenefits.com)



Policy: 00455

Underwritten by Kanawha Insurance Company, a Humana company.

# Humana Whole Life 65 rates

Lexington Fayette Urban County  
Government

## Kentucky

### Humana Whole Life 65 rates

Employee, Non-tobacco coverage, Defined Benefit amounts displaying semi-monthly payroll deductions based on monthly premium.

Age	Benefit Amount						
	BENEFIT:	\$50,000	CASH VALUE*	\$75,000	CASH VALUE*	\$100,000	CASH VALUE*
50		\$88.15	\$26,695	\$131.71	\$40,043	\$175.26	\$53,391
51		\$99.32	\$27,433	\$148.46	\$41,149	\$197.60	\$54,865
52		\$110.49	\$28,173	\$165.21	\$42,259	\$219.93	\$56,345
53		\$121.66	\$28,913	\$181.96	\$43,370	\$242.27	\$57,827
54		\$132.82	\$29,655	\$198.71	\$44,482	\$264.60	\$59,309
55		\$143.99	\$30,396	\$215.47	\$45,595	\$286.94	\$60,793

\*Cash values are calculated as of age 65.

The proposed rates are for an effective date no later than January 1<sup>st</sup>, 2014.

### Humana Whole Life 65 rates

Employee, Tobacco coverage, Defined Benefit amounts displaying semi-monthly payroll deductions based on monthly premium.

Age	Benefit Amount						
	BENEFIT:	\$50,000	CASH VALUE*	\$75,000	CASH VALUE*	\$100,000	CASH VALUE*
18		\$17.48	\$26,467	\$25.70	\$39,701	\$33.92	\$52,934
19		\$18.27	\$26,467	\$26.89	\$39,701	\$35.50	\$52,934
20		\$19.06	\$26,467	\$28.08	\$39,701	\$37.09	\$52,934
21		\$20.04	\$26,467	\$29.54	\$39,701	\$39.04	\$52,934
22		\$21.02	\$26,467	\$31.01	\$39,701	\$41.00	\$52,934

\*Cash values are calculated as of age 65.

The proposed rates are for an effective date no later than January 1<sup>st</sup>, 2014.



1-800-327-9728 | [HumanaVoluntaryBenefits.com](http://HumanaVoluntaryBenefits.com)



Policy: 00455

Underwritten by Kanawha Insurance Company, a Humana company.

# Humana Whole Life 65 rates

Lexington Fayette Urban County  
Government

## Kentucky

### Humana Whole Life 65 rates

Employee, Tobacco coverage, Defined Benefit amounts displaying semi-monthly payroll deductions based on monthly premium.

Age	Benefit Amount						
	BENEFIT:	\$50,000	CASH VALUE*	\$75,000	CASH VALUE*	\$100,000	CASH VALUE*
23		\$22.00	\$26,467	\$32.48	\$39,701	\$42.96	\$52,934
24		\$22.98	\$26,467	\$33.95	\$39,701	\$44.92	\$52,934
25		\$23.96	\$26,467	\$35.42	\$39,701	\$46.88	\$52,934
26		\$25.25	\$26,467	\$37.36	\$39,701	\$49.46	\$52,934
27		\$26.54	\$26,467	\$39.29	\$39,701	\$52.05	\$52,934
28		\$27.84	\$26,293	\$41.23	\$39,440	\$54.63	\$52,586
29		\$29.13	\$26,031	\$43.17	\$39,047	\$57.21	\$52,062
30		\$30.42	\$25,754	\$45.11	\$38,631	\$59.80	\$51,508
31		\$32.21	\$25,461	\$47.80	\$38,192	\$63.38	\$50,922
32		\$33.98	\$25,151	\$50.45	\$37,726	\$66.92	\$50,302
33		\$35.77	\$24,824	\$53.14	\$37,235	\$70.51	\$49,647
34		\$37.57	\$24,478	\$55.83	\$36,717	\$74.09	\$48,957
35		\$39.34	\$24,114	\$58.48	\$36,171	\$77.63	\$48,229
36		\$42.19	\$23,730	\$62.77	\$35,595	\$83.34	\$47,460
37		\$45.05	\$23,325	\$67.05	\$34,988	\$89.05	\$46,651
38		\$47.90	\$22,898	\$71.33	\$34,346	\$94.76	\$45,795
39		\$50.75	\$22,446	\$75.61	\$33,669	\$100.47	\$44,892
40		\$53.61	\$21,969	\$79.89	\$32,953	\$106.18	\$43,938
41		\$57.88	\$21,464	\$86.30	\$32,196	\$114.72	\$42,928
42		\$62.15	\$20,931	\$92.71	\$31,396	\$123.26	\$41,861
43		\$66.40	\$20,368	\$99.08	\$30,552	\$131.76	\$40,736
44		\$70.67	\$19,774	\$105.49	\$29,662	\$140.30	\$39,549
45		\$74.92	\$19,150	\$111.86	\$28,725	\$148.80	\$38,300
46		\$82.69	\$19,361	\$123.52	\$29,042	\$164.35	\$38,722
47		\$90.47	\$19,579	\$135.18	\$29,369	\$179.89	\$39,159
48		\$98.22	\$19,808	\$146.80	\$29,712	\$195.39	\$39,616
49		\$105.99	\$20,045	\$158.46	\$30,068	\$210.93	\$40,090
50		\$113.76	\$20,294	\$170.12	\$30,442	\$226.48	\$40,589
51		\$127.41	\$20,552	\$190.59	\$30,828	\$253.77	\$41,105
52		\$141.03	\$20,816	\$211.03	\$31,225	\$281.02	\$41,633
53		\$154.68	\$21,085	\$231.50	\$31,627	\$308.32	\$42,170
54		\$168.33	\$21,362	\$251.97	\$32,044	\$335.61	\$42,725
55		\$181.95	\$21,652	\$272.41	\$32,478	\$362.86	\$43,303

\*Cash values are calculated as of age 65.

The proposed rates are for an effective date no later than January 1<sup>st</sup>, 2014.



1-800-327-9728 | [HumanaVoluntaryBenefits.com](http://HumanaVoluntaryBenefits.com)



Policy: 00455

Underwritten by Kanawha Insurance Company, a Humana company.

# Humana Whole Life 65 rates

Lexington Fayette Urban County  
Government

## Kentucky

### Humana Whole Life 65 rates

Employee, Non-tobacco coverage, Defined Benefit amounts displaying semi-monthly payroll deductions based on monthly premium.

Age	Benefit Amount					
	BENEFIT:	\$125,000	CASH VALUE*			
18		\$32.61	\$57,850			
19		\$33.96	\$57,850			
20		\$35.32	\$57,850			
21		\$36.93	\$57,850			
22		\$38.54	\$57,850			
23		\$40.16	\$57,850			
24		\$41.77	\$57,850			
25		\$43.39	\$57,850			
26		\$45.89	\$57,850			
27		\$48.44	\$57,850			
28		\$50.94	\$57,850			
29		\$53.44	\$57,850			
30		\$55.94	\$57,850			
31		\$59.38	\$57,850			
32		\$62.82	\$57,850			
33		\$66.26	\$57,850			
34		\$69.69	\$57,850			
35		\$73.18	\$57,850			
36		\$78.60	\$57,850			
37		\$84.02	\$57,850			
38		\$89.49	\$57,850			
39		\$94.90	\$57,850			
40		\$100.32	\$57,850			
41		\$108.55	\$57,850			
42		\$116.73	\$57,850			
43		\$124.96	\$57,850			
44		\$133.14	\$57,850			
45		\$141.37	\$57,850			
46		\$156.84	\$59,578			
47		\$172.31	\$61,331			
48		\$187.83	\$63,110			
49		\$203.30	\$64,913			

\*Cash values are calculated as of age 65.

The proposed rates are for an effective date no later than January 1<sup>st</sup>, 2014.



1-800-327-9728 | [HumanaVoluntaryBenefits.com](http://HumanaVoluntaryBenefits.com)



Policy: 00455

Underwritten by Kanawha Insurance Company, a Humana company.

# Humana Whole Life 65 rates

Lexington Fayette Urban County  
Government

## Kentucky

### Humana Whole Life 65 rates

Employee, Non-tobacco coverage, Defined Benefit amounts displaying semi-monthly payroll deductions based on monthly premium.

Age	Benefit Amount					
BENEFIT:	\$125,000	CASH VALUE*				
50	\$218.82	\$66,739				
51	\$246.74	\$68,581				
52	\$274.66	\$70,432				
53	\$302.58	\$72,283				
54	\$330.50	\$74,137				
55	\$358.41	\$75,991				

\*Cash values are calculated as of age 65.

The proposed rates are for an effective date no later than January 1<sup>st</sup>, 2014.

### Humana Whole Life 65 rates

Employee, Tobacco coverage, Defined Benefit amounts displaying semi-monthly payroll deductions based on monthly premium.

Age	Benefit Amount					
BENEFIT:	\$125,000	CASH VALUE*				
18	\$42.14	\$66,168				
19	\$44.12	\$66,168				
20	\$46.10	\$66,168				
21	\$48.55	\$66,168				
22	\$50.99	\$66,168				

\*Cash values are calculated as of age 65.

The proposed rates are for an effective date no later than January 1<sup>st</sup>, 2014.



1-800-327-9728 | [HumanaVoluntaryBenefits.com](http://HumanaVoluntaryBenefits.com)



Policy: 00455

Underwritten by Kanawha Insurance Company, a Humana company.

# Humana Whole Life 65 rates

Lexington Fayette Urban County  
Government

## Kentucky

### Humana Whole Life 65 rates

Employee, Tobacco coverage, Defined Benefit amounts displaying semi-monthly payroll deductions based on monthly premium.

Age	Benefit Amount					
	BENEFIT:	\$125,000	CASH VALUE*			
23		\$53.44	\$66,168			
24		\$55.89	\$66,168			
25		\$58.34	\$66,168			
26		\$61.57	\$66,168			
27		\$64.80	\$66,168			
28		\$68.03	\$65,733			
29		\$71.26	\$65,078			
30		\$74.49	\$64,385			
31		\$78.96	\$63,653			
32		\$83.39	\$62,877			
33		\$87.87	\$62,059			
34		\$92.35	\$61,196			
35		\$96.78	\$60,286			
36		\$103.91	\$59,325			
37		\$111.05	\$58,313			
38		\$118.19	\$57,244			
39		\$125.32	\$56,115			
40		\$132.46	\$54,922			
41		\$143.14	\$53,659			
42		\$153.81	\$52,326			
43		\$164.44	\$50,920			
44		\$175.12	\$49,436			
45		\$185.74	\$47,875			
46		\$205.17	\$48,403			
47		\$224.60	\$48,948			
48		\$243.98	\$49,520			
49		\$263.41	\$50,113			
50		\$282.84	\$50,736			
51		\$316.95	\$51,381			
52		\$351.02	\$52,041			
53		\$385.13	\$52,712			
54		\$419.25	\$53,406			
55		\$453.32	\$54,129			

\*Cash values are calculated as of age 65.  
The proposed rates are for an effective date no later than January 1<sup>st</sup>, 2014.

1-800-327-9728 | [HumanaVoluntaryBenefits.com](http://HumanaVoluntaryBenefits.com)

## Humana Whole Life 65

Kentucky

Lexington Fayette Urban  
County Government

If people depend financially on you, you need life insurance, no matter what your age or marital status. With life insurance, you can help spare your grieving loved ones the additional stress of economic difficulties and preserve their quality of life. Premiums for this whole life product are payable to age 65. The policy providers guaranteed coverage and cash values stay with the policy for its lifetime – you can take funds as loans or use to buy paid-up coverage.

Coverage type	Humana Whole Life 65 is an individual whole life insurance product with premiums payable to age 65. Benefits are comprised of a base policy with multiple riders.
Benefit type	<input type="checkbox"/> Defined benefit
Policyholder	Spouse
Benefit amount	Benefit amounts are available at various levels. You can choose: <ul style="list-style-type: none"><li>• \$2,500 to \$300,000 for employees</li></ul> Family term coverage also can be added: <ul style="list-style-type: none"><li>• Spouse: \$2,500 to \$50,000</li><li>• Child: \$2,500 to \$25,000 for each eligible child</li></ul> You can also add stand-alone coverage for your dependents: <ul style="list-style-type: none"><li>• Spouse: \$2,500 to \$50,000</li><li>• Child(ren): \$2,500 to \$25,000 for each eligible child</li></ul>
Issue ages	Employee base coverage: 18 - 55 Spouse stand-alone coverage: 18 - 55 Child(ren) stand-alone coverage: 14 days - 24 years
Additional included benefits	<b>Terminal illness acceleration benefit:</b> For the primary insured provides an acceleration of up to 50 percent of the original death benefit, base and term rider, amount including any ABI amounts, upon diagnosis of a terminal illness. 12-month waiting period.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit products at [Disclosure.Humana.com](https://www.humana.com/disclosure). Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

Policy: 00455

Underwritten by Kanawha Insurance Company, a Humana company.



1-800-327-9728 | [HumanaVoluntaryBenefits.com](https://www.HumanaVoluntaryBenefits.com)





# Humana Whole Life 65

Kentucky

Lexington Fayette Urban  
County Government

Additional included benefits	<b>Facility Care Acceleration Benefit:</b> provides an acceleration of one percent of the face amount, up to \$2,000/month up to a maximum of 36 months for Licensed Adult Day Care and/or up to two percent of the face amount, up to \$4,000/month up to a maximum of 18 months for inpatient resident care. Benefits cannot exceed the lesser of 36 percent of the face amount, \$72,000, or the face amount of the policy less the cash value.
Product restrictions	<ul style="list-style-type: none"><li>• Total amount of permanent life insurance coverage and term life insurance coverage with Kanawha Insurance Company not to exceed \$300,000.</li><li>• If both parents are eligible employees, their eligible children may be insured by either spouse but not both.</li><li>• Purchasing option, whether money purchase or flat face amount, will be determined by the employer.</li><li>• When optional riders are selected, the weekly money purchase premium will be calculated to include the base benefit and any rider(s) (per applicant).</li><li>• If an employee's base policy, rider(s), and any additional Kanawha Insurance Company life insurance products exceed our company maximum of \$300,000, we will first reduce the applicant's rider(s) on this coverage. If additional reductions are necessary, we will reduce the face amount of the base policy.</li></ul>
Age calculation	Age at effective date of policy
Portability	Yes
Guarantee renewable	Yes
Cash value	Whole Life 65 is a whole life policy with guaranteed values, not an interest sensitive policy. As such, there is not an interest rate associated with the cash value of the policy; the cash values are all guaranteed in the table of cash values inside each and every Whole Life policy.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit products at [Disclosure.Humana.com](https://www.humana.com/disclosure). Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

Policy: 00455

Underwritten by Kanawha Insurance Company, a Humana company.



# Humana Whole Life 65 rates

Lexington Fayette Urban County  
Government

## Kentucky

### Humana Whole Life 65 rates

Spouse, Non-tobacco coverage, Defined Benefit amounts displaying semi-monthly payroll deductions based on monthly premium.

Age	Benefit Amount						
	BENEFIT:	\$5,000	CASH VALUE*	\$10,000	CASH VALUE*	\$20,000	CASH VALUE*
18		\$2.37	\$2,405	\$3.69	\$4,811	\$6.34	\$9,622
19		\$2.45	\$2,405	\$3.85	\$4,811	\$6.66	\$9,622
20		\$2.53	\$2,405	\$4.01	\$4,811	\$6.98	\$9,622
21		\$2.61	\$2,405	\$4.18	\$4,811	\$7.31	\$9,622
22		\$2.69	\$2,405	\$4.33	\$4,811	\$7.63	\$9,622
23		\$2.77	\$2,405	\$4.50	\$4,811	\$7.95	\$9,622
24		\$2.85	\$2,405	\$4.66	\$4,811	\$8.28	\$9,622
25		\$2.93	\$2,405	\$4.82	\$4,811	\$8.59	\$9,622
26		\$3.04	\$2,405	\$5.05	\$4,811	\$9.05	\$9,622
27		\$3.16	\$2,405	\$5.27	\$4,811	\$9.50	\$9,622
28		\$3.27	\$2,405	\$5.50	\$4,811	\$9.95	\$9,622
29		\$3.38	\$2,405	\$5.73	\$4,811	\$10.41	\$9,622
30		\$3.50	\$2,405	\$5.95	\$4,811	\$10.86	\$9,622
31		\$3.65	\$2,405	\$6.25	\$4,811	\$11.46	\$9,622
32		\$3.80	\$2,405	\$6.55	\$4,811	\$12.07	\$9,622
33		\$3.95	\$2,405	\$6.85	\$4,811	\$12.67	\$9,622
34		\$4.10	\$2,405	\$7.16	\$4,811	\$13.28	\$9,622
35		\$4.25	\$2,405	\$7.46	\$4,811	\$13.88	\$9,622
36		\$4.50	\$2,405	\$7.95	\$4,811	\$14.87	\$9,622
37		\$4.75	\$2,405	\$8.45	\$4,811	\$15.86	\$9,622
38		\$4.99	\$2,405	\$8.95	\$4,811	\$16.85	\$9,622
39		\$5.24	\$2,405	\$9.44	\$4,811	\$17.84	\$9,622
40		\$5.49	\$2,405	\$9.94	\$4,811	\$18.83	\$9,622
41		\$5.87	\$2,405	\$10.71	\$4,811	\$20.37	\$9,622
42		\$6.26	\$2,405	\$11.47	\$4,811	\$21.90	\$9,622
43		\$6.64	\$2,405	\$12.23	\$4,811	\$23.43	\$9,622
44		\$7.02	\$2,405	\$13.00	\$4,811	\$24.96	\$9,622
45		\$7.40	\$2,405	\$13.77	\$4,811	\$26.49	\$9,622
46		\$8.13	\$2,475	\$15.22	\$4,949	\$29.40	\$9,898
47		\$8.86	\$2,545	\$16.68	\$5,089	\$32.32	\$10,178
48		\$9.59	\$2,615	\$18.13	\$5,231	\$35.23	\$10,462
49		\$10.32	\$2,687	\$19.59	\$5,374	\$38.14	\$10,749
50		\$11.05	\$2,760	\$21.05	\$5,520	\$41.06	\$11,040

\*Cash values are calculated as of age 65.

The proposed rates are for an effective date no later than January 1<sup>st</sup>, 2014.



1-800-327-9728 | [HumanaVoluntaryBenefits.com](http://HumanaVoluntaryBenefits.com)



Policy: 00455

Underwritten by Kanawha Insurance Company, a Humana company.

# Humana Whole Life 65 rates

Lexington Fayette Urban County  
Government

Kentucky

## Humana Whole Life 65 rates

Spouse, Non-tobacco coverage, Defined Benefit amounts displaying semi-monthly payroll deductions based on monthly premium

Age	Benefit Amount					
	\$5,000	CASH VALUE*	\$10,000	CASH VALUE*	\$20,000	CASH VALUE*
BENEFIT:						
51	\$12.45	\$2,833	\$23.86	\$5,666	\$46.69	\$11,333
52	\$13.86	\$2,907	\$26.68	\$5,813	\$52.31	\$11,627
53	\$15.27	\$2,980	\$29.49	\$5,960	\$57.94	\$11,920
54	\$16.67	\$3,053	\$32.30	\$6,106	\$63.56	\$12,213
55	\$18.08	\$3,126	\$35.12	\$6,253	\$69.19	\$12,505

\*Cash values are calculated as of age 65.

The proposed rates are for an effective date no later than January 1<sup>st</sup>, 2014.



1-800-327-9728 | [HumanaVoluntaryBenefits.com](http://HumanaVoluntaryBenefits.com)



Policy: 00455

Underwritten by Kanawha Insurance Company, a Humana company.

Kentucky

Lexington Fayette Urban  
County Government

If people depend financially on you, you need life insurance, no matter what your age or marital status. With life insurance, you can help spare your grieving loved ones the additional stress of economic difficulties and preserve their quality of life. Premiums for this whole life product are payable to age 65. The policy providers guaranteed coverage and cash values stay with the policy for its lifetime – you can take funds as loans or use to buy paid-up coverage.

Coverage type	Humana Whole Life 65 is an individual whole life insurance product with premiums payable to age 65. Benefits are comprised of a base policy with multiple riders.
Benefit type	<input type="checkbox"/> Defined benefit
Policyholder	Child
Benefit amount	Benefit amounts are available at various levels. You can choose: <ul style="list-style-type: none"> <li>• \$2,500 to \$300,000 for employees</li> </ul> Family term coverage also can be added: <ul style="list-style-type: none"> <li>• Spouse: \$2,500 to \$50,000</li> <li>• Child: \$2,500 to \$25,000 for each eligible child</li> </ul> You can also add stand-alone coverage for your dependents: <ul style="list-style-type: none"> <li>• Spouse: \$2,500 to \$50,000</li> <li>• Child(ren): \$2,500 to \$25,000 for each eligible child</li> </ul>
Issue ages	Employee base coverage: 18 - 55 Spouse stand-alone coverage: 18 - 55 Child(ren) stand-alone coverage: 14 days - 24 years
Additional included benefits	<b>Terminal illness acceleration benefit:</b> For the primary insured provides an acceleration of up to 50 percent of the original death benefit, base and term rider, amount including any ABI amounts, upon diagnosis of a terminal illness. 12-month waiting period.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit products at [Disclosure.Humana.com](https://www.humana.com/disclosure). Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

Policy: 00455  
Underwritten by Kanawha Insurance Company, a Humana company.

Additional included benefits	<b>Facility Care Acceleration Benefit:</b> provides an acceleration of one percent of the face amount, up to \$2,000/month up to a maximum of 36 months for Licensed Adult Day Care and/or up to two percent of the face amount, up to \$4,000/month up to a maximum of 18 months for inpatient resident care. Benefits cannot exceed the lesser of 36 percent of the face amount, \$72,000, or the face amount of the policy less the cash value.
Product restrictions	<ul style="list-style-type: none"> <li>• Total amount of permanent life insurance coverage and term life insurance coverage with Kanawha Insurance Company not to exceed \$300,000.</li> <li>• If both parents are eligible employees, their eligible children may be insured by either spouse but not both.</li> <li>• Purchasing option, whether money purchase or flat face amount, will be determined by the employer.</li> <li>• When optional riders are selected, the weekly money purchase premium will be calculated to include the base benefit and any rider(s) (per applicant).</li> <li>• If an employee's base policy, rider(s), and any additional Kanawha Insurance Company life insurance products exceed our company maximum of \$300,000, we will first reduce the applicant's rider(s) on this coverage. If additional reductions are necessary, we will reduce the face amount of the base policy.</li> </ul>
Age calculation	Age at effective date of policy
Portability	Yes
Guarantee renewable	Yes
Cash value	Whole Life 65 is a whole life policy with guaranteed values, not an interest sensitive policy. As such, there is not an interest rate associated with the cash value of the policy; the cash values are all guaranteed in the table of cash values inside each and every Whole Life policy.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit products at [Disclosure.Humana.com](https://www.humana.com/disclosure). Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

Policy: 00455

Underwritten by Kanawha Insurance Company, a Humana company.

# Humana Whole Life 65 rates

Lexington Fayette Urban County  
Government

Kentucky

## Humana Whole Life 65 rates

Child, Non-tobacco coverage, Defined Benefit amounts displaying semi-monthly payroll deductions based on monthly premium.

Age	Benefit Amount						
	BENEFIT:	\$5,000	CASH VALUE*	\$10,000	CASH VALUE*	\$20,000	CASH VALUE*
0		\$1.71	\$2,405	\$2.38	\$4,811	\$3.73	\$9,622
1		\$1.71	\$2,405	\$2.38	\$4,811	\$3.73	\$9,622
2		\$1.71	\$2,405	\$2.38	\$4,811	\$3.73	\$9,622
3		\$1.71	\$2,405	\$2.38	\$4,811	\$3.73	\$9,622
4		\$1.71	\$2,405	\$2.38	\$4,811	\$3.73	\$9,622
5		\$1.71	\$2,405	\$2.38	\$4,811	\$3.73	\$9,622
6		\$1.75	\$2,405	\$2.46	\$4,811	\$3.88	\$9,622
7		\$1.79	\$2,405	\$2.53	\$4,811	\$4.03	\$9,622
8		\$1.83	\$2,405	\$2.61	\$4,811	\$4.18	\$9,622
9		\$1.86	\$2,405	\$2.68	\$4,811	\$4.32	\$9,622
10		\$1.90	\$2,405	\$2.75	\$4,811	\$4.47	\$9,622
11		\$1.94	\$2,405	\$2.85	\$4,811	\$4.65	\$9,622
12		\$1.99	\$2,405	\$2.93	\$4,811	\$4.83	\$9,622
13		\$2.03	\$2,405	\$3.03	\$4,811	\$5.01	\$9,622
14		\$2.08	\$2,405	\$3.12	\$4,811	\$5.19	\$9,622
15		\$2.13	\$2,405	\$3.21	\$4,811	\$5.38	\$9,622
16		\$2.20	\$2,405	\$3.37	\$4,811	\$5.69	\$9,622
17		\$2.29	\$2,405	\$3.53	\$4,811	\$6.02	\$9,622
18		\$2.37	\$2,405	\$3.69	\$4,811	\$6.34	\$9,622
19		\$2.45	\$2,405	\$3.85	\$4,811	\$6.66	\$9,622
20		\$2.53	\$2,405	\$4.01	\$4,811	\$6.98	\$9,622
21		\$2.61	\$2,405	\$4.18	\$4,811	\$7.31	\$9,622
22		\$2.69	\$2,405	\$4.33	\$4,811	\$7.63	\$9,622
23		\$2.77	\$2,405	\$4.50	\$4,811	\$7.95	\$9,622
24		\$2.85	\$2,405	\$4.66	\$4,811	\$8.28	\$9,622
25		\$2.93	\$2,405	\$4.82	\$4,811	\$8.59	\$9,622
26		\$3.04	\$2,405	\$5.05	\$4,811	\$9.05	\$9,622

\*Cash values are calculated as of age 65.

The proposed rates are for an effective date no later than January 1<sup>st</sup>, 2014.



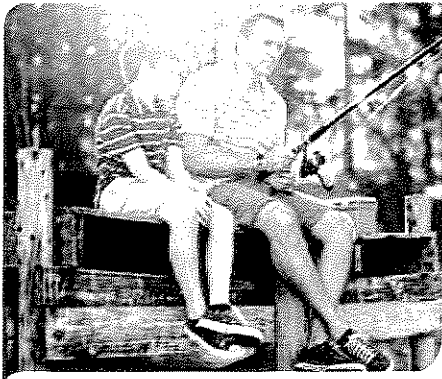
1-800-327-9728 | [HumanaVoluntaryBenefits.com](http://HumanaVoluntaryBenefits.com)



Policy: 00455

Underwritten by Kanawha Insurance Company, a Humana company.

# Humana Term Life



## Term life can form the basis for a solid financial future

You'll value the peace of mind that voluntary term life provides, and your loved ones will value a benefit that can help guarantee a secure future if the unthinkable should happen. You'll also appreciate the opportunity to enroll at work at competitive group rates with just a few simple questions.

Term life provides protection for a defined period of 10, 15, 20 and 30 years, during which premiums stay the same, and pays a death benefit to beneficiaries if the covered employee dies. Term life coverage can supplement any other life plan you may have.

## Why do I need term life coverage?

If someone depends financially on you, you need life insurance, whether you're married, single, a single parent, a small-business owner, or retired. With life insurance, you can spare your grieving loved ones the additional stress of economic difficulties, preserving their quality of life even after your death.

## Here's how it works

You have the advantage of lower rates available through your business and paid through payroll deductions combined with guaranteed issue and portability, two highly popular features. An optional disability waiver of premium, if selected by your employer, enables you to pay no premiums on this coverage if you become totally disabled before age 60. Coverage for your spouse and children is available if you're the primary insured. Supplemental AD&D is an optional benefit that can include payments for paralysis, seat belt/air bag, coma, educational and training, and day care.

## Consider term life

Term life is one of the more essential benefits you can provide for your loved ones. You'll appreciate term life for the peace of mind it gives you. Your beneficiaries will appreciate the benefit that can help guarantee a secure financial future.

The average person with life insurance owns less (3.6 times income) than they believe they should own (5.7 times income).

- LIMRA International

Humana

Kentucky

Lexington Fayette Urban  
County Government

This term life insurance enables you and your loved ones to receive multiple benefits while you're living. By accelerating all or a portion of the life benefit, you can use the money to help pay the expenses of treating and coping with critical conditions such as cancer or a stroke. You also can request an accelerated payment of the death benefit if you have a terminal illness diagnosis with 12 months or less to live.

Coverage type	Group policy for voluntary level term life insurance renewable to age 80, available in term durations of 10 or 20 years.
Plan duration	<input type="checkbox"/> 10 year
Benefit type	<input type="checkbox"/> Defined benefit
Benefit amount	Benefit amounts are available at various levels. You can choose: <ul style="list-style-type: none"> <li>• \$10,000 to \$300,000 for employees</li> </ul> You can also add coverage for your dependents: <ul style="list-style-type: none"> <li>• Spouse: \$10,000 to \$50,000</li> <li>• Child: \$5,000 to \$25,000 for each eligible child</li> </ul>
Issue ages	Individual: 10-year duration 18-70; 20-year duration 18-60 Spouse: 10- or 20-year duration 18-60 - spouse follows employee selection Child: 14 days - 24 years - child term rider
Additional included benefits	<p><b>Terminal Illness Benefit:</b> accelerates payment of the life insurance death benefit in the event of the employee's future terminal illness diagnosis (with 12 months or less to live) or loss from specified critical illnesses. For the terminal illness benefit, the maximum advance is 50 percent of the base policy.</p> <p><b>Work-life resources:</b> Web portal which offers articles, links and videos for subjects such as personal, legal, financial, education, child, eldercare and caregiver resources. With a toll-free telephonic grief counseling line available 24/7.</p>
Portability	Yes – as long as master contract remains in force Coverage is portable assuming the following parameters are met: <ul style="list-style-type: none"> <li>• Employee is less than 70 and the policy has been in force for at least six months</li> <li>• Master Policy issued to the Employer is active</li> <li>• Dependents on ported certificates terminate when the spouse attained age is 70 or the child attained age is 25</li> </ul>

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit products at [Disclosure.Humana.com](http://Disclosure.Humana.com). Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

Policy: 8013

Underwritten by Kanawha Insurance Company, a Humana company.





Kentucky

Lexington Fayette Urban  
County Government

<p><b>Conversion</b></p>	<p>Yes – to Whole Life Product The policy can be converted without evidence of insurability as long as the certificate is in full force and the employee is younger than 65.</p> <ul style="list-style-type: none"> <li>• Policy will be converted to the Whole Life conversion plan</li> <li>• Spouse coverage can be converted before the 65th birthday</li> <li>• Child coverage can be converted before the 26th birthday (limits on conversion benefits. up to three times their benefit amount up to \$30,000)</li> </ul>
<p><b>Product restrictions</b></p>	<ul style="list-style-type: none"> <li>• Total amount of life insurance coverage with Kanawha Insurance Company not to exceed \$300,000 (excludes GTL).</li> <li>• If both parents are eligible employees, their eligible Child(ren) may be insured by either spouse but not both.</li> <li>• The employer determines if the offer is money purchase or defined benefit.</li> </ul>

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit products at **Disclosure.Humana.com**. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

Policy: 8013  
Underwritten by Kanawha Insurance Company, a Humana company.



# Humana Term Life rates

Lexington Fayette Urban  
County Government

## Kentucky

### Employee Humana Term Life 10 year rates

Non-tobacco coverage, Defined benefit amounts displaying semi-monthly payroll deductions based on monthly premium calculation.

Age	Benefit Amount			
	\$50,000	\$75,000	\$10,000	\$125,000
18	\$3.63	\$4.88	\$1.63	\$7.38
19	\$3.63	\$4.88	\$1.63	\$7.38
20	\$3.63	\$4.88	\$1.63	\$7.38
21	\$3.88	\$5.25	\$1.68	\$8.00
22	\$3.88	\$5.25	\$1.68	\$8.00
23	\$3.88	\$5.25	\$1.68	\$8.00
24	\$3.88	\$5.25	\$1.68	\$8.00
25	\$4.13	\$5.63	\$1.73	\$8.63
26	\$4.13	\$5.63	\$1.73	\$8.63
27	\$4.13	\$5.63	\$1.73	\$8.63
28	\$4.38	\$6.00	\$1.78	\$9.25
29	\$4.38	\$6.00	\$1.78	\$9.25
30	\$4.63	\$6.38	\$1.83	\$9.88
31	\$4.63	\$6.38	\$1.83	\$9.88
32	\$4.88	\$6.75	\$1.88	\$10.50
33	\$4.88	\$6.75	\$1.88	\$10.50
34	\$4.88	\$6.75	\$1.88	\$10.50
35	\$5.13	\$7.13	\$1.93	\$11.13
36	\$5.63	\$7.88	\$2.03	\$12.38
37	\$5.88	\$8.25	\$2.08	\$13.00
38	\$6.38	\$9.00	\$2.18	\$14.25
39	\$6.88	\$9.75	\$2.28	\$15.50
40	\$7.38	\$10.50	\$2.38	\$16.75
41	\$7.88	\$11.25	\$2.48	\$18.00
42	\$8.13	\$11.63	\$2.53	\$18.63
43	\$8.63	\$12.38	\$2.63	\$19.88
44	\$9.13	\$13.13	\$2.73	\$21.13
45	\$9.63	\$13.88	\$2.83	\$22.38
46	\$10.63	\$15.38	\$3.03	\$24.88
47	\$11.63	\$16.88	\$3.23	\$27.38
48	\$12.88	\$18.75	\$3.48	\$30.50
49	\$13.88	\$20.25	\$3.68	\$33.00

The proposed rates are for an effective date no later than January 1, 2014.



1-800-327-9728 | [HumanaVoluntaryBenefits.com](http://HumanaVoluntaryBenefits.com)



Policy: 8013

Underwritten by Kanawha Insurance Company, a Humana company.

# Humana Term Life rates

Lexington Fayette Urban  
County Government

## Kentucky

### Employee Humana Term Life 10 year rates

Non-tobacco coverage, Defined benefit amounts displaying semi-monthly payroll deductions based on monthly premium calculation.

Age	Benefit Amount			
	\$50,000	\$75,000	\$10,000	\$125,000
50	\$15.13	\$22.13	\$3.93	\$36.13
51	\$16.13	\$23.63	\$4.13	\$38.63
52	\$17.13	\$25.13	\$4.33	\$41.13
53	\$18.38	\$27.00	\$4.58	\$44.25
54	\$19.38	\$28.50	\$4.78	\$46.75
55	\$20.38	\$30.00	\$4.98	\$49.25
56	\$22.63	\$33.38	\$5.43	\$54.88
57	\$24.88	\$36.75	\$5.88	\$60.50
58	\$27.13	\$40.13	\$6.33	\$66.12
59	\$29.38	\$43.50	\$6.78	\$71.75
60	\$31.38	\$46.50	\$7.18	\$76.75
61	\$33.63	\$49.88	\$7.63	\$82.37
62	\$35.88	\$53.25	\$8.08	\$88.00
63	\$38.13	\$56.63	\$8.53	\$93.62
64	\$40.38	\$60.00	\$8.98	\$99.25
65	\$42.38	\$63.00	\$9.38	\$104.25
66	\$46.38	\$69.00	\$10.18	\$114.25
67	\$50.63	\$75.37	\$11.03	\$124.87
68	\$55.63	\$82.87	\$12.03	\$137.37
69	\$60.88	\$90.75	\$13.08	\$150.50
70	\$66.62	\$99.37	\$14.23	\$164.87

The proposed rates are for an effective date no later than January 1, 2014.

### Employee Humana Term Life 10 year rates

Tobacco coverage, Defined benefit amounts displaying semi-monthly payroll deductions based on monthly premium calculation.

Age	Benefit Amount			
	\$50,000	\$75,000	\$10,000	\$125,000
18	\$5.13	\$7.13	\$1.93	\$11.13
19	\$5.38	\$7.50	\$1.98	\$11.75
20	\$5.38	\$7.50	\$1.98	\$11.75
21	\$5.63	\$7.88	\$2.03	\$12.38

The proposed rates are for an effective date no later than January 1, 2014.



1-800-327-9728 | [HumanaVoluntaryBenefits.com](http://HumanaVoluntaryBenefits.com)

Policy: 8013

Underwritten by Kanawha Insurance Company, a Humana company.

8.5  
10

# Humana Term Life rates

Lexington Fayette Urban  
County Government

## Kentucky

### Employee Humana Term Life 10 year rates

Tobacco coverage, Defined benefit amounts displaying semi-monthly payroll deductions based on monthly premium calculation.

Age	Benefit Amount			
	\$50,000	\$75,000	\$10,000	\$125,000
22	\$5.88	\$8.25	\$2.08	\$13.00
23	\$6.13	\$8.63	\$2.13	\$13.63
24	\$6.13	\$8.63	\$2.13	\$13.63
25	\$6.38	\$9.00	\$2.18	\$14.25
26	\$6.63	\$9.38	\$2.23	\$14.88
27	\$6.88	\$9.75	\$2.28	\$15.50
28	\$7.13	\$10.13	\$2.33	\$16.13
29	\$7.63	\$10.88	\$2.43	\$17.38
30	\$7.88	\$11.25	\$2.48	\$18.00
31	\$8.13	\$11.63	\$2.53	\$18.63
32	\$8.38	\$12.00	\$2.58	\$19.25
33	\$8.63	\$12.38	\$2.63	\$19.88
34	\$8.88	\$12.75	\$2.68	\$20.50
35	\$9.13	\$13.13	\$2.73	\$21.13
36	\$10.13	\$14.63	\$2.93	\$23.63
37	\$10.88	\$15.75	\$3.08	\$25.50
38	\$11.88	\$17.25	\$3.28	\$28.00
39	\$12.88	\$18.75	\$3.48	\$30.50
40	\$13.63	\$19.88	\$3.63	\$32.38
41	\$14.63	\$21.38	\$3.83	\$34.88
42	\$15.63	\$22.88	\$4.03	\$37.38
43	\$16.38	\$24.00	\$4.18	\$39.25
44	\$17.38	\$25.50	\$4.38	\$41.75
45	\$18.38	\$27.00	\$4.58	\$44.25
46	\$20.63	\$30.38	\$5.03	\$49.88
47	\$22.88	\$33.75	\$5.48	\$55.50
48	\$25.13	\$37.13	\$5.93	\$61.13
49	\$27.63	\$40.88	\$6.43	\$67.37
50	\$29.88	\$44.25	\$6.88	\$73.00
51	\$32.13	\$47.63	\$7.33	\$78.62
52	\$34.38	\$51.00	\$7.78	\$84.25
53	\$36.63	\$54.38	\$8.23	\$89.87

The proposed rates are for an effective date no later than January 1, 2014.

1-800-327-9728 | [HumanaVoluntaryBenefits.com](http://HumanaVoluntaryBenefits.com)

Policy: 8013

Underwritten by Kanawha Insurance Company, a Humana company.

# Humana Term Life rates

Lexington Fayette Urban  
County Government

## Kentucky

### Employee Humana Term Life 10 year rates

Tobacco coverage, Defined benefit amounts displaying semi-monthly payroll deductions based on monthly premium calculation.

Age	Benefit Amount			
	\$50,000	\$75,000	\$10,000	\$125,000
54	\$39.13	\$58.13	\$8.73	\$96.12
55	\$41.38	\$61.50	\$9.18	\$101.75
56	\$46.13	\$68.62	\$10.13	\$113.62
57	\$50.88	\$75.75	\$11.08	\$125.50
58	\$55.63	\$82.87	\$12.03	\$137.37
59	\$60.38	\$90.00	\$12.98	\$149.25
60	\$65.12	\$97.12	\$13.93	\$161.12
61	\$69.87	\$104.25	\$14.88	\$173.00
62	\$74.62	\$111.37	\$15.83	\$184.87
63	\$79.37	\$118.50	\$16.78	\$196.74
64	\$84.12	\$125.62	\$17.73	\$208.62
65	\$88.87	\$132.75	\$18.68	\$220.49
66	\$95.87	\$143.25	\$20.08	\$237.99
67	\$103.37	\$154.50	\$21.58	\$256.74
68	\$111.62	\$166.87	\$23.23	\$277.37
69	\$120.62	\$180.37	\$25.03	\$299.87
70	\$130.37	\$194.99	\$26.98	\$324.24

The proposed rates are for an effective date no later than January 1, 2014.



1-800-327-9728 | [HumanaVoluntaryBenefits.com](http://HumanaVoluntaryBenefits.com)

Policy: 8013  
Underwritten by Kanawha Insurance Company, a Humana company.

Kentucky

Lexington Fayette Urban  
County Government

This term life insurance enables you and your loved ones to receive multiple benefits while you're living. By accelerating all or a portion of the life benefit, you can use the money to help pay the expenses of treating and coping with critical conditions such as cancer or a stroke. You also can request an accelerated payment of the death benefit if you have a terminal illness diagnosis with 12 months or less to live.

Coverage type	Group policy for voluntary level term life insurance renewable to age 80, available in term durations of 10 or 20 years.
Plan duration	<input type="checkbox"/> 20 year
Benefit type	<input type="checkbox"/> Defined benefit
Benefit amount	Benefit amounts are available at various levels. You can choose: <ul style="list-style-type: none"> <li>• \$10,000 to \$300,000 for employees</li> </ul> You can also add coverage for your dependents: <ul style="list-style-type: none"> <li>• Spouse: \$10,000 to \$50,000</li> <li>• Child: \$5,000 to \$25,000 for each eligible child</li> </ul>
Issue ages	Individual: 10-year duration 18-70; 20-year duration 18-60 Spouse: 10- or 20-year duration 18-60 - spouse follows employee selection Child: 14 days - 24 years - child term rider
Additional included benefits	<p><b>Terminal Illness Benefit:</b> accelerates payment of the life insurance death benefit in the event of the employee's future terminal illness diagnosis (with 12 months or less to live) or loss from specified critical illnesses. For the terminal illness benefit, the maximum advance is 50 percent of the base policy.</p> <p><b>Work-life resources:</b> Web portal which offers articles, links and videos for subjects such as personal, legal, financial, education, child, eldercare and caregiver resources. With a toll-free telephonic grief counseling line available 24/7.</p>
Portability	Yes – as long as master contract remains in force Coverage is portable assuming the following parameters are met: <ul style="list-style-type: none"> <li>• Employee is less than 70 and the policy has been in force for at least six months</li> <li>• Master Policy issued to the Employer is active</li> <li>• Dependents on ported certificates terminate when the spouse attained age is 70 or the child attained age is 25</li> </ul>

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit products at [Disclosure.Humana.com](http://Disclosure.Humana.com). Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

Policy: 8013

Underwritten by Kanawha Insurance Company, a Humana company.

Kentucky

Lexington Fayette Urban  
County Government

<p><b>Conversion</b></p>	<p>Yes - to Whole Life Product The policy can be converted without evidence of insurability as long as the certificate is in full force and the employee is younger than 65.</p> <ul style="list-style-type: none"> <li>• Policy will be converted to the Whole Life conversion plan</li> <li>• Spouse coverage can be converted before the 65th birthday</li> <li>• Child coverage can be converted before the 26th birthday (limits on conversion benefits. up to three times their benefit amount up to \$30,000)</li> </ul>
<p><b>Product restrictions</b></p>	<ul style="list-style-type: none"> <li>• Total amount of life insurance coverage with Kanawha Insurance Company not to exceed \$300,000 (excludes GTL).</li> <li>• If both parents are eligible employees, their eligible Child(ren) may be insured by either spouse but not both.</li> <li>• The employer determines if the offer is money purchase or defined benefit.</li> </ul>

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit products at **Disclosure.Humana.com**. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

Policy: 8013  
Underwritten by Kanawha Insurance Company, a Humana company.

# Humana Term Life rates

Lexington Fayette Urban  
County Government

## Kentucky

### Employee Humana Term Life 20 year rates

Non-tobacco coverage, Defined benefit amounts displaying semi-monthly payroll deductions based on monthly premium calculation.

Age BENEFIT:	Benefit Amount			
	\$50,000	\$75,000	\$10,000	\$125,000
18	\$4.13	\$5.63	\$1.73	\$8.63
19	\$4.38	\$6.00	\$1.78	\$9.25
20	\$4.38	\$6.00	\$1.78	\$9.25
21	\$4.63	\$6.38	\$1.83	\$9.88
22	\$4.63	\$6.38	\$1.83	\$9.88
23	\$4.88	\$6.75	\$1.88	\$10.50
24	\$4.88	\$6.75	\$1.88	\$10.50
25	\$5.13	\$7.13	\$1.93	\$11.13
26	\$5.13	\$7.13	\$1.93	\$11.13
27	\$5.38	\$7.50	\$1.98	\$11.75
28	\$5.38	\$7.50	\$1.98	\$11.75
29	\$5.63	\$7.88	\$2.03	\$12.38
30	\$5.63	\$7.88	\$2.03	\$12.38
31	\$5.63	\$7.88	\$2.03	\$12.38
32	\$5.88	\$8.25	\$2.08	\$13.00
33	\$5.88	\$8.25	\$2.08	\$13.00
34	\$6.13	\$8.63	\$2.13	\$13.63
35	\$6.13	\$8.63	\$2.13	\$13.63
36	\$6.63	\$9.38	\$2.23	\$14.88
37	\$7.13	\$10.13	\$2.33	\$16.13
38	\$7.63	\$10.88	\$2.43	\$17.38
39	\$7.88	\$11.25	\$2.48	\$18.00
40	\$8.38	\$12.00	\$2.58	\$19.25
41	\$8.88	\$12.75	\$2.68	\$20.50
42	\$9.38	\$13.50	\$2.78	\$21.75
43	\$9.88	\$14.25	\$2.88	\$23.00
44	\$10.38	\$15.00	\$2.98	\$24.25
45	\$10.88	\$15.75	\$3.08	\$25.50
46	\$12.13	\$17.63	\$3.33	\$28.63
47	\$13.38	\$19.50	\$3.58	\$31.75
48	\$14.63	\$21.38	\$3.83	\$34.88
49	\$15.88	\$23.25	\$4.08	\$38.00

The proposed rates are for an effective date no later than January 1, 2014.

1-800-327-9728 | [HumanaVoluntaryBenefits.com](http://HumanaVoluntaryBenefits.com)

Policy: 8013

Underwritten by Kanawha Insurance Company, a Humana company.



# Humana Term Life rates

Lexington Fayette Urban  
County Government

## Kentucky

### Employee Humana Term Life 20 year rates

Non-tobacco coverage, Defined benefit amounts displaying semi-monthly payroll deductions based on monthly premium calculation.

Age	Benefit Amount			
	\$50,000	\$75,000	\$10,000	\$125,000
50	\$17.13	\$25.13	\$4.33	\$41.13
51	\$18.38	\$27.00	\$4.58	\$44.25
52	\$19.88	\$29.25	\$4.88	\$48.00
53	\$21.13	\$31.13	\$5.13	\$51.13
54	\$22.38	\$33.00	\$5.38	\$54.25
55	\$23.63	\$34.88	\$5.63	\$57.38
56	\$26.88	\$39.75	\$6.28	\$65.50
57	\$29.88	\$44.25	\$6.88	\$73.00
58	\$33.13	\$49.13	\$7.53	\$81.12
59	\$36.13	\$53.63	\$8.13	\$88.62
60	\$39.13	\$58.13	\$8.73	\$96.12

The proposed rates are for an effective date no later than January 1, 2014.

### Employee Humana Term Life 20 year rates

Tobacco coverage, Defined benefit amounts displaying semi-monthly payroll deductions based on monthly premium calculation.

Age	Benefit Amount			
	\$50,000	\$75,000	\$10,000	\$125,000
18	\$6.13	\$8.63	\$2.13	\$13.63
19	\$6.38	\$9.00	\$2.18	\$14.25
20	\$6.63	\$9.38	\$2.23	\$14.88
21	\$7.13	\$10.13	\$2.33	\$16.13
22	\$7.38	\$10.50	\$2.38	\$16.75
23	\$7.63	\$10.88	\$2.43	\$17.38
24	\$8.13	\$11.63	\$2.53	\$18.63
25	\$8.38	\$12.00	\$2.58	\$19.25
26	\$8.63	\$12.38	\$2.63	\$19.88
27	\$8.88	\$12.75	\$2.68	\$20.50
28	\$9.38	\$13.50	\$2.78	\$21.75
29	\$9.63	\$13.88	\$2.83	\$22.38
30	\$9.88	\$14.25	\$2.88	\$23.00
31	\$10.13	\$14.63	\$2.93	\$23.63

The proposed rates are for an effective date no later than January 1, 2014.



1-800-327-9728 | [HumanaVoluntaryBenefits.com](http://HumanaVoluntaryBenefits.com)



Policy: 8013

Underwritten by Kanawha Insurance Company, a Humana company.

# Humana Term Life rates

Lexington Fayette Urban  
County Government

## Kentucky

### Employee Humana Term Life 20 year rates

Tobacco coverage, Defined benefit amounts displaying semi-monthly payroll deductions based on monthly premium calculation.

Age	Benefit Amount			
	\$50,000	\$75,000	\$10,000	\$125,000
32	\$10.38	\$15.00	\$2.98	\$24.25
33	\$10.63	\$15.38	\$3.03	\$24.88
34	\$10.88	\$15.75	\$3.08	\$25.50
35	\$11.13	\$16.13	\$3.13	\$26.13
36	\$12.13	\$17.63	\$3.33	\$28.63
37	\$13.13	\$19.13	\$3.53	\$31.13
38	\$14.13	\$20.63	\$3.73	\$33.63
39	\$15.13	\$22.13	\$3.93	\$36.13
40	\$15.88	\$23.25	\$4.08	\$38.00
41	\$16.88	\$24.75	\$4.28	\$40.50
42	\$17.88	\$26.25	\$4.48	\$43.00
43	\$18.88	\$27.75	\$4.68	\$45.50
44	\$19.88	\$29.25	\$4.88	\$48.00
45	\$20.63	\$30.38	\$5.03	\$49.88
46	\$23.38	\$34.50	\$5.58	\$56.75
47	\$26.13	\$38.63	\$6.13	\$63.62
48	\$28.88	\$42.75	\$6.68	\$70.50
49	\$31.63	\$46.88	\$7.23	\$77.37
50	\$34.38	\$51.00	\$7.78	\$84.25
51	\$37.13	\$55.13	\$8.33	\$91.12
52	\$39.88	\$59.25	\$8.88	\$98.00
53	\$42.38	\$63.00	\$9.38	\$104.25
54	\$45.13	\$67.12	\$9.93	\$111.12
55	\$47.88	\$71.25	\$10.48	\$118.00
56	\$54.63	\$81.37	\$11.83	\$134.87
57	\$61.38	\$91.50	\$13.18	\$151.75
58	\$68.12	\$101.62	\$14.53	\$168.62
59	\$74.87	\$111.75	\$15.88	\$185.50
60	\$81.37	\$121.50	\$17.18	\$201.74

The proposed rates are for an effective date no later than January 1, 2014.



1-800-327-9728 | [HumanaVoluntaryBenefits.com](http://HumanaVoluntaryBenefits.com)



Policy: 8013

Underwritten by Kanawha Insurance Company, a Humana company.

# Humana Workplace Voluntary Benefits

Group **Lexington Fayette Urban County Government**  
Sales Rep **Sean Rafferty** Underwriter **Todd Pannier**  
Offer Date **08/06/2013** Valid Through **11/06/2013**

---

## PLAN PROVISIONS

Policy **Humana Whole Life**  
Policy Form **00455**  
Availability **Only / Not Available in AK, ME or NY**

EE Guarantee Issue Amount **\$125,000 ages 18-50; \$60,000 ages 51+**  
Stand-alone Spouse Coverage **Contingent Guarantee Issue - Up to \$20,000**  
Stand-alone Child(ren) Coverage **Contingent Guarantee Issue – Up to \$10,000**  
*For child stand-alone coverage Humana Whole Life to age 65 is only plan available. Master application should indicate this coverage, if elected.*

**Benefit Waiting Period** – 12 month wait on Terminal Illness benefit.

Eligibility **20 hours per week**  
Number of Eligible Employees **3,700**  
Participation Requirement **Participation will be waived for the initial enrollment.**  
Employer Service Waiting Period **Will match the Employer's Service Waiting Period**  
Issue Ages **May vary by product and by riders. Please refer to underwriting guidelines for specific ages.**

## PRODUCT QUALIFICATIONS AND CONTINGENCIES

- Total amount of life coverage cannot exceed 3 times the employee's salary and/or \$300,000.
- Minimum of 5 participants required to set up the product for the group.
- Participation is waived as long as enrollment conditions are met. Participation will be reviewed at first anniversary at which time participation is expected to be at least 15% of all eligible employees.

# Humana Workplace Voluntary Benefits

Group	<b>Lexington Fayette Urban County Government</b>	Underwriter	<b>Todd Pannier</b>
Sales Rep	<b>Sean Rafferty</b>	Valid Through	<b>11/06/2013</b>
Offer Date	<b>08/06/2013</b>		

---

## PLAN PROVISIONS

Policy	<b>Humana Term Life</b>
Policy Form	<b>8013</b>
Availability	<b>KY - Situs</b>
EE Guarantee Issue Amount	<b>\$125,000 for Ages 18-50; \$60,000 for Ages 51+</b>
Term Duration	<b>10 or 20 Years</b>
Eligibility	<b>20 hours per week</b>
Number of Eligible Employees	<b>3,700</b>
Participation Requirement	<b>Participation will be waived for the initial enrollment.</b>
Employer Service Waiting Period	<b>Will match the Employer's Service Waiting Period</b>
Issue Age Rates	<b>10 Term – 18-70 for Employee, 18-60 for Spouse, 14-24 for Child 20 Term – 18-60 for Employee, 18-60 for Spouse, 14-24 for Child</b>

## PRODUCT QUALIFICATIONS AND CONTINGENCIES

- Total amount of life coverage cannot exceed 3 times the employee's salary and/or \$300,000.
- Minimum of 5 participants required to set up the product for the group.
- Participation is waived as long as enrollment conditions are met. Participation will be reviewed at first anniversary at which time participation is expected to be at least 15% of all eligible employees.

# Humana Workplace Voluntary Benefits

Group	<b>Lexington Fayette Urban County Government</b>		
Sales Rep	<b>Sean Rafferty</b>	Underwriter	<b>Todd Pannier</b>
Offer Date	<b>08/06/2013</b>	Valid Through	<b>11/06/2013</b>

- 
- |                              |   |
|------------------------------|---|
| <i>Producer Agreement</i>    | <ul style="list-style-type: none"> <li>• Develops an enrollment plan ensuring all eligible employees are presented plan benefits;</li> <li>• Assists Employer with questions related to Humana's insurance plan and administrative practices;</li> <li>• Provides billing instructions to person designated by the Employer as the plan administrator;</li> <li>• Reviews account periodically for minimum requirements.</li> <li>• This offer is valid contingent on the agent having a valid active license with Humana.</li> <li>• 4413 form is not required.</li> </ul> |
| <i>Employer Agreement</i>    | <ul style="list-style-type: none"> <li>• Makes available Humana's voluntary insurance plan to all eligible employees;</li> <li>• Agrees to deduct premiums for voluntary insurance plan and remit to Humana in a timely manner.</li> </ul>  |
| <i>Enrollment Conditions</i> | <ul style="list-style-type: none"> <li>• Guaranteed access enrollment will be face to face meetings with the employees tied with the core enrollment conducted by Star Robbins.</li> </ul>  |

**PROPOSAL QUALIFICATIONS AND CONTINGENCIES**

- All eligible employees must be actively at work at the time of enrollment.
- All employees are U.S. citizens or resident legal aliens.
- This offer excludes temporary or seasonal employees.
- Unless otherwise noted, the Service Waiting Period will be waived for the open enrollment.
- If more than one Workplace Voluntary Benefit is offered, participation will be set per product.
- Humana reserves the right to withdraw or modify this offer upon renewal. Factors such as, but not limited to, experience, non-adherence to offer terms or plan design, or availability of contract type could make this necessary.
- This offer may be renewed annually, at Humana's discretion, based on Humana's review of the plan design, persistency and overall success.
- Riders may only be added at issue, not at subsequent renewals.
- If the initial participation is achieved, this offer will be in effect for one year from the date of acceptance.

***This offer is valid for a period of 60 calendar days. Applications will not be accepted under this offer until written acceptance of this offer and the Employer Agreement and Participation Request are received in Humana's New Business Department.***

**EMPLOYER**

\_\_\_\_\_  
SIGNATURE OF OFFICER AND TITLE

\_\_\_\_\_  
DATE

**AGENT OF RECORD**

\_\_\_\_\_  
SIGNATURE OF OFFICER AND TITLE

\_\_\_\_\_  
DATE

*(Handwritten signature)*  
*8/15/13*