

ULTRA

September 12, 2022

Lieutenant Randall Combs
Lexington Police Department
150 E. Main Street
Lexington, Kentucky 40507

Forensic Technology Inc.
A member of the Ultra Group of companies
7975 114th Ave. North, Suite 2500
Largo, FL 33773-5028
TollFree +1 888 984 4247
www.ultra-forensictechnology.com

Subject: Proposal for our SafeGuard Warranty and Protection Plan
(Our reference S-07696 Rev. 04)

Dear Lieutenant Combs:

Forensic Technology Inc., a member of the Ultra Group of companies (hereinafter referred to as **Forensic Technology**) is pleased to provide the **Lexington Police Department** (hereinafter referred to as the **Customer**) with this proposal of our SafeGuard Warranty and Protection Plan for the equipment listed below. Please refer to the attached document IBIS: SafeGuard Warranty & Protection Plan for the description of our services.

All IBIS systems deployed on NIBIN must meet the U.S. Department of Justice (DOJ) security requirements. Forensic Technology's SafeGuard Warranty includes key services that ensure all IBIS systems continue to be compliant with the DOJ requirements.

System Component	Serial Number	Installation Date
IBIS® BRASSTRAX Acquisition Station	BRTX00000921	September 2018

1. Pricing

The prices below are conditional upon receipt of full payment at the beginning of the contract period.

Coverage Period	Total Price (USD)
Twelve (12) Months from September 19, 2022 to September 18, 2023	\$17,757

NOTES:

1. The PAG800 installed in November 2018 is not covered under the SafeGuard Protection Plan after the initial warranty period is expired. After the initial one-year warranty, labor and material charges for repairs to the PAG800 will be for the Customer's account.
2. The Customer has confirmed exemption from sales tax and provided Forensic Technology with a valid exemption certificate. As such, no sales tax has been added to the pricing above.
3. Software upgrades, repairs and/or reactivation fees might apply in case of interruption of SafeGuard services. Please see the Exclusion and Discontinuation of SafeGuard Clauses in the Terms & Conditions section.

Should you have any questions about this proposal, please do not hesitate to contact the undersigned at number +1 (602) 826-8802 or via e-mail at brandon.huntley@ultra-ft.com, or Sales Support Specialist Florencia Escobar at number +1 (727) 295-8470 or via e-mail at florencia.escobar@ultra-ft.com. We look forward to your reply.

Sincerely,



Brandon Huntley
Manager, Forensic Intelligence Strategy - North America

Attachments:

- Terms and Conditions
- SafeGuard Warranty and Protection plan for the IBIS components located in Lexington, KY USA
- Sole Source Justification

Terms and Conditions

1. Proposal/Offer Validity Period

In accordance with the current scope of the project and requirements, this proposal is designed to provide up to date information on our products and/or services and related prices. As such, all information contained within is valid as at the date of issuance of this proposal and is subject to change, without notice, after **October 31, 2022**.

2. Currency

All prices are quoted in **United States Dollars**.

3. Payment Terms

NOTE: All U.S. Purchase Orders must be issued in the name of Forensic Technology Inc. located in Largo, FL.

SafeGuard fees are due at the beginning of the service period, net thirty (30) days from the date of our invoice. In the event payments are not received in due time, Forensic Technology reserves the right to apply a late payment fee.

The Customer will be entitled to a 1% prompt payment discount if the following conditions are met:

1. The Customer must issue its purchase order for the full value of the selected option at any time prior to the start of the service period;
and
2. Payment is to be received within twenty (20) days from the date of our invoice, which will be issued upon receipt of purchase order.

The Customer is responsible for issuing its payment using the discounted amount, when appropriate. Forensic Technology will not reimburse the Customer if the discount is not taken at the time of payment.

4. Exclusions

The Customer is responsible for the cost of any repairs required due to the abuse or misuse of the system's software and/or hardware by the Customer. This includes:

- Any damage caused by failure of the Customer to reasonably maintain the hardware and software including, but not limited to, insufficient cooling and inadequate or intermittent power source.
- Any damage caused by the addition of unauthorized hardware components and/or software applications to the system.

In such cases, Forensic Technology reserves the right to void any outstanding warranty or SafeGuard agreement. Furthermore, Forensic Technology does not guarantee that any corrective action taken following system abuse or misuse will assure the integrity of the user data.

5. Discontinuation of SafeGuard

In the event that the Customer opts out of SafeGuard by early termination or does not renew the Plan at the end of the term and if, in the future, the Customer then wishes to reinstate SafeGuard, a reactivation fee will apply. In such cases, in addition to the reactivation fee, the Customer will be responsible for the following:

- All costs related to performing a site assessment (including labor and travel charges).
- All costs for parts that require replacement under the Exclusions clause above, or as a result of failure, lack of maintenance, or non-use.

- All costs related to upgrading the installed technology to the then-current supported hardware and software baseline.

6. Availability Commitment

Forensic Technology commits to the supply of spare parts for a period of seven (7) years from installation of the equipment. If a defective component cannot be replaced due to discontinuation by its manufacturer, Forensic Technology will make the utmost effort to propose an alternate solution.

7. Customer-Supplied Communication Lines

The maintenance and furnishing of necessary communication lines, whether within varied network topologies (inter-site communication lines) or other, will be the responsibility and duty of the ATF in the case of IBIS systems connected to NIBIN.

The time for service rendered is directly proportional to the existence and quality of the service communication line installed on-site. Forensic Technology can only provide timely and diligent service (diagnostics, repairs, software upgrades, software patches, etc.) with the presence of recommended and functional service communication lines. Without an optimal service communication line, Forensic Technology will not be able to deliver services effectively.

Forensic Technology is not responsible for non-functional communication lines due to any reason other than a system-related problem. Forensic Technology may have to charge the Customer for any service calls caused by non-compliant communication lines.

8. Limitation of Liability

Except as may be prohibited by applicable local law, in no event shall Forensic Technology be liable for any special, incidental, indirect, or consequential damages whatsoever (including, without limitation, damages for loss of business profits, business interruption, loss of business information, or any other pecuniary loss) arising out of the use of or inability to use the software or the delivery or failure to deliver support services.

9. Termination for Convenience

Upon notice to that effect from the Customer, should any contract resulting from this proposal be terminated for the convenience of the Customer, Forensic Technology shall be entitled to compensation from the Customer. Such compensation shall be the greater of:

- any amount due to Forensic Technology based on elapsed time since the start of the contract period; or
- monies paid to Forensic Technology as advance payment against the contract.

Any amount payable to Forensic Technology further to termination shall not exceed the original contract price.

10. Force Majeure

Forensic Technology shall not be liable for any delay or failure to perform any of its obligations hereunder due to causes beyond its control and without its fault or negligence, whether foreseeable or not. Such causes shall be deemed to include, but not be limited to: acts of God or the public enemy; national emergencies, war, civil disturbances, insurrection or riot; strikes, lockouts, or any other industrial disputes; fire, explosion, flood, earthquake or other catastrophes; energy shortages; serious accident, epidemic or quarantine restriction; embargoes, allocations necessitated by material shortages, delays in deliveries by Forensic Technology's suppliers or subcontractors, or failure of transportation; or any law, order, regulation, direction or request of any government which have effect on this contract. If performance is delayed, or there is a failure to perform, as a result of Force Majeure, Forensic Technology shall provide prompt written notice

to the Customer of the occurrence of any Force Majeure Event, the nature thereof, and the extent to which Forensic Technology will be unable fully to perform its obligations hereunder. Forensic Technology further agrees to use reasonable efforts to correct the Force Majeure Event as quickly as possible and to give the Customer prompt written notice when it is again fully able to perform such obligations.

11. Arbitration

In the event of any dispute, claim, question, or disagreement arising from or relating to the contract resulting from this proposal or the breach thereof, the parties hereto shall use their best efforts to settle the dispute, claim, question, or disagreement. To this effect, they shall consult and negotiate with each other in good faith and, recognizing their mutual interests, attempt to reach a just and equitable solution satisfactory to both parties.

12. Privacy of Personal Data

When dealing with personal data, as it is defined in the General Data Protection Regulation (GDPR), Forensic Technology is committed to protecting the privacy of any such personal data it may hold, and will do so using appropriate security controls and procedures. We are also committed to ensuring compliance in all our services and underlying processes where we are processing personal data on behalf of our partners and Customers.

Unless required by law to do so, Forensic Technology does not, and does not intend to, share with partners, other Customers or third parties, the personal data it may hold and collect through its many business operations. We use personal data solely for contacting individuals in the course of normal business and in our marketing activities. At any time, individuals may request that their contact information be removed from our database or they may opt out from receiving future marketing campaign emails.

For additional information, please refer to the following: <https://www.ultra-electronics.com/corporate-responsibility/data-privacy-notice>.

13. Anti-Bribery

It is Forensic Technology's policy to conduct all of our business in an honest and ethical manner. We take a zero-tolerance approach to bribery and corruption and are committed to:

- Acting professionally, fairly and with integrity in all our business dealings and relationships wherever we operate; and
- Implementing and enforcing effective systems to counter bribery.

We will uphold all laws relevant to countering bribery and corruption in all the jurisdictions in which we operate. Among other laws and regulations, we are bound by the laws of the UK, including the Bribery Act 2010, in respect of our conduct at all times and everywhere around the world.

As such, Forensic Technology will:

- not, whether directly or indirectly, authorize, offer, promise or give a financial or other advantage (including without limitation any money, contribution, gift, bribe, rebate, payoff, influence payment, kickback, loan, reward, advantage or anything of value, including any benefit of any kind):
 - to another person with the intention to induce a person to perform improperly a relevant function or activity (including any function of a public nature, any activity connected with business, any activity performed in the course of a person's employment or any activity performed by or on behalf of a body of persons (whether corporate or unincorporated));
 - to another person with the intention to reward a person for the improper performance of such a function or activity;

- to another person with the knowledge or belief that the acceptance of the advantage would itself constitute the improper performance of such a function or activity;
- to a Public Official (or his representative), any political party or party official, any candidate for political office:
 - with the intention of influencing such official, party, or candidate in its or his official capacity to do or omit to do an act in violation of the lawful duty of such party, official, or candidate and with the intention of obtaining or retaining business, or to secure any improper advantage;
 - as consideration for an act or omission by the official in connection with the performance of the official's duties or functions; or to induce the official to use his or her position to influence any acts or decisions of the state or public international organization for which the official performs duties or functions; or
 - to influence such official in his capacity as such with the intention of obtaining or retaining business or an advantage in the conduct of business;
- to another person, while knowing or suspecting that all or a portion of such financial or other advantage will be offered, given, or promised, directly or indirectly, under the circumstances listed in the items above.

For the purposes of this clause, 'Public Official' means (i) a person who holds a legislative, administrative or judicial position of a state; (ii) a person who performs public duties or functions for a state, including a person employed by a board, commission, corporation, public enterprise or other body or authority that is established to perform a duty or function on behalf of the state, or is performing such a duty or function; and (iii) an official or agent of a public international organization that is formed by two or more states, governments, or public international organizations.

SafeGuard

IBIS Warranty and Protection Plan

This document describes the scope of after-sales support and services offered by Forensic Technology for the IBIS® components located in Lexington, KY USA (site 373US), as detailed on page one.

Forensic Technology's SafeGuard plan ensures that a Customer's investment yields exceptional results on a consistent basis by maintaining the IBIS components at an optimal performance standard. The intrinsic value of SafeGuard is its time-resilient protection of the Customer's investment that, in turn, results in the benefits provided by an effective and sustainable crime-fighting solution.

Forensic Technology strives to achieve excellence in delivering Customer Service. Our mission is to provide Customers with first class services that exceed industry standards for quality, security, and Customer satisfaction. To reach this goal, Forensic Technology has become ISO certified, models its support services on Information Technology Infrastructure Library (ITIL) best practices and utilizes customer care activities to allow direct access to the Forensic Technology Support Management Team. Additionally, Forensic Technology sends a Customer Satisfaction survey to users that have contacted the Support Center. This survey is an important tool for assessment of a Customer's experience and helps to establish priorities in Forensic Technology's continuous improvement process.

Services Covered by SafeGuard

The SafeGuard Warranty and Protection Plan related to IBIS equipment includes all of the Services as covered in the following sections.

1. Support Services

Forensic Technology has several support centers around the globe to serve Customers that subscribe to SafeGuard. The support centers provide:

- Customer and technical support via telephone and/or e-mail
- 24/7 telephone hot line with call-back within one (1) hour
- Dedicated toll-free telephone number (if available)
- Internet e-mail address: fti.support@ultra-ft.com
- Support resources at Forensic Technology's Web site: www.ultra-forensictechnology.com

Calls can be placed twenty-four (24) hours a day, seven (7) days a week. If support personnel cannot answer the call immediately, the Customer can leave a voice message and can expect a return call within one hour.

Our first line support personnel are an excellent resource for assistance to operators with system-related questions.

2. Technical Support

Forensic Technology provides technical support to diagnose and resolve problems. Each call or email generates an incident record with a unique number to track all support requests and activities

These support tasks are performed using communication channels provided by both Forensic Technology and the Customer in the following sequence:

1. **Telephone and emails:** These communication channels work for simple incidents where Forensic Technology can guide the user through the solution that does not require a Support Specialist to connect to the site.
2. **Remote support:** This method is used in the vast majority of cases to ensure a quick incident resolution by using a connection to the Customer site using the Customer provided support communication lines. Remote support has the added benefit that incident resolution can be pursued 24/7 by Forensic Technology support personnel, assisted by product experts and developers if required.
3. **On-site diagnosis visit:** If telephone, email or remote support (please refer to SafeGuard Specific Terms section 7) methods are insufficient to complete the diagnosis and solve the incident, Forensic Technology may dispatch the appropriate resource to the Customer site.
4. **On-site repair visit:** If an on-site repair visit is deemed necessary following the diagnosis, Forensic Technology will send spare parts and dispatch a certified Field Technician to the Customer site. In certain cases, a follow-up visit with spare parts may be required to complete full incident resolution. After the site visit, a Work Order Summary Report, outlining the activities performed by the Field Technician while on-site, will be sent to the Customer.

The time for service rendered is directly proportional to the existence and quality of the support communication line installed on-site. Forensic Technology can only provide timely and diligent service of its products (diagnostics, repairs, software upgrades, software patches, etc.) with the presence of recommended and functional support communication lines.

For each incident, Forensic Technology will provide the Customer with the estimated time required to resolve the incident and keep the Customer apprised of the progress. Whenever possible, a temporary solution will be provided. Forensic Technology is committed to sending replacement parts and/or dispatching a Field Technician in a timely manner.

2.1 Assistance with Custom Report Templates

IBIS includes a set of standard report templates. It also includes the functionality for users to generate their own customized report templates based on a variety of parameters. Should users require guidance beyond their basic training our support specialists will provide expert technical assistance over the phone to help create customized report templates.

3. Proactive Warning Service (PWS)

With the objective of maximizing system availability, Forensic Technology provides a PWS to its Customers by monitoring in real-time critical system properties and collecting configuration data from IBIS components. These services enable the system to provide our support personnel with information on the following system properties and functions:

- **Computer:**
 - CPU usage
 - Percentage of free disk space
 - Percentage of free memory
 - Uptime
- **Database uptime**
- **Backup success**

When one or more of the above items deviates from the normal specification, the PWS will automatically send a message to Forensic Technology's Global Customer Solutions (GCS) team, who will then initiate

corrective action. PWS provides Forensic Technology with the opportunity to swiftly identify and address computer issues and sometimes even before any impact is perceived by the user.

The use of PWS has no impact on the normal operation of IBIS components.

In all cases, whether to perform software upgrades, troubleshooting, system configuration and/or PWS, Forensic Technology will always first communicate with the Customer to request permission prior to performing any activity on their IBIS components.

NOTE: PWS is not yet available on NIBIN. Once approved by ATF, this service will be enabled on all IBIS systems connected to NIBIN.

4. Replacement of Defective Hardware

Forensic Technology will be responsible for the replacement of defective hardware and any shipping costs. This replacement will be installed by a certified Field Technician. All charges related to the replacement hardware will be paid for by Forensic Technology. Any products or components replaced or repaired will be warranted by Forensic Technology for the balance of the Warranty or SafeGuard period.

NOTES:

- 1. Any and all such replacements or repairs necessitated by the fault of the use of power sources supplied by others, or by attack and deterioration under unsuitable environmental conditions, or Customer inappropriate use or negligence, shall be for the account of the Customer. Forensic Technology shall not be obliged to pay any costs or charges including "back charges" incurred by the Customer or any other party except as may be agreed upon in writing in advance by Forensic Technology. The cost of demonstrating the need to diagnose such defects at the Customer site, if required, shall be for the account of the Customer.**
- 2. This proposal assumes the Customer will provide one (1) able-bodied person to assist the Forensic Technology field technician with equipment lifting during the replacement of defective hardware. The Customer must assign and provide the person's name to Forensic Technology prior to the planned installation date. The Customer will be responsible for ensuring this person has adequate bodily injury insurance coverage. If the Customer cannot provide this person, Forensic Technology will be required to send two (2) field technicians and charge the cost to the Customer.**

5. Hardware Replacement – Special Circumstances

Forensic Technology strives to minimize down time experienced by Customers. As such, under special circumstances, Forensic Technology's GCS Support Manager may authorize the Customer to replace certain defective hardware/peripheral replacements themselves. These repairs will be coordinated with the Customer's resources and managed by GCS' Support Specialists, requiring the Customer's representative to follow explicit instructions.

6. Workstation Refresh Program

The Workstation Refresh Program allows all IBIS BRASSTRAX, IBIS BULLETRAX, IBIS MATCHPOINT, and Quantum 3D Microscope workstations (computer and monitor) covered by a SafeGuard Warranty and Protection Plan for at least seven (7) consecutive years to be refreshed at no additional charge to the Customer. This ensures that the Customer's IBIS and Quantum systems maintain compatibility with new software versions and operating systems, and keep performing optimally.

If eligible, the Customer will be contacted by Forensic Technology's GCS team to plan and schedule workstation refresh activities. Forensic Technology commits to the supply of spare parts for a period of seven (7) years from the initial installation of the equipment. For IBIS BRASSTRAX, IBIS BULLETRAX, IBIS MATCHPOINT, and Quantum 3D Microscope products installed for more than seven (7) years, Forensic Technology cannot guarantee its ability to refresh workstations, due to product End of Life or Obsolescence constraints.

7. Preventive Maintenance Visit

Forensic Technology will perform a preventive maintenance visit every twenty-four (24) months to ensure the Forensic Technology products continue to run at optimal performance. During this visit, the Field Technician will inspect, clean, lubricate, adjust the system, as well as perform visual and functional verifications. The Field Technician will also take note of any worn parts that require replacement, either immediately or for a subsequent site visit.

8. Ongoing User Training and Skill Development

Forensic Technology has developed a blended learning approach which enables users to become proficient in the IBIS and Quantum systems by leveraging a suite of online resources, training and events that offer continuous support and assistance.

8.1 e-Learning

Forensic Technology offers a variety of resources on the e-Learning platform to inform users of the most recent developments, best practices, and new products.

All trained users with a SafeGuard agreement have access to a web-based e-Learning platform that hosts training content addressing all aspects of system. This content includes:

- Interactive training modules on individual IBIS acquisition and analysis stations
- How-To videos on specific acquisition and analysis tasks
- User documentation
- Protocol and Best Practice documents
- Recordings of webinars
- Tutorials and Release Notes on new software releases

Additionally, the e-Learning platform gives users the opportunity to contact and engage with Forensic Technology's trainers in the Virtual Classrooms. Prior to Basic User Training, participants will receive an email with their login credentials and a link to the e-Learning platform.

8.2 Virtual Coaching Sessions

As a complement to training, Forensic Technology supports ongoing professional development for users via Virtual Classrooms. These remote coaching sessions with a trainer enable refinement of user skills, guidance on leveraging new functions and features, and exposure to new acquisition and analysis

techniques. Virtual coaching sessions are delivered using the Customer's existing IBIS infrastructure having remote connectivity with Forensic Technology.

The responsive, dynamic sessions led by Forensic Technology's certified, multilingual trainers either one-to-one or in small groups offer an efficient way to maintain and up level skills to ensure that the Customer continues to achieve optimal performance from their IBIS and Quantum systems.

Virtual coaching sessions are provided for users that have completed Basic User Training and are working regularly with IBIS and Quantum components. This service is available to all users with a SafeGuard agreement, and there is no limit to the number of virtual coaching sessions a Customer can benefit from each year.

Examples of topics covered include:

- Assessment of user's acquisition and analysis technique
- Review of existing data entries
- Explanation of acquisition protocols
- Introduction of new functionalities
- Guidance on available training material

To request a virtual coaching session please contact Forensic Technology's support center.

9. Customer Care Program

To support Customers in achieving optimal system performance, Forensic Technology assigns a dedicated GCS representative who will act as the point of contact for the Customer. This dedicated representative will serve as the liaison between the Customer and the GCS team for all SafeGuard services.

Assistance can be provided with generating system reports, reviewing the Annual Status Report, and addressing questions and concerns. The Customer Care Program focuses on a forward-looking approach to IBIS and Quantum system management, and Customers benefit from proactive recommendations targeted at improving utilization of the IBIS and Quantum systems and identifying opportunities for user skill development.

10. Correction of IBIS Application Errors (Software Bugs)

If the Customer detects and reports an application error (software bug) to our support center, an incident will be created with our Software Development department for evaluation and resolution. The committed turnaround time for a resolution is dependent upon the impact that the application error has on the Customer's operations. Regardless of the turnaround time, the Customer will be provided with a temporary workaround solution to return to normal operation as fast as possible, while a permanent solution is being developed.

For a major problem (one that seriously reduces the performance and normal operation of the system), a hotfix will be implemented on the system as soon as Forensic Technology engineers devise a solution to the problem. For a minor problem (one that does not severely affect the normal operation of the system), the issue will be addressed and a solution will be implemented in a future software release.

11. Software Upgrades

While supported by SafeGuard, the IBIS application software will be upgraded to reflect the new features and functionalities introduced by Forensic Technology. Software upgrades also address the life cycle management of third-party software including database management, and backup software. However, Forensic Technology will upgrade the third-party software supplied with the system only if it is deemed essential.

Upgrades of workstation and server operating systems are excluded from the scope of our SafeGuard offering. If the Customer wishes to upgrade their operating systems, Forensic Technology can provide a proposal containing the cost and detailed information about this service.

11.1 Deployment of Software Upgrades

Software upgrades may be released as a service pack update or as part of a major software version release. After receiving approval from the Customer, Forensic Technology will deploy the software upgrades either using a manual remote method or the Automated Software Deployment System. The latter will accelerate deployments and reduce system downtime by:

- Verifying computer hardware requirements
- Uploading software packages in the background and during off-work hours
- Performing automated software upgrades on multiple IBIS workstations simultaneously
- Executing automated software upgrades during off-work hours

Regardless of the deployment method used, software upgrades are deployed using the system's support communication lines. Only sites with the recommended support communication lines and required quality of service can have their software upgraded.

NOTE: For IBIS Systems connected to NIBIN, all software upgrades, service packs and patches must be approved by ATF prior to their deployment and will be deployed according to the NIBIN approved schedule.

11.2 Minor Hardware Upgrades

Prior to the deployment of a software upgrade, Forensic Technology will evaluate the capacity of each system computer and, if necessary, will upgrade the random-access memory (RAM) and/or hard disk drive. These upgrades will ensure that the new IBIS application software continues to run optimally on the computer. The decision to perform a minor hardware upgrade on a given computer is at the sole discretion of Forensic Technology.

NOTE: For IBIS Systems connected to NIBIN, all hardware upgrades required as a result of a mandatory software upgrade by ATF will be for the Customer's account.

11.3 Backward Compatibility

Software upgrades and corrections will provide for backward compatibility with existing data acquired with previous IBIS software versions. Backward compatibility does not apply to the introduction of new products, significantly different technology or between systems operating with different software versions.

11.4 User Documentation

Should a software upgrade require modifications to the documentation, Forensic Technology will amend the user documentation at no extra cost. The documentation is available both on the IBIS workstations and on the e-Learning platform. Additional copies can be made available in PDF format at no extra cost or in printed format at a nominal cost.

12. Annual Status Report

During the year, Forensic Technology carries out many activities with users and on their system. Forensic Technology tracks all of these activities with its incident management database, which enables Forensic Technology to generate and submit the Annual Status Report to the Customer.

This report documents all activities within the last twelve (12) months and is made available to the Customer in PDF format. The report documents activities related to the Customer's IBIS components: incident management, replacements parts, on-site visits, remote (PWS) and on-site preventive maintenance activities, software upgrades, coaching and new user training, and other events.

13. Travel and Living Expenses

Travel and living expenses of Forensic Technology personnel are for the account of Forensic Technology when they are related to the delivery of services included with the SafeGuard plan.

14. Advanced Security

When a system or network of systems is equipped with the IBIS Advanced Security Package, Forensic Technology performs a series of regularly scheduled services to ensure the system or systems are fully compliant and up-to-date with the security requirements. The IBIS Advanced Security Package may include:

- Centralized User management (IBIS Domain)
- User account management as users are added and/or removed
- Domain controller security policies
- Update of OS security patches (Operating system upgrades are excluded from the Advanced Security Package*)
- Centralized antivirus management
- Vulnerability management, including running scans, reviewing results and writing reports
- Collection and archive of security audit logs

* Please contact your sales representative if an operating system upgrade of the IBIS systems is required. When requested, Forensic Technology can perform an analysis of the needs and existing infrastructure and provide a proposal containing the costs and detailed migration plan.

NOTE: For IBIS Systems connected to NIBIN, account management is centralized and controlled by ATF. All requests for account changes must be approved by ATF prior to implementation.

Optional Services

A quotation can be provided for the following, which are not included in the standard services offered with SafeGuard:

- Training for New Users
- Change to Customer-Supplied Communication Lines
- Customer Requested Data Transfer
- Equipment Relocation
- Replenishment of Consumables
- Hardware Upgrades
- Project Management

Please contact your Sales Representative for additional information.

NOTE: Under special circumstances, relocation of equipment within the same building may be performed by the Customer under the guidance of Forensic Technology's GCS staff, after authorization by the GCS Manager. This service is offered upon certain conditions, which may include: timing and GCS Field Technician availability, proper communication ability, presence and approval of a technical Customer representative, assurance of new location meeting specifications, and agreement to strictly follow Forensic Technology's procedures and guidance. All related activities are managed by the GCS team involving remote Support Specialists, technicians and others, and must be scheduled and approved at least ten (10) business days in advance by all parties.

ULTRA

Sole Source Justification

The Integrated Ballistic Identification System (IBIS®) uses technology that encompasses several patents protected in the United States and throughout the world. As such, manufacturing and servicing these products require access to proprietary and commercially sensitive information that is only accessible to employees of **Ultra Electronics Forensic Technology Inc.** and its affiliate company **Forensic Technology Inc.** (hereinafter collectively referred to as **Forensic Technology**).

Consequently only Forensic Technology, the exclusive manufacturer of IBIS and Quantum 3D Microscope™ (Q3M), can provide their proprietary products IBIS BRASSTRAX, IBIS BULLETRAX, IBIS MATCHPOINT, IBIS Data Concentrator, IBIS Correlation Engine, and Q3M, as well as maintenance, upgrades and services, including data migration, moving and training services pertaining thereto.

Furthermore IBIS, currently in use in the United States under the ATF NIBIN program, is the only technology that has undergone extensive testing and complies with the security standards needed for integration into NIBIN. Other ballistic identification technologies are not compatible with NIBIN.

Sincerely,



Stacy Stern
Vice President Sales and Marketing

This proposal is accepted by the Customer and constitutes a binding contract between the parties. By affixing my signature hereto, I confirm that I have the authority to bind my organization.

Signed by:

Name: Linda Gorton

Title: Mayor

Date: 10/31/2022



Transamerica Life Insurance Company
Home Office: Cedar Rapids, IA
Administrative Office: P.O. Box 869094
Plano, TX 75086-9817

**Life and Health
Group Application
and Agreement**

Name of Group ("you, your"): Lexington Fayette Urban County Government	Tax ID Number:	SIC Code: 9121	Website Address:
Street Address: 200 East Main Street	City: Lexington	State: KY	ZIP Code: 40507
Contact Name: Kashene Wayne	Email Address: kwayne@lexingtonky.gov	Phone #: 859-258-3066	Fax #: 859-258-3956
Nature of Group: Legislative Bodies	# of Employees/Members: 3100	# Eligible for Coverage:	# 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 10/10/22 to 10/28/22. 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.
For New Hampshire Policyholders, we are required by law to complete any premium audits within 120 days after termination of the Policy

4. 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

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

 hours per week for you, and have been so employed for at least

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

 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.
For New Hampshire - Member Groups are not eligible to purchase our Accident and Health products

- Is dependent coverage being offered? Yes No
- Is coverage being offered through a Section 125 plan? Yes No
If "yes", which product(s): _____ Plan Start Date: _____ Plan Anniversary Date _____
- Is coverage being offered replacing existing coverage? Yes No
If "yes", which products? _____

I have read the Fraud Warning for my state shown on Page 2 of this form.

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.

For New Hampshire Policyholders - I agree to the offering of the selected products in the Insurance Selections section for the eligible employees.

For New Hampshire Policyholders - All policies (except life) provide limited benefits. If accepted for coverage, review your policy carefully.

Signed in (City/State) Lexington, KY This 1 Day of (Month/Year) November, 2022

Signature of Officer Linda Gorton Email Address _____
Linda Gorton, Mayor

Print Name and Title of Officer
For Florida - Is coverage being offered replacing existing coverage? Yes No

If "yes", which products? _____

Signature of Licensed Agent/Producer _____ Email Address _____

Print Name of Licensed Agent/Producer _____ Agent/Producer Number _____ License Number _____

Fraud Warning

Alabama

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Arkansas and Maryland

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California

The falsity of any statement in the application for any policy covered by this chapter shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by the insurer.

District of Columbia, Louisiana and Rhode Island

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida

I understand that any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kansas

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud as determined by a court of law.

Kentucky

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.

Massachusetts and Oregon

I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 may be a crime and may subject such person to criminal and civil penalties.

New Jersey

I understand that any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. I represent that all statements made on or attached to this application are true and complete to the best of my knowledge and belief.

North Carolina

I understand that any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, any information concerning any fact material thereto, is guilty of a crime (Class H felony), which may be subject to criminal and civil penalties.

Oklahoma

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Puerto Rico

Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Tennessee and Washington

It is a crime to knowingly present false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia

I understand that any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Vermont

I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, any information concerning any fact material thereto, may be committing a fraudulent insurance act which may be a crime subject to criminal and civil penalties.

For Maine, Pennsylvania and All other states

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

Billing Information

Billing Name (if other than group name)			
Billing Address: 200 E Main St.	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	Payments will be remitted: <input checked="" type="checkbox"/> After each deduction <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____		
Payroll deductions per year: 26	Premium amount on bill should reflect: <input type="checkbox"/> Levelized amount over 12 months <input checked="" type="checkbox"/> Actual amount of deductions		
First payroll deduction date: 01/06/2023	Preferred billing sequence: <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Social Security Number <input checked="" type="checkbox"/> Employee/Member ID		*Last Name, Emp Id
First bill due date: 2/1/22	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.

Master Contract Delivery: Electronic Delivery or Paper (US Mail) Delivery

<input type="checkbox"/> Group Universal Life Insurance – TransElite	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
Coverage: <input type="checkbox"/> High Face Amount <input type="checkbox"/> High Accumulation Value		***Attach a copy of the Rate Sheet***
Age Band Rates: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Accelerated Death Benefit for Terminal Illness/Condition in all states except LA, MA, OH, WA. Waiver of Monthly Deductions for Layoff included in all states except CT, MA, TN, PR, VT, WA.		
ACCEPT	DECLINE	
<input type="checkbox"/>	<input type="checkbox"/>	Accelerated Death Benefit for Critical Condition: <input type="checkbox"/> 25% <input type="checkbox"/> 50%
<input type="checkbox"/>	<input type="checkbox"/>	ADB for Chronic Condition Rider
<input type="checkbox"/>	<input type="checkbox"/>	Extension of Benefits Rider
<input type="checkbox"/>	<input type="checkbox"/>	Benefit Restoration Rider
<input type="checkbox"/>	<input type="checkbox"/>	Accidental Death & Dismemberment
<input type="checkbox"/>	<input type="checkbox"/>	Automatic Face Amount Increase Option: <input type="checkbox"/> \$1 for 10 years <u>OR</u> <input type="checkbox"/> \$2 for 5 years <input type="checkbox"/> All Employees <input type="checkbox"/> Employee Option
<input type="checkbox"/>	<input type="checkbox"/>	Child Level Term Insurance Rider
<input type="checkbox"/>	<input type="checkbox"/>	Waiver of Monthly Deductions for Total Disability

<input checked="" type="checkbox"/> Group Interest Sensitive Whole Life – Trans\$ure	Group Contribution? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
Coverage: <input type="checkbox"/> Money Purchase <input checked="" type="checkbox"/> Defined Benefit		***Attach a copy of the Rate Sheet***
Accelerated Death Benefit for Terminal Illness/Condition included in all states except MA. Waiver of Premium for Layoff included in all states except MA, MN, VA, and VT.		
ACCEPT	DECLINE	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Accelerated Death Benefit for Critical Care: <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%
<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADB for Chronic Condition Rider
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Extension of Benefits Rider
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Accidental Death & Dismemberment
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Child Level Term Insurance Rider
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Waiver of Premium for Total Disability

<input checked="" type="checkbox"/> Group Term Life Insurance – Trans Select	Group Contribution? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
Coverage: Accelerated Death Benefit for Terminal Illness/Condition included in all states except MA. Waiver of Premium Due to Layoff or Strike included in all states except CT, MA, MD, NJ, PR, TN, and VA.		
<input type="checkbox"/> Accelerated Death Benefit for Critical Care:	<input type="checkbox"/> 5 Year Term <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%	<input type="checkbox"/> 10 Year Term <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%
<input type="checkbox"/> ADB for Chronic Condition Rider With Extension of Benefits	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Accidental Death & Dismemberment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Waiver of Premium	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Child Level Term Rider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Group Term Life Insurance – VTL	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
Coverage: Continuation of Coverage and Waiver of Premium included in all states. Terminal Illness/Condition Accelerated Death Benefit included in all states except FL, OR.		
ACCEPT	DECLINE	
<input type="checkbox"/>	<input type="checkbox"/>	Accidental Death & Dismemberment

<input type="checkbox"/> Self-Administered Group Term Life	Group Contribution? Yes Policyholder pays 100% of the GTL. Supplemental life is paid by the employee	Requested Effective Date:			
Note: The proposal must be included in new case submission but will not be a part of the policy.		Requested Anniversary Date:			
\$ Amount collected at time of application, if applicable. Will employees contribution be <input type="checkbox"/> Pre-tax or <input type="checkbox"/> Post-tax? Employees must be actively at work for coverage to become effective. Coverage is only available to Employees working within the United State or its territories.					
	Class 1	Class 2	Class 3	Class 4	Class 5
<input type="checkbox"/> Flat Amount (enter maximum dollar amount)					
<input type="checkbox"/> Salary Multiplier (enter salary multiple range)					
Non-Contributory Dependent Life	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supplemental Life Insurance Employee	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supplemental Life Insurance Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supplemental Life Insurance Children	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accelerated Death Benefit for Terminal Illness Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accidental Death and Dismemberment Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Waiver of Premium Benefit Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Portability Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Continuation of Approved Leave of Absence Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Change of Insurance Carriers Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Benefit Reduction Schedule	<input type="checkbox"/> Reduction <input type="checkbox"/> No Reduction	<input type="checkbox"/> Reduction <input type="checkbox"/> No Reduction	<input type="checkbox"/> Reduction <input type="checkbox"/> No Reduction	<input type="checkbox"/> Reduction <input type="checkbox"/> No Reduction	<input type="checkbox"/> Reduction <input type="checkbox"/> No Reduction
If coverage is replacing existing coverage:					
Name of Prior Carrier: _____ Prior Plan Termination Date: _____ Provide a copy of the prior plan.					

<input type="checkbox"/> Self-Administered Basic Term Life Insurance	Group Contribution? <input checked="" type="checkbox"/> Yes Policyholder pays 100% of Basic Life Insurance	Requested Effective Date:		
Coverage: <input type="checkbox"/> With Benefit Reduction <input type="checkbox"/> Without Benefit Reduction Accelerated Death Benefit for Terminal Illness/Condition included in all states except MA and OH. Waiver of Premium included in all states.				
	Class 1	Class 2	Class 3	Class 4
Basic Life Insurance: <input type="checkbox"/> Flat Amount <input type="checkbox"/> Multiple of Salary/not to exceed	\$	\$	\$	\$
<input type="checkbox"/> Optional Accidental Death & Dismemberment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Group Accident Insurance – AccidentAdvance	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
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Self-Administered Benefit <input type="checkbox"/>	I Acknowledge receipt of Self-Administration Guide <input type="checkbox"/>
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Coverage: <input type="checkbox"/> 24-Hour Coverage <input type="checkbox"/> Off-the-Job Only Coverage <i>For MD or TN only: Are you offering the <input type="checkbox"/> group policy or <input type="checkbox"/> individual policy</i>			
	Plan 1	Plan 2	Plan 3
Module 1 – Accident Emergency Treatment Benefits	Units	Units	Units
Module 2 – Follow-Up Visits and Physical Therapy Benefits	Units	Units	Units
Module 3 – Initial Accident Hospitalization	Units	Units	Units
Accept	Decline	Optional Riders	
<input type="checkbox"/>	<input type="checkbox"/>	Accidental Death and Dismemberment Rider	Units Units Units
<input type="checkbox"/>	<input type="checkbox"/>	Accident Hospital & ICU Income Rider	Units Units Units
<input type="checkbox"/>	<input type="checkbox"/>	Expanded Benefits Rider	Units Units Units
<input type="checkbox"/>	<input type="checkbox"/>	Wellness Benefit Rider	Units Units Units
<input type="checkbox"/>	<input type="checkbox"/>	Accident Only Disability Income Rider	Elimination Period-0 Days Benefit Period: <input type="checkbox"/> 6 <input type="checkbox"/> 12 Months
<input type="checkbox"/>	<input type="checkbox"/>	Sickness Only Disability Income Rider	Elimination Period: 14 Days Benefit Period: <input type="checkbox"/> 6 <input type="checkbox"/> 12 Months
<input type="checkbox"/>	<input type="checkbox"/>	Spouse Off-the-Job Accident Only Disability Income Rider	Elimination Period-0 Days Benefit Period: 6 Months

<input type="checkbox"/> Individual Accident Insurance – AccidentSelect	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
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Coverage: <input type="checkbox"/> Plan I <input type="checkbox"/> Plan II		
Accept	Decline	
<input type="checkbox"/>	<input type="checkbox"/>	Accident Only Disability Income Rider
<input type="checkbox"/>	<input type="checkbox"/>	Sickness Only Disability Income Rider

<input type="checkbox"/> Work Stride: Managing Cancer at Work By John Hopkins Medicine	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
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<input type="checkbox"/> TopDoc Connect	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
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<input type="checkbox"/> Group Cancer Insurance – CancerSelect Plus	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
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Coverage:			
	Plan 1	Plan 2	Plan 3
Module 1 – Hospital Benefits	Units	Units	Units
Module 2 – Surgery Benefits	Units	Units	Units
Module 3 – Radiation and Chemotherapy Benefits	Units	Units	Units
Module 4 – Wellness and Miscellaneous Benefits	Units	Units	Units
Module 5 – Cancer Maintenance Therapy Benefits	Units	Units	Units
Accept	Decline	Optional Riders	
<input type="checkbox"/>	<input type="checkbox"/>	First Occurrence Rider (<i>Lump Sum Diagnosis Rider in SD</i>)	Units Units Units
<input type="checkbox"/>	<input type="checkbox"/>	Intensive Care Rider (<i>Not available in CT, MA, NH, NJ, VT or WA</i>)	Units Units Units
<input type="checkbox"/>	<input type="checkbox"/>	Specified Disease Rider (<i>Not available in OR, SD or WA</i>)	Units Units Units

<input type="checkbox"/> Group CI Insurance – CriticalEvents	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i> <i>If yes, offering Employee Buy-Up?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Requested Effective Date:
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Self-Administered Benefit <input type="checkbox"/>	I Acknowledge receipt of Self-Administration Guide <input type="checkbox"/>
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	Plan 1	Plan 2	Plan 3
Dependent Coverage (only 50% available for Employer Paid cases)	<input type="checkbox"/> 50% <input type="checkbox"/> 100%	<input type="checkbox"/> 50% <input type="checkbox"/> 100%	<input type="checkbox"/> 50% <input type="checkbox"/> 100%
Rate Structure (Composite is available for Employer Paid only; Attained Age is not available in NJ)	<input type="checkbox"/> Issue Age <input type="checkbox"/> Attained Age <input type="checkbox"/> Composite	<input type="checkbox"/> Issue Age <input type="checkbox"/> Attained Age <input type="checkbox"/> Composite	<input type="checkbox"/> Issue Age <input type="checkbox"/> Attained Age <input type="checkbox"/> Composite
First Occurrence	<input type="checkbox"/> First Ever <input type="checkbox"/> First after Effective Date	<input type="checkbox"/> First Ever <input type="checkbox"/> First after Effective Date	<input type="checkbox"/> First Ever <input type="checkbox"/> First after Effective Date
<input type="checkbox"/> Cancer Benefit Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Occupational HIV Benefit Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Recurrent Critical Illness Benefit Rider (Benefit Selection: 0%, 25%, 50%, 75%, 100%)	%	%	%
<input type="checkbox"/> Wellness Benefit Rider	\$	\$	\$

<input type="checkbox"/> Group CI Insurance – CriticalAssistance Advance	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
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Coverage: *For GA only: Are you offering the group policy or individual policy*

	Plan 1	Plan 2	Plan 3
Rate Structure	<input type="checkbox"/> Tobacco Distinct <input type="checkbox"/> Uni-Tobacco	<input type="checkbox"/> Tobacco Distinct <input type="checkbox"/> Uni-Tobacco	<input type="checkbox"/> Tobacco Distinct <input type="checkbox"/> Uni-Tobacco
<input type="checkbox"/> Cancer Benefit Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Occupational HIV Benefit Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Quality of Life Benefit Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Recurrent Critical Illness Benefit Rider	<input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75%	<input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75%	<input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75%
Benefit Amount Paid For By:		Policyholder	Employee
<input type="checkbox"/> Intensive Care Rider		\$	\$
<input type="checkbox"/> Initial Hospitalization for Accidental Bodily Injury Benefit Rider		\$	\$
<input type="checkbox"/> Accident Emergency Treatment Benefit Rider		\$	\$
<input type="checkbox"/> Wellness Benefit Rider		\$	\$

<input type="checkbox"/> Group CI Insurance – CriticalAssistance Plus	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
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Coverage:

	Accept	Decline	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cancer Benefit Rider (Includes \$50 Wellness)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Occupational HIV Benefit Rider
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quality of Life Benefit Rider
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cancer Screening Wellness Benefit Rider Additional Benefit: <input type="checkbox"/> \$50 <input type="checkbox"/> \$100

<input type="checkbox"/> Group CI Insurance – CriticalAssistance Select	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
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Coverage: **With Benefit Reduction** **Without Benefit Reduction**

<input type="checkbox"/> Option A – Cancer, Heart Attack, Stroke, End Stage Renal Failure, and Major Organ Transplant
<input type="checkbox"/> Option B – Heart Attack and Stroke Only
<input type="checkbox"/> Option C – Cancer Only
<input type="checkbox"/> Option B and C – Heart Attack, Stroke, and Cancer Only

<input type="checkbox"/> Group Short-Term Disability – TransDI Plus IncomeSelect in FL Large Employer Group Only (51+).	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
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Self-Administered Benefit <input type="checkbox"/>	I Acknowledge receipt of Self-Administration Guide <input type="checkbox"/>
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Coverage: Accelerated Benefit For Terminal Illness Rider included in all states except CT.

		Class 1	Class 2	Class 3	Class 4
Maximum Monthly Benefit is the lesser of: <i>(Cannot exceed 80% or \$5,000)</i>	Percentage of Salary	%	%	%	%
	Dollar Amount	\$	\$	\$	\$
Maximum Benefit Period (3, 6, 12 or 24 Months)		Months	Months	Months	Months
Accident Elimination Period (0, 7, 14, 30, 60, 90 or 180 Days)		Days	Days	Days	Days
Sickness Elimination Period (7, 14, 30, 60, 90 or 180 Days)		Days	Days	Days	Days
Accept	Decline	Optional Riders/Benefits			
<input type="checkbox"/>	<input type="checkbox"/>	Accidental Death & Dismemberment Benefit Rider			
<input type="checkbox"/>	<input type="checkbox"/>	Hospital Indemnity Benefit Rider			
<input type="checkbox"/>	<input type="checkbox"/>	Survivor Benefit Rider			
<input type="checkbox"/>	<input type="checkbox"/>	Limited Pre-existing Condition Benefit (25% of the Disability Benefit for up to 6 weeks)			
<input type="checkbox"/>	<input type="checkbox"/>	Physical Therapy Rider			
<input type="checkbox"/>	<input type="checkbox"/>	Portability Rider			
<input type="checkbox"/>	<input type="checkbox"/>	Additional Income Benefit Rider			

<input type="checkbox"/> Group Short-Term Disability – TransDI Elite	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
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Coverage:

Maximum Monthly Benefit Amount	Guaranteed Issue up to \$2,500; Simplified Issue \$2,600 to \$5,000
Not to exceed	60% of Salary
Maximum Benefit Period	6 Months or 12 Months (Employee Option)
Accident Elimination Period	0 Days
Sickness Elimination Period	14 Days
Accidental Death Benefit Rider	\$2,000 Benefit
Occupational Benefit Rider <i>(Not available in WA)</i>	25% of the Disability Benefit Amount
Limited Pre-existing Condition Benefit	50% of the Disability Benefit Amount for up to 12 Weeks of Disability

<input type="checkbox"/> Healthiestyou	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
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<input type="checkbox"/> Group Limited Benefit Indemnity – TransConnect	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
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Coverage:
Do you continuously maintain a medical plan? Yes No *(Product only available while you continuously maintain an underlying medical plan)*
How many plans are in force? _____ *(Attach a copy or plan summary of each plan and the most recent billing statement)*

	Class 1	Class 2	Class 3	Class 4
Hospital Inpatient Benefit Amount				
Underlying Medical Plan Deductible				

<input type="checkbox"/> Group Limited Benefit Outpatient-Only Indemnity – TransConnect II	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
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Coverage:
Do you continuously maintain a medical plan? Yes No *(Product only available while you continuously maintain an underlying medical plan)*
How many plans are in force? _____ *(Attach a copy or plan summary of each plan and the most recent billing statement)*

	Class 1	Class 2	Class 3	Class 4
Benefit Amount				

<input type="checkbox"/> Hospital Indemnity – HospitalSelect II HSA Plan	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:		
Self-Administered Benefit <input type="checkbox"/>		I Acknowledge receipt of Self-Administration Guide <input type="checkbox"/>		
Do you offer a medical plan with at least a \$1,000 deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Product only available if you answer "Yes")</i>				
Coverage: (Attach Plan Design)	Class 1	Class 2	Class 3	Class 4
Base: Daily In-Hospital Indemnity Benefit Maximum (choose one): 31 Days per Confinement Dollar Amount per Calendar Year	\$ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$_____	\$ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$_____	\$ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$_____	\$ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$_____
<input type="checkbox"/> Hospital Confinement Indemnity Benefit Rider Maximum of 1 Day per Confinement. Calendar Year Maximum	\$ Days	\$ Days	\$ Days	\$ Days
<input type="checkbox"/> Intensive Care Indemnity Benefit Rider <i>(Can't exceed 2 times the Base Benefit)</i> Calendar Year Maximum	\$ Days	\$ Days	\$ Days	\$ Days
<input type="checkbox"/> Inpatient Miscellaneous Indemnity Benefit Rider Maximum of 31 Days per Confinement	\$	\$	\$	\$
<input type="checkbox"/> Off-The-Job Accidental Injury Indemnity Benefit Rider Maximum of 1 Day per Accident, Calendar Year Maximum 5 Days	\$	\$	\$	\$
<input type="checkbox"/> Critical Illness Indemnity Benefit Rider Dependent Benefit Percentage	\$ %	\$ %	\$ %	\$ %
<input type="checkbox"/> Wellness Indemnity Benefit Rider	\$ Days	\$ Days	\$ Days	\$ Days
<input type="checkbox"/> Waiver of Preexisting Condition Rider (for non-Self Admin)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add Preexisting Conditions & Normal Pregnancy Limitations Rider (for Self Admin)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add Normal Pregnancy Limitation Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Healthiestyou	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Hospital Indemnity – HospitalSelect II Non-HSA Plan	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:			
Self-Administered Benefit <input type="checkbox"/>		I Acknowledge receipt of Self-Administration Guide <input type="checkbox"/>			
Do you offer a medical plan with at least a \$1,000 deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Product only available if you answer "Yes")</i>					
Coverage: (Attach Plan Design)					
Base: Daily In-Hospital Indemnity Benefit Maximum (choose one): 31 Days per Confinement Dollar Amount per Calendar Year		Class 1 \$ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$_____	Class 2 \$ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$_____	Class 3 \$ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$_____	Class 4 \$ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$_____
<input type="checkbox"/> Hospital Confinement Indemnity Benefit Rider Maximum of 1 Day per Confinement. Calendar Year Maximum		\$ Days	\$ Days	\$ Days	\$ Days
<input type="checkbox"/> Intensive Care Indemnity Benefit Rider <i>(Can't exceed 2 times the Base Benefit)</i> Calendar Year Maximum		\$ Days	\$ Days	\$ Days	\$ Days
<input type="checkbox"/> Inpatient Miscellaneous Indemnity Benefit Rider Maximum of 31 Days per Confinement		\$	\$	\$	\$
<input type="checkbox"/> Off-The-Job Accidental Injury Indemnity Benefit Rider Maximum of 1 Day per Accident, Calendar Year Maximum 5 Days		\$	\$	\$	\$
<input type="checkbox"/> Critical Illness Indemnity Benefit Rider Dependent Benefit Percentage		\$ %	\$ %	\$ %	\$ %
<input type="checkbox"/> Inpatient Surgical Indemnity Benefit Rider <i>(Requires confinement)</i> Calendar Year Maximum Anesthesia Benefit Percentage		\$ Days %	\$ Days %	\$ Days %	\$ Days %
<input type="checkbox"/> Outpatient Surgical Indemnity Benefit Rider Calendar Year Maximum Anesthesia Benefit Percentage		\$ Days %	\$ Days %	\$ Days %	\$ Days %
<input type="checkbox"/> Surgical and Anesthesia Indemnity Benefit Rider Daily Inpatient Surgical Benefit Amount: Daily Outpatient Surgical Benefit Amount: 50% of Inpatient Amount Daily Minor Outpatient Surgical Benefit Amount: 10% of Inpatient Amt. Calendar Year Maximum: 1 Day per category Anesthesia Benefit Percentage		\$ %	\$ %	\$ %	\$ %
<input type="checkbox"/> Ambulance Indemnity Benefit Rider – Daily Ground Benefit Daily Air Ambulance pays 3 times the Daily Ground Benefit Calendar Year Maximum: 3 Days. Lifetime Maximum: 6 Days		\$	\$	\$	\$
<input type="checkbox"/> Inpatient Drug & Alcohol Addiction Indemnity Benefit Rider Calendar Year Maximum: 31 Days. Lifetime Maximum: 60 Days		\$	\$	\$	\$
<input type="checkbox"/> Inpatient Mental & Nervous Disorder Indemnity Benefit Rider Calendar Year Maximum: 31 Days. Lifetime Maximum: 60 Days		\$	\$	\$	\$
<input type="checkbox"/> Skilled Nursing Indemnity Benefit Rider Calendar Year Maximum: 60 Days. Lifetime Maximum: 120 Days		\$	\$	\$	\$
<input type="checkbox"/> Wellness Indemnity Benefit Rider		\$ Days	\$ Days	\$ Days	\$ Days
<input type="checkbox"/> Waiver of Preexisting Condition Rider (for non-Self Admin)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add Preexisting Conditions & Normal Pregnancy Limitations Rider (for Self Admin)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add Normal Pregnancy Limitation Rider		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Healthiestyou		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Hospital Indemnity – HospitalSelect III HSA Plan	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:		
Self-Administered Benefit <input type="checkbox"/>	I Acknowledge receipt of Self-Administration Guide <input type="checkbox"/>			
Do you offer a medical plan with at least a \$1,000 deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Product only available if you answer "Yes")</i>				
Coverage: (Attach Plan Design)	Class 1	Class 2	Class 3	Class 4
Base: Daily In-Hospital Indemnity Benefit	\$	\$	\$	\$
Maximum (choose one):	<input type="checkbox"/> 31 Days	<input type="checkbox"/> 31 Days	<input type="checkbox"/> 31 Days	<input type="checkbox"/> 31 Days
31 Days per Confinement	<input type="checkbox"/> \$_____	<input type="checkbox"/> \$_____	<input type="checkbox"/> \$_____	<input type="checkbox"/> \$_____
Dollar Amount per Calendar Year				
<input type="checkbox"/> Hospital Confinement Indemnity Benefit Rider	\$	\$	\$	\$
Maximum of 1 Day per Confinement. Calendar Year Maximum	Days	Days	Days	Days
<input type="checkbox"/> Intensive Care Indemnity Benefit Rider <i>(Can't exceed 2 times the Base Benefit)</i>	\$	\$	\$	\$
Calendar Year Maximum	Days	Days	Days	Days
<input type="checkbox"/> Inpatient Miscellaneous Indemnity Benefit Rider	\$	\$	\$	\$
Maximum of 31 Days per Confinement				
<input type="checkbox"/> Off-The-Job Accidental Injury Indemnity Benefit Rider	\$	\$	\$	\$
Maximum of 1 Day per Accident, Calendar Year Maximum 5 Days				
<input type="checkbox"/> Critical Illness Indemnity Benefit Rider	\$	\$	\$	\$
Dependent Benefit Percentage	%	%	%	%
<input type="checkbox"/> Wellness Indemnity Benefit Rider	\$	\$	\$	\$
	Days	Days	Days	Days
<input type="checkbox"/> 24-Hour Coverage Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add Preexisting Conditions & Normal Pregnancy Limitations Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add Normal Pregnancy Limitation Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Healthiestyou	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Hospital Indemnity – HospitalSelect III Non-HSA Plan	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list amount or %:	Requested Effective Date:		
Self-Administered Benefit <input type="checkbox"/>	I Acknowledge receipt of Self-Administration Guide <input type="checkbox"/>			
Do you offer a medical plan with at least a \$1,000 deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No (Product only available if you answer "Yes")				
Coverage: (Attach Plan Design)	Class 1	Class 2	Class 3	Class 4
Base: Daily In-Hospital Indemnity Benefit	\$	\$	\$	\$
Maximum (choose one): 31 Days per Confinement	<input type="checkbox"/> 31 Days	<input type="checkbox"/> 31 Days	<input type="checkbox"/> 31 Days	<input type="checkbox"/> 31 Days
Dollar Amount per Calendar Year	<input type="checkbox"/> \$_____	<input type="checkbox"/> \$_____	<input type="checkbox"/> \$_____	<input type="checkbox"/> \$_____
<input type="checkbox"/> Hospital Confinement Indemnity Benefit Rider	\$	\$	\$	\$
Maximum of 1 Day per Confinement. Calendar Year Maximum	Days	Days	Days	Days
<input type="checkbox"/> Intensive Care Indemnity Benefit Rider (Can't exceed 2 times the Base Benefit)	\$	\$	\$	\$
Calendar Year Maximum	Days	Days	Days	Days
<input type="checkbox"/> Inpatient Miscellaneous Indemnity Benefit Rider	\$	\$	\$	\$
Maximum of 31 Days per Confinement				
<input type="checkbox"/> Off-The-Job Accidental Injury Indemnity Benefit Rider	\$	\$	\$	\$
Maximum of 1 Day per Accident, Calendar Year Maximum 5 Days				
<input type="checkbox"/> Critical Illness Indemnity Benefit Rider	\$	\$	\$	\$
Dependent Benefit Percentage	%	%	%	%
<input type="checkbox"/> Inpatient Surgical Indemnity Benefit Rider (Requires confinement)	\$	\$	\$	\$
Calendar Year Maximum	Days	Days	Days	Days
Anesthesia Benefit Percentage	%	%	%	%
<input type="checkbox"/> Outpatient Surgical Indemnity Benefit Rider	\$	\$	\$	\$
Calendar Year Maximum	Days	Days	Days	Days
Anesthesia Benefit Percentage	%	%	%	%
<input type="checkbox"/> Surgical and Anesthesia Indemnity Benefit Rider	\$	\$	\$	\$
Daily Inpatient Surgical Benefit Amount:				
Daily Outpatient Surgical Benefit Amount: 50% of Inpatient Amount				
Daily Minor Outpatient Surgical Benefit Amount: 10% of Inpatient Amt.				
Calendar Year Maximum: 1 Day per category				
Anesthesia Benefit Percentage	%	%	%	%
<input type="checkbox"/> Ambulance Indemnity Benefit Rider – Daily Ground Benefit	\$	\$	\$	\$
Daily Air Ambulance pays 3 times the Daily Ground Benefit				
Calendar Year Maximum: 3 Days. Lifetime Maximum: 6 Days				
<input type="checkbox"/> Inpatient Drug & Alcohol Addiction Indemnity Benefit Rider	\$	\$	\$	\$
Calendar Year Maximum: 31 Days. Lifetime Maximum: 60 Days				
<input type="checkbox"/> Inpatient Mental & Nervous Disorder Indemnity Benefit Rider	\$	\$	\$	\$
Calendar Year Maximum: 31 Days. Lifetime Maximum: 60 Days				
<input type="checkbox"/> Skilled Nursing Indemnity Benefit Rider	\$	\$	\$	\$
Calendar Year Maximum: 60 Days. Lifetime Maximum: 120 Days				
<input type="checkbox"/> Wellness Indemnity Benefit Rider	\$	\$	\$	\$
	Days	Days	Days	Days
<input type="checkbox"/> 24-Hour Coverage Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add Preexisting Conditions & Normal Pregnancy Limitations Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add Normal Pregnancy Limitation Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Healthiestyou	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Hospital Indemnity – Transamerica Provider Select – HSA	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:			
Self-Administered Benefit <input type="checkbox"/>		I Acknowledge receipt of Self-Administration Guide <input type="checkbox"/>			
Do you offer a medical plan with at least a \$1,000 deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Product only available if you answer "Yes")</i>					
Coverage: (Attach Plan Design)					
Base: Daily In-Hospital Indemnity Benefit Maximum (choose one):	31 Days per Confinement Dollar Amount per Calendar Year	Class 1	Class 2	Class 3	Class 4
<input type="checkbox"/> Hospital Confinement Indemnity Benefit Rider Maximum of 1 Day per Confinement. Calendar Year Maximum		\$ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$_____	\$ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$_____	\$ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$_____	\$ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$_____
<input type="checkbox"/> Intensive Care Indemnity Benefit Rider <i>(Can't exceed 2 times the Base Benefit)</i> Calendar Year Maximum		\$ Days	\$ Days	\$ Days	\$ Days
<input type="checkbox"/> Off-The-Job Accidental Injury Indemnity Benefit Rider Maximum of 1 Day per Accident, Calendar Year Maximum 5 Days		\$	\$	\$	\$
<input type="checkbox"/> Wellness Indemnity Benefit Rider		\$ Days	\$ Days	\$ Days	\$ Days
<input type="checkbox"/> Waiver of Preexisting Condition Rider (for non-Self Admin)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add Preexisting Conditions & Normal Pregnancy Limitations Rider (for Self Admin)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add Normal Pregnancy Limitation Rider		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Hospital/Provider Network: _____					

<input type="checkbox"/> Hospital Indemnity – Transamerica Provider Select – Non-HSA	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:			
Self-Administered Benefit <input type="checkbox"/>		I Acknowledge receipt of Self-Administration Guide <input type="checkbox"/>			
Do you offer a medical plan with at least a \$1,000 deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Product only available if you answer "Yes")</i>					
Coverage: (Attach Plan Design)					
Base: Daily In-Hospital Indemnity Benefit Maximum (choose one):	31 Days per Confinement Dollar Amount per Calendar Year	Class 1	Class 2	Class 3	Class 4
<input type="checkbox"/> Hospital Confinement Indemnity Benefit Rider Maximum of 1 Day per Confinement. Calendar Year Maximum		\$ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$_____	\$ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$_____	\$ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$_____	\$ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$_____
<input type="checkbox"/> Intensive Care Indemnity Benefit Rider <i>(Can't exceed 2 times the Base Benefit)</i> Calendar Year Maximum		\$ Days	\$ Days	\$ Days	\$ Days
<input type="checkbox"/> Off-The-Job Accidental Injury Indemnity Benefit Rider Maximum of 1 Day per Accident, Calendar Year Maximum 5 Days		\$	\$	\$	\$
<input type="checkbox"/> Inpatient Surgical Indemnity Benefit Rider <i>(Requires confinement)</i> Calendar Year Maximum Anesthesia Benefit Percentage		\$ Days %	\$ Days %	\$ Days %	\$ Days %
<input type="checkbox"/> Outpatient Surgical Indemnity Benefit Rider Calendar Year Maximum Anesthesia Benefit Percentage		\$ Days %	\$ Days %	\$ Days %	\$ Days %
<input type="checkbox"/> Wellness Indemnity Benefit Rider		\$ Days	\$ Days	\$ Days	\$ Days
<input type="checkbox"/> Waiver of Preexisting Condition Rider (for non-Self Admin)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add Preexisting Conditions & Normal Pregnancy Limitations Rider (for Self Admin)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add Normal Pregnancy Limitation Rider		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Hospital/Provider Network: _____					

<input type="checkbox"/> Self-Administered Group Critical Illness	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i> If yes, offering Buy-Up? <input type="checkbox"/> Yes <input type="checkbox"/> No	Requested Effective Date:
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Note: The proposal must be included in new case submission but will not be a part of the policy.

	Plan 1		Plan 2		Plan 3	
Rate Structure <i>(Composite is available for ER Paid only)</i>	<input type="checkbox"/> Issue Age	<input type="checkbox"/> Attained Age	<input type="checkbox"/> Issue Age	<input type="checkbox"/> Attained Age	<input type="checkbox"/> Issue Age	<input type="checkbox"/> Attained Age
	<input type="checkbox"/> Composite		<input type="checkbox"/> Composite		<input type="checkbox"/> Composite	
<input type="checkbox"/> Dependent Insurance Percentage						
Spouse	<input type="checkbox"/> 50%	<input type="checkbox"/> 100%	<input type="checkbox"/> 50%	<input type="checkbox"/> 100%	<input type="checkbox"/> 50%	<input type="checkbox"/> 100%
Children	<input type="checkbox"/> 50%	<input type="checkbox"/> 100%	<input type="checkbox"/> 50%	<input type="checkbox"/> 100%	<input type="checkbox"/> 50%	<input type="checkbox"/> 100%
<input type="checkbox"/> Cardiovascular Disease	1st Occ	Recurrent	1st Occ	Recurrent	1st Occ	Recurrent
Coronary Artery Disease Requiring Angioplasty/Stent						
Coronary Artery Disease Requiring Bypass Grafts						
Coronary Invasive						
<input type="checkbox"/> Heart Attack	1st Occ	Recurrent	1st Occ	Recurrent	1st Occ	Recurrent
Heart Attack						
Sudden Cardiac Arrest						
<input type="checkbox"/> Kidney Failure	1st Occ	Recurrent	1st Occ	Recurrent	1st Occ	Recurrent
End Stage Renal Failure		N/A		N/A		N/A
<input type="checkbox"/> Major Organ Transplant	1st Occ	Recurrent	1st Occ	Recurrent	1st Occ	Recurrent
Bone Marrow Transplant						
Major Organ Transplant (except Bone Marrow)						
<input type="checkbox"/> Stroke	1st Occ	Recurrent	1st Occ	Recurrent	1st Occ	Recurrent
Stroke						
Transient Ischemic Attack (TIA)						
<input type="checkbox"/> Benign Tumor	1st Occ	Recurrent	1st Occ	Recurrent	1st Occ	Recurrent
Benign Brain Tumor						
Benign Spinal Cord Tumor						
<input type="checkbox"/> Cancer	1st Occ	Recurrent	1st Occ	Recurrent	1st Occ	Recurrent
Invasive Cancer						
Non-Invasive Cancer						
Skin Cancer						
<input type="checkbox"/> Childhood Disease	1st Occ	Recurrent	1st Occ	Recurrent	1st Occ	Recurrent
Cerebral Palsy		N/A		N/A		N/A
Cleft Lip/Palate		N/A		N/A		N/A
Cystic Fibrosis		N/A		N/A		N/A
Down Syndrome		N/A		N/A		N/A
<input type="checkbox"/> Functional Loss	1st Occ	Recurrent	1st Occ	Recurrent	1st Occ	Recurrent
Sensory Loss		N/A		N/A		N/A
Monoplegia		N/A		N/A		N/A
Quadriplegia, Paraplegia, or Hemiplegia		N/A		N/A		N/A
<input type="checkbox"/> Infectious Disease	1st Occ	Recurrent	1st Occ	Recurrent	1st Occ	Recurrent
Anthrax		N/A		N/A		N/A
Cholera		N/A		N/A		N/A
Rocky Mountain Spotted Fever		N/A		N/A		N/A

Encephalitis/ Bacterial Meningitis		N/A		N/A		N/A
Typhoid Fever		N/A		N/A		N/A
Tuberculosis		N/A		N/A		N/A
Malaria		N/A		N/A		N/A
Osteomyelitis		N/A		N/A		N/A
SARS – CoV-2		N/A		N/A		N/A
<input type="checkbox"/> Occupational Exposure	1st Occ	Recurrent	1st Occ	Recurrent	1st Occ	Recurrent
Human Immunodeficiency Virus (HIV)		N/A		N/A		N/A
Hepatitis		N/A		N/A		N/A
Ebola		N/A		N/A		N/A
<input type="checkbox"/> Progressive Disease	1st Occ	Recurrent	1st Occ	Recurrent	1st Occ	Recurrent
Alzheimer's Disease		N/A		N/A		N/A
Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)		N/A		N/A		N/A
Lupus		N/A		N/A		N/A
Multiple Sclerosis		N/A		N/A		N/A
Parkinson's Disease		N/A		N/A		N/A
Primary Sclerosing Cholangitis (Walter Peyton's Disease)		N/A		N/A		N/A
Other Dementia		N/A		N/A		N/A
<input type="checkbox"/> Severe Burns	1st Occ	Recurrent	1st Occ	Recurrent	1st Occ	Recurrent
Severe Burns						
<input type="checkbox"/> Vascular Disease	1st Occ	Recurrent	1st Occ	Recurrent	1st Occ	Recurrent
Abdominal/Thoracic Aortic Aneurysm						
Carotid Artery Disease						
Cerebral Aneurysm						
Renal Aneurysm						
<input type="checkbox"/> Accidental Death and Dismemberment Rider	Benefit Amount		Benefit Amount		Benefit Amount	
Accidental Death Benefit - Automobile						
Accidental Death Benefit – Public Transportation						
Accidental Death Benefit – Other Causes						
Dismemberment One or more fingers or one or more toes						
One eye, hand, foot, arm, or leg						
Two eyes, hands, or feet						
Two arms or two legs						
Both arms and both legs						
Accidental Sensory Loss						
Accidental Paralysis						
Accidental Coma						
Accidental Burns						
<input type="checkbox"/> Hospital Confinement Rider	Benefit Amount		Benefit Amount		Benefit Amount	
Daily Benefit Amount						
<input type="checkbox"/> Second Opinion Benefit Rider	Benefit Amount		Benefit Amount		Benefit Amount	
Second Opinion Benefit						
<input type="checkbox"/> Health Screening Benefit Rider	Benefit Amount		Benefit Amount		Benefit Amount	
Per Covered Person per Plan Year						

Self-Administered Group Accident Insurance

Group Contribution? Yes No
If yes, list amount or %:

Requested Effective Date:

NOTE: The proposal must be included in new case submission but will not be a part of the policy.

Only populate bolded sections unless changes approved by Underwriting are reflected in the proposal.

Coverage: 24-Hour Coverage Home-The-Job Only Coverage

	Plan 1	Plan 2	Plan 3
<input type="checkbox"/> Initial Treatment & Diagnosis Benefits Emergency Room, Urgent Care, and Medical Diagnostic Testing Benefit (\$100, \$125, \$150, \$175, \$200, \$225, \$250)	Benefit Amount	Benefit Amount	Benefit Amount
Office, Xray and Lab Percentage	<input type="checkbox"/> 50% <input type="checkbox"/> 100%	<input type="checkbox"/> 50% <input type="checkbox"/> 100%	<input type="checkbox"/> 50% <input type="checkbox"/> 100%
Emergency Treatment- ER			
Emergency Treatment- UC			
Major Diagnostic Exam			
Emergency Treatment- Office			
Xray			
Lab Tests			
<input type="checkbox"/> Bodily Injury Category 1 (\$4,500, \$6,000, \$7,500, \$9,000, \$10,500, \$12,000)	Benefit Amount	Benefit Amount	Benefit Amount
Hip- Open Fracture			
Hip- Closed Fracture			
Leg- Open Fracture			
Leg- Closed Fracture			
Pelvis- Open Fracture			
Pelvis- Closed Fracture			
Upper Arm- Open Fracture			
Upper Arm- Closed Fracture			
Skull- Depressed Fracture			
Skull- Simple Fracture			
Vertebrae/Vertebral Processes- Open Fracture			
Vertebrae/Vertebral Processes- Closed Fracture			
Shoulder/Shoulder Blade- Open Fracture			
Shoulder/Shoulder Blade- Closed Fracture			
Hip- Open Dislocation			
Hip- Closed Dislocation			
Knee- Open Dislocation			
Knee- Closed Dislocation			
Shoulder/Shoulder Blade- Open Dislocation			
Shoulder/Shoulder Blade- Closed Dislocation			
<input type="checkbox"/> Bodily Injury Category 2 (\$2,400, \$3,200, \$4,000, \$5,600, \$6,400)	Benefit Amount	Benefit Amount	Benefit Amount
Ankle or Foot Open Fracture			
Ankle or Foot Closed Fracture			
Elbow- Open Fracture			
Elbow- Closed Fracture			
Kneecap- Open Fracture			
Kneecap- Closed Fracture			
Lower Jaw- Open Fracture			

Lower Jaw- Closed Fracture			
Upper Jaw- Open Fracture			
Upper Jaw- Closed Fracture			
Hand- Open Fracture			
Hand- Closed Fracture			
Wrist- Open Fracture			
Wrist- Closed Fracture			
Forearm- Open Fracture			
Forearm- Closed Fracture			
Ankle or Foot Open Dislocation			
Ankle or Foot Closed Dislocation			
Hand- Open Dislocation			
Hand- Closed Dislocation			
Elbow- Open Dislocation			
Elbow- Closed Dislocation			
Wrist- Open Dislocation			
Wrist- Closed Dislocation			
Lower Jaw- Open Dislocation			
Lower Jaw- Closed Dislocation			
Collar Bone- Open Dislocation			
Collar Bone- Closed Dislocation			
<input type="checkbox"/> Bodily Injury Category 3 (\$1,200, \$1,500, \$1,800, \$2,100, \$2,400)	Benefit Amount	Benefit Amount	Benefit Amount
Nose- Open Fracture			
Nose- Closed Fracture			
Face- Open Fracture			
Face- Closed Fracture			
Collar Bone- Open Fracture			
Collar Bone- Closed Fracture			
Sternum- Open Fracture			
Sternum- Closed Fracture			
Ribs- Open Fracture			
Ribs- Closed Fracture			
Toe- Open Fracture			
Toe- Closed Fracture			
Heel- Open Fracture			
Heel- Closed Fracture			
Coccyx- Open Fracture			
Coccyx- Closed Fracture			
Finger- Open Fracture			
Finger- Closed Fracture			
Toe- Open Dislocation			
Toe- Closed Dislocation			
Ribs- Open Dislocation			
Ribs- Closed Dislocation			
Finger – Open Dislocation			

Finger- Closed Dislocation			
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<input type="checkbox"/> Recovery Services Benefits Follow Up Visit, Physical Therapy, Chiropractic, Acupuncture, Mental Health, and Epidural Benefit (\$50, \$75, \$100, \$125, \$150)	Benefit Amount	Benefit Amount	Benefit Amount
Percentage for all other Recovery Services Benefits	<input type="checkbox"/> 50% <input type="checkbox"/> 100%	<input type="checkbox"/> 50% <input type="checkbox"/> 100%	<input type="checkbox"/> 50% <input type="checkbox"/> 100%
Follow Up Visit			
Physical Therapy			
Chiropractic			
Acupuncture			
Mental Health			
Pain Management Epidural			
<input type="checkbox"/> Hospitalization Benefits (\$600, \$900, \$1,200, \$1,500, \$1,800, \$2,100, \$2,400, \$2,700, \$3,000)	Benefit Amount	Benefit Amount	Benefit Amount
Ground Ambulance			
Air Ambulance			
Hospital Admission			
ICU Admission			
Accident Daily Hospital Benefit			
Accident Daily ICU Benefit			
Accident Daily ICU Step Down Benefit			
Inpatient Rehabilitation Benefit			
Observation Room			
<input type="checkbox"/> Additional Benefits Category 1 (\$100, \$150, \$200, \$250, \$300, \$350, \$400, \$450, \$500)	Benefit Amount	Benefit Amount	Benefit Amount
Concussion- Mild			
Concussion- Moderate/Severe			
Appliance			
Lacerations- No Sutures			
Lacerations- < 7.5 cm			
Lacerations 7.5 – 20 cm			
Lacerations- 20+ cm			
Tendons, Ligaments and Rotator Cuffs			
Arthroscopic Surgery with No Repair			
Tendons, Ligaments and Rotator Cuffs- Repair of one			
Tendons, Ligaments and Rotator Cuffs- Repair of two or more			
Ruptured Discs and Torn Knee Cartilage			
Shaved Cartilage or Arthroscopic Surgery with No Repair			
Ruptured Discs and Torn Knee Cartilage- Repair of one			
Ruptured Discs and Torn Knee Cartilage- Repair of two or more			
Eye Injury- With Surgery Repair			
Eye Injury- Non-Surgical Removal of Foreign Body			
Dental- Repaired with Crowns			
Dental- Extractions			
<input type="checkbox"/> Additional Benefits Category 2 (\$500, \$750, \$1,000, \$1,250, \$1,500, \$1,750, \$2,000, \$2,250, \$2,500)	Benefit Amount	Benefit Amount	Benefit Amount
Burns- 2 nd Degree, 25% - 35%			

Burns- 2 nd Degree, > 35%			
Burns- 3 rd Degree, 6 -10 sq cm			
Burns- 3 rd Degree, 10 – 25 sq cm			
Burns- 3 rd Degree, 25 – 35 sq cm			
Burns- 3 rd Degree, > 35 sq cm			
Burns- Skin Graft			
Major Surgery			
Exploratory Surgery			
Prosthetic Device- one			
Prosthetic Device- two or more			
Prosthetic Device- Repairs			
Blood, Plasma, Platelets			
Transportation			
Family Lodging			
Residence Modification			
Vehicle Modification			
Coma- Non-Induced			
Coma- Induced			
Coma- Persistent Vegetative State			
Paralysis- Quadriplegia			
Paralysis- Hemiplegia			
Paralysis- Triplegia			
Paralysis- Diplegia			
Paralysis- Monoplegia			
<input type="checkbox"/> Accidental Death & Dismemberment (\$5,000 - \$100,000 in \$5,000 Increments)		Benefit Amount	Benefit Amount
Common Carrier	Insured		
	Spouse		
	Child		
Auto- Seatbelt and Airbag Deployed	Insured		
	Spouse		
	Child		
Auto- Seatbelt no Airbag	Insured		
	Spouse		
	Child		
Auto- No Seatbelt or Airbag	Insured		
	Spouse		
	Child		
Other Accident Death	Insured		
	Spouse		
	Child		
Transport or Remains			
Surviving Child Education			
Licensed Day Care Center			
Career Enrichment			
Dismemberment- one or more fingers/toes	Insured		
	Spouse		

	Child			
Dismemberment- one eye, hand, foot, arm or leg	Insured			
	Spouse			
	Child			
Dismemberment- two eyes, hands, or feet	Insured			
	Spouse			
	Child			
Dismemberment- two arms or legs	Insured			
	Spouse			
	Child			
Dismemberment- speech and hearing in both ears	Insured			
	Spouse			
	Child			
Dismemberment- both arms and both legs	Insured			
	Spouse			
	Child			
<input type="checkbox"/> Wellness Care Rider (\$25, \$50, \$75, \$100, \$125, \$150)		Benefit Amount	Benefit Amount	Benefit Amount
Insured				
Spouse				
Child				
<input type="checkbox"/> Organized Sports Rider		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Percentage				

Only populate bolded sections unless changes approved by Underwriting are reflected in the proposal.

Please complete, sign and date this application and return to us at the address listed above.
Make a photocopy for your records.