



**Transamerica Life Insurance Company**  
Home Office: Cedar Rapids, IA  
Administrative Office: P.O. Box 219  
Cedar Rapids, IA 52406-0219

**Life and Health  
Group Application  
and Agreement**

Name of Group: Lexington Fayette Urban County Government	Tax ID Number: 61-0858140	SIC Code: 9121	Website Address:
Street Address: 200 East Main St	City: Lexington	State: KY	Zip Code: 40507
Contact Name: Kashene Horton	Email Address: khorton@lexingtonky.gov	Phone #: 859-258-3066	Fax #: 859-258-3956
Nature of Group: Legislative Bodies	# of Employees: 3575	# Eligible for Coverage: 3100	# of Years in Existence:

You hereby authorize Transamerica Life Insurance Company, our authorized agents or our enrollers (collectively referred to as we, us, or our) to offer each of your eligible employees/members the opportunity to purchase insurance coverage as described in this form. This authorization is based upon the following agreements:

- We customarily conduct an annual enrollment program for your eligible employees/members. You will provide us with census data if needed for us to determine proper enrollment eligibility.
- The initial enrollment shall take place from 10/21/24 to 10/31/24. You will provide us direct access to your employees/members to obtain applications through group meetings and individual interviews in a suitable location on your property during normal business hours, or through other means mutually agreed upon between you and us. Participation in your group must meet our minimum participation requirements. We reserve the right to withdraw from the enrollment and cancel any applications already obtained if these conditions are not satisfied.
- Unless otherwise agreed upon by you and us, you will collect premiums from your participating employees/members. You will forward the premiums to us within 15 days after you receive the monthly bill. You will maintain records of all premiums collected from your employees/members while this agreement remains in force and for two years after it terminates. During this period, you will make these records available for inspection and audit by us during normal business hours. If premium contributions collected by you, your employees, or your vendors are misappropriated, you will reimburse us for our entire loss, including attorney fees and expenses incurred in collection, to the extent permitted by the laws of your state.
- Do benefit selections vary by class?  No  Yes (define classes below)

Definition of Class 1:	Full Time Benefit Eligible
Definition of Class 2:	Part Time Benefit Eligible
Definition of Class 3:	
Definition of Class 4:	

5. Eligibility for insurance:

a. Employer Groups - eligible employees are defined as those who work at least \_\_\_\_\_ hours per week for you, and have been so employed for at least \_\_\_\_\_ days.

Class 1	Class 2	Class 3	Class 4
40	20		
0	730		

b. Member Groups - eligible members are defined as members of an eligible class of members, who are in good standing in accordance with your by-laws.

- Is dependent coverage being offered?  Yes  No
- Is coverage being offered through a Section 125 plan?  Yes  No

If "yes", which product(s):

Whole Life 13

Plan Start Date: 01/01/2024 Plan Anniversary Date \_\_\_\_\_

- Is coverage being offered replacing existing coverage?  Yes  No

If "yes", which product(s):

Whole Life 13

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, any information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.**

I understand and agree that this application will be made part of each group master policy issued as a result of this application. The Group listed above will be named as the Policyholder for each group master policy. I agree that no insurance will be effective until approved by us at our administrative office.

Signed in (City/State) Lexington, KY This 12<sup>th</sup> Day of (Month/Year) 20 Dec. 2024

Signature of Officer

*Kashene Horton*

Email Address

Print Name and Title of Officer

benji@bimgroup.us

Signature of Licensed Agent/Producer

Benji Mars

Email Address

TR020362

Print Name of Licensed Agent/Producer

Agent/Producer Number

License Number

### Billing Information

Billing Name (if other than group name): LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT			
Billing Address: 200 E. Main Street	City: Lexington	State: KY	Zip Code: 40507
Billing Contact Name: Winona Embry	Email Address: wembry@lexingtonky.gov	Phone #: 859-258-3034	Fax #: 859-425-2277
Billing Address is: <input checked="" type="checkbox"/> Group Policyholder <input type="checkbox"/> Third Party Administrator <input type="checkbox"/> Premium Collection Agency (Requires a Premium Collection Agreement)			

Pay periods per year: 26
Payroll deductions per year: 26
First payroll deduction date: 01/03/2025
First bill due date: 2.1.2025

Payments will be remitted: <input checked="" type="checkbox"/> After each deduction <input type="checkbox"/> Monthly <input type="checkbox"/> Other	
Premium amount on bill should reflect: <input type="checkbox"/> Levelized amount over 12 months <input checked="" type="checkbox"/> Actual amount of deductions	
Preferred billing sequence: <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Social Security Number <input type="checkbox"/> Employee ID	
Preferred Billing Method: <input checked="" type="checkbox"/> Paper <input type="checkbox"/> Website <input type="checkbox"/> Self-Bill	Multiple Billing Locations: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (attach listing)

### Insurance Selections

*(Product and Rider availability subject to state approval)*

**Participation Requirement:** Each group master policy requires a minimum of 2 covered lives or the state minimum, whichever is greater in order to be issued and remain in force. Any group master that falls below this requirement may be terminated, subject to the notice requirements in the master policy. Special underwriting offers may require higher participation in order to continue receiving the special underwriting offer for new insureds.

<b>Master Contract Delivery:</b> <input type="checkbox"/> Electronic Delivery or <input type="checkbox"/> Paper (US Mail) Delivery
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<b>Group Interest Sensitive Whole Life Insurance WL13</b>	<b>Group Contribution?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list amount or %:	<b>Requested Effective Date:</b> 2.1.2025
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	Plan Option 1
Accelerated Death Benefit for Terminal Condition Rider	Included
Waiver of Premium for Layoff or Strike Rider	Included
Accelerated Death Benefit for Chronic Condition Rider	Included
Extension of Benefits Rider	Included
Child Level Term Insurance Rider	Included

# TEB eServices Information & Authorization Form

Transamerica Employee Benefits – Online Administration tools

## Simple

Simplify your administrative tasks with the tools and functionality available on our Employer Website. We provide secure, streamlined and easy-to-use processes for Policy and Group administration, Bill reconciliation and ePayment capability.

## Fast

Complete policy and billing changes online, reconcile and submit your payment online; be on your way to the next item on your busy schedule.

## Flexible

Use one, some or all of the website tools as needed. Flexibility to meet your needs is our goal. Our site is available on your schedule; research policy data, view paid and current bills, use our handy reference section to view a demo or print employee forms.

ePayments

Online Bill Reconciliation

Policy Changes

New Employee Enrollment  
(for eligible products)

Termination of coverage

Print ID cards

Log in today at [www.transamericaemployeebenefits.com](http://www.transamericaemployeebenefits.com) to get started!



### Welcome to Transamerica Employee Benefits.

We know it's essential for people to take care of their health today, without sacrificing their financial security for the future. And due to rising healthcare costs and ongoing market uncertainty, it's never been more important to protect what matters most.

Transamerica Employee Benefits offers a comprehensive suite of supplemental health and life insurance products designed to help fill the gaps major medical insurance leaves open. Our solutions can help cover the expenses and the interruption of income that can come with an unexpected medical emergency - and help protect employees' Wealth + Health<sup>SM</sup> at every stage of their lives.

Helping people understand how to leverage a variety of benefits can help them become more financially secure. Visit [transamerica.com](http://transamerica.com) to access valuable information that can help guide decisions for individuals and families - because a plan for tomorrow is just as important as coverage for today.

Our online portal is designed specifically for you. Log in now to access your account information and more.

#### Customers

(Individuals, Employees & Their Families)

We make it easier to access your account information. Log on now to update personal information, view your policy, request a policy loan, request changes to your benefit amounts and file claims online.

[Customer login >](#)

#### Employers

(Employers & Plan Administrators)

We have online services designed specifically for you. Enjoy convenient access to your accounts and functionality that makes it easy to do business with Transamerica.

[Employer login >](#)

#### Producers

(Agents, Brokers & Sales Partners)

We provide a gateway to tools to help you succeed and grow your business, including access to Transamerica's innovative portfolio of voluntary life insurance and supplemental health benefits.

[Producer login >](#)

We also provide you, the Employer, with the option to designate an agent to have access to these tools on your behalf. To authorize such access, please complete the back of this form.

TEB-AgentAuth-0712

**Instructions to Transamerica Life Insurance Company (Transamerica)**

The undersigned Employer can perform certain administrative functions relating to its group insurance at [www.transamericaemployeebenefits.com](http://www.transamericaemployeebenefits.com) ("Website"). The Employer hereby directs Transamerica to also allow the Authorized Agent designated below, and such Agent's authorized designees, access to the Website as is needed to perform on behalf of the Employer the function(s) selected below.  
(Check all that apply)

**Employee Administration functions**

- Add/Enroll new employees (for eligible products)
- Change/Terminate employee status
- Change/Updated employee information
- Request policy change/cancellation

**Group Administration functions**

- Bill reconciliation

Employer understands and agrees that (1) Employer is responsible for the transactions performed through the access granted in these instructions; (2) and Employer will notify Transamerica immediately upon learning of any errors in these transactions or upon any change to these instructions.

The person executing this document on behalf of the Employer represents and warrants that he or she is authorized to do so.

Employer Name: \_\_\_\_\_ Employer Number/Group Number \_\_\_\_\_

\_\_\_\_\_  
Authorized signature of Employer representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorized Agent (please print)

Return completed forms to the TEB Home Office along with new case submission documents or return individually via mail, fax or email to your Client Relationship Manager.

TEB-AgentAuth-0712

Electronic System     Self-Admin  
 Spreadsheet         Paper

## Billing & Enrollment Worksheet

Simplified Issue  
 Guarantee Issue

Employer Name:  Date Billing Information Completed:

Billing Address is: 
 Group     Billing Administrator     Premium Collection Agency  
 Billing Name:  (include Premium Collection Agreement)  
 Billing Address:

Billing Contact Name:	Email Address:	Phone #	Payments	Payment Detail	Premium Discrepancies	Past Due Notification
1) Winona Embry	wembry@lexingtonky.gov	859-258-3000	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2) Kashene Horton	khorton@lexingtonky.gov	859-258-3000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) Desi Norquist	desi.norquist@lexingtonky.gov	606-878-2300	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Billing Options**

Payroll Schedule: Number of pay periods per year:  First deduction date:   
 Number of deductions per year:

Bill Schedule:     Arrears                                     Advance  
 Bill Delivery:     Website     Self-Bill                                     Paper  
 Billed premium amount:     Levelized over 12 month                                     Actual amount of deduction  
 Employee ID:                     Social Security Number                                     Alternate Employee ID  
 Billing Sort:                       Name     Employee ID  
 Multiple Billing Locations:     No     Yes  
 If yes, will each location remit payment separately? (attach listing with location name and address)  
 Will employees need to be listed by separate division on the billing statement?

**Payments and Remittance**

Payments remitted:             After each deduction                                     Monthly                                     Other  
 Payment Method:               Website     ACH/Wire                                     Check  
 Payment Detail Remitted:     Website     Electronic via email                                     Paper Statement

**Select one:**

Credits     Refunds  
 Deduct from payment (self-bill)                                    Refund overpayments to:  
 Bill Credits    Pre-tax                                    Post-tax  
 Summary     Employee  
 Detail     Employer  
      Billing Administrator

**Employee Management**

Missed Deductions             Bill employee at home                                     Rebill group                                     Other  
 Employee Request to  
 Cancellation/Change:         Transamerica will handle                                     Refer to: Name:   
     Email:   
     Phone:

**Domicile State:**     **Other Enrollment States:**

Enrollment Start Date:                                     Enrollment End Date:

Enrollment Platform:                                     Will a Census be provided:     Yes     No  
 Enrollment Method:             Self Service                                     Call Center                                     Face to Face  
**Product Selection:**                     Accident                                     Life Insurance  
      Disability                                     TransConnect  
      Critical Illness                                     TransChoice  
      Hospital Indemnity

**Eligibility:**

Waiting Period:   
 Min Hours Worked:   
 Domestic Partner Coverage:     Yes     No

Self Admin Billing Worksheet

Employer Name:

Group Name:

Group Number: L0000

Contact Type:            Group \_\_\_\_\_    Billing Administrator \_\_\_\_\_    Premium Collection Agency \_\_\_\_\_  
(PCA Agreement Required)

Billing Address:

Billing Contact Name:                      Email Address:            Phone#            Prem Summary            Premium Audit            Past Due Notification

Billing Options:

Bill Schedule:            Arrears \_\_\_\_\_    Advance \_\_\_\_\_

Division Setup:            **Monthly (Only)**

For Audit Purposes Only

Payroll Schedule:

Number of pay periods per year: \_

Number of deductions per year: \_

First Deduction Date:

First Bill Due Date:

Delivery Method:

**Self Administered-Bill Only (No Delivery)**

The employer is responsible for calculating and remitting premium to Transamerica directly.

Payments Remitted:            **Monthly (Only)**

Payment Method:

ACH/Wire \_\_\_\_\_

Check \_\_\_\_\_

Payment Summary:

Electronic \_\_\_\_\_

Print/Mail with Check \_\_\_\_\_

Refunds will not be issued. Credits should be deducted from payment.

Products Sold:

Employee Management:

\*No term/cancel files should be remitted to Transamerica.

\*Employer will notify employees of the option to convert. If they have an employee who wants to continue the coverage, they should contact the call center within 31 days of their termination.