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

Name of Group: Lexington Fayette Urban County Government	Tax ID Number:	SIC Code: 9121	Website Address:
Street Address: 200 East Main St	City: Lexington	State: KY	Zip Code: 40507
Contact Name:	Email Address:	Phone #:	Fax #:
Nature of Group: Legislative Bodies	# of Employees:	# 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:

- 1. 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.
- 2. The initial enrollment shall take place from to . 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.
- 3. 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.
- 4. Do benefit selections vary by class? No Yes (define classes below)

Definition of Class 1:	
Definition of Class 2:	
Definition of Class 3:	
Definition of Class 4:	

Class 1 Class 2 Class 3 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.

- 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.
- 6. Is dependent coverage being offered? Yes No
- 7. Is coverage being offered through a Section 125 plan? Yes No
- If "yes", which product(s): Whole Life 13
- Plan Start Date: Plan Anniversary Date
- 8. 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) This Day of (Month/Year)

Signature of Officer	Email Address	
Print Name and Title of Officer		
Signature of Licensed Agent/Producer	Email Address	
Print Name of Licensed Agent/Producer	Agent/Producer Number	License Number

Billing Information

Billing Name (if other than group name):

Billing Address:	City:	State:	Zip Code:
Billing Contact Name:	Email Address:	Phone #:	Fax #:

Billing Address is: Group Poli

Group Policyholder Third Party Administrator Premium Collection Agency (Requires a Premium Collection Agreement)

Pay periods per year:	Payments will be remitted: After each deduction Monthly Other		
Payroll deductions per year:	Premium amount on bill should reflect: Levelized amount over 12 months Actual amount of deductions		
First payroll deduction date:	Preferred billing sequence: Alphabetical Social Security Number Employee ID		
First bill due date:	Preferred Billing Method: Paper Website Self-Bill	Multiple Billing Locations: No 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.

Group Interest Sensitive Whole Life Insurance WL13	Group Contribution? Yes No	Requested Effective Date:
	If yes, list amount or %:	
	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 <u>www.transamericaemployeebenefits.com</u> 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 I the gaps may be been as a component of the series of the series of the series and the interruption of e that can come with an unexpected medical emergency - and help protect employees' Wealth + Health[™] at every stage of help fill the a their lives.

Helping people understand how to leverage a variety of benefits can help them become more financially secure. Visit 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

Employer login >

uals, Employees & Their Families)

Employers (Employers & Plan Administrators)

(Agents, Brokers & Sales Partners)

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.

Customers

Customer login >

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.

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.

Producers

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 <u>www.transamericaemployeebenefits.com</u> ("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	Billing & Enrollment Worksheet			ied Issue			
Spreadsheet	Paper	Dilling & Enrollment worksheet			Guarantee Issue			
Employer Name		Date Billing Information Completed						
Billing Address is:		Grou	ıp Bill	ing Administrat		emium Collectior		
Billing Name:			(include Prer	nium Collection A	greement)		
Billing Address:								
Billing Contact Name:		Email Address:	Phone #	Payments	Payment Detail	Premium Discrepancie	Past Due Notification	
1)								
2)								
3)								
Billing Options	L	ł						
Payroll Schedule	Number of pay pe	eriods per year:	F	First deduction	date:			
	Number of deduc	tions per year:						
Bill Schedule:	Arrears		Ac	lvance				
Bill Delivery:	Website			elf-Bill		Paper		
Billed premium amount:		over 12 month		tual amount of				
Employee ID:		ecurity Number		ternate Employ	/ee ID			
Billing Sort: Multiple Billing Locations:	Name No			nployee ID				
Multiple Billing Locations.		Il each location remit p	Yes each location remit payment separately? (attach listing with location name and address)			d address)		
		oyees need to be liste					,	
Payments and Remittand	ce							
Payments remitted:	After each deduction			lonthly		Other		
Payment Method:	Website			CH/Wire	mail	Check	a a mt	
Payment Detail Remitted:	Website	Electronic via email Paper Statement						
Select one:	Credits		I	Refunds				
		ct from payment (self-b	,	Refund overpay				
	Bill Cr	redits mmary	<u>H</u>	Pre-tax Po	<u>ost-tax</u> ⊏	mployee		
Deta		-				imployee		
						illing Administrat	or	
Employee Management								
Missed Deductions	Bill emp	loyee at home		Rebill group		Other		
Employee Request to Cancellation/Change:	Transam	nerica will handle		Refer to: Na	ime:			
				Er	mail:			
				PI	hone:			
Domicile State:		Othor	r Enrollment	Statos:				
Enrollment Start Date:		Other	Linoiment	Enrollment Er	nd Date:			
Enrollment Platform:						Yes	No	
Enrollment Method:		Self Service		Will a Census be provided: Call Center		Face to	-	
Product Selection:		Accident Life Insurance		1000				
		Disability		TransConne	ect			
		Critical Illness		TransChoic	e			
Eligibility:		Hospital Indemnit	У					
		Waiting Period:						
	-	Min Hours Worked:						
	-	Domestic Partner Cov	/erage:	Yes	No			

Employer Name: Group Name: Group Number: L0	000			
Contact Type:	Group Billing Administrator Premium Collection Agency (PCA Agreement Required)			
Billing Address: Billing Contact Name:	(PCA Agreement Required) Email Address: Phone# Prem Summary Premium Audit Past Due Notification			
Billing Options: Bill Schedule:	Arrears Advance			
Division Setup: (For Audit Purposes Only) Payroll Schedule: Number of pay periods Number of deductions First Deduction Date: First Bill Due Date:				
Delivery Method: <mark>Self Administered-Bill Only (No Delivery)</mark> The employer is responsible for calculating and remitting premium to Transamerica directly.				
Payments Remitted: Payment Method: ACH/Wire Check	Monthly (Only)			
Payment Summary: Electronic Print/Mail with Check_ Refunds will not be issu	 ued. Credits should be deducted from payment.			
Products Sold:				
F1000015 5010:				

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.