



17500 Chenal Pkwy | Little Rock, AR 72223  
P.O. Box 1650 Little Rock, AR 72203 (501) 375-7200 | (800) 370-5856 | www.usablelife.com

## INSURANCE POLICY

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<b>Policyholder:</b>	SULLIVAN COUNTY GOVERNMENT AND SCHOOLS
<b>Policy Number:</b>	50033596
<b>Effective Date:</b>	January 1, 2019
<b>Policy Anniversary Date:</b>	January 1, 2020
<b>State of Issue:</b>	TENNESSEE

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US Able Life, (referred to as “the Company,” “we,” “us,” and “our,”) has issued a Policy of insurance (referred to as the “Policy”) to the Policyholder (“You”). We agree to pay benefits provided by this Policy in accordance with its terms and provisions.

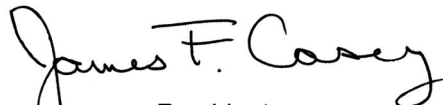
This Policy is a legal contract issued in consideration of Your application and payment of premium. The Policy is delivered in and is governed by the laws of the state of Policy issue shown above, and if applicable, the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

**PLEASE READ THIS POLICY CAREFULLY.**

This Policy was approved under the authority of the Interstate Insurance Product Regulation Commission (the “Commission”). It is issued under the Commission standards. Any provision of the Policy that conflicts with Commission standards is hereby amended to conform to Commission standards as of the provision’s effective date.

Signed for the Company.

  
Secretary

  
President

NON-PARTICIPATING

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## **POLICY SPECIFICS**

### **Initial Rate Guarantee:**

Premium rate changes will not take effect prior to January 1, 2022 or 12 months following the Effective Date, whichever is later. However, premium rates may change prior to this time due to changes that impact our insurance risk such as:

1. Policy term changes;
2. Adding or deleting a division, subsidiary, affiliated company or class of Employees;
3. Changes in the number of Employees insured by the Policy by 10% or more;
4. Changes in our liability due to federal laws, state laws, insurance programs or retirement benefits;
5. Changes required by The Commission standard in the insurance provided by the Policy, and/or the class of persons eligible under the Policy.

We will notify you in writing at least 31 days before a premium rate change becomes effective. A premium rate change may take effect on an earlier date if you agree to it. New premium rates will apply only to premiums due on or after the premium rate change takes effect.

### **PREMIUM BILLING AND PAYMENTS**

This Policy is issued in return for required premiums by You. The first premium is due on the Policy Effective Date and must be paid by the Policy Effective Date. You will receive a monthly invoice unless you are a Self-Administered Employer Group. The invoice will indicate the month premium will be applied to. Any past due premium, changes in membership received before the invoice generation date and applicable retroactive adjustments will also be reflected on the bill.

Payments are due on the 1<sup>st</sup> day of the premium month, subject to the Grace Period. We may use any reasonable method to compute premiums due under the Policy. Payments should be sent to P.O. Box 204678, Dallas, TX 75320-4678 and must be paid in United States dollars.

### **GRACE PERIOD**

You must pay the premium on or before the date the premium is due or during the 31 day Grace Period. Insurance provided under the Policy will stay in effect during the Grace Period unless We have received advanced written notice of intent to end insurance under the Policy in accordance to the terms of the Policy. We have the right to suspend payment of claims incurred during the Grace Period.

If the full premium is not paid by the due date, We will provide written notice to You that if the premium is not paid by the end of the Grace Period, the Policy will terminate on the last day of the Grace Period. If We fail to give written notice, the insurance provided under the Policy will continue in effect until the date such notice is given.

If You replace the Policy with another group policy but do not give Us written notice of intent to end the Policy, the Grace Period provision of the Policy will still apply.

You are required to pay a pro rata premium for any period the Policy was in force during the Grace Period.

Premium is required for any period, including the Grace Period or any extension of the Grace Period, for which insurance under the Policy was in force and premium was not paid.

## **CONTRIBUTIONS**

You must not require Employees to contribute to the cost of Non-contributory insurance, except when necessary for You to comply with applicable tax law.

With regard to Contributory insurance, the maximum amount that an Employee may be required to contribute to the cost of such insurance shall not exceed the premium charged for the amounts of such insurance.

## **POLICYHOLDER RESPONSIBILITIES**

### **ENROLLING EMPLOYEES FOR COVERAGE**

The length and timing of all enrollment periods are subject to our written approval. You agree to limit enrollment in accordance with the Eligibility and Enrollment terms in the Certificate of Coverage for this Policy.

### **CHANGES TO EMPLOYEE STATUS**

You must report any Employee status changes (additions and terminations) within 31 days of the change. Any resulting premium changes will be calculated on a monthly basis and will be due at the same time.

If you do not pay premium on a monthly basis, changes in premiums will be adjusted on the next premium due date.

### **INFORMATION YOU MUST PROVIDE**

You must provide the following on a regular basis and upon request:

1. Who is eligible for coverage;
2. Who is covered under the Policy, and in which class;
3. Any changes in class membership;
4. Any changes in coverage amounts, including salary change information;
5. Whose coverage ends; and
6. Any other information we may reasonably require.

Documents or records relating to coverage under the Policy are open for Our review at any time.

You must send any notice required to us at our address: US Able Life, P.O. Box 1650, Little Rock, AR 72203-1650, Attention: Customer Service.

### **CLERICAL OR OTHER ERRORS**

We will make adjustments to correct any premium overpayment or underpayment. No adjustment will be made for a period of time ending before the prior Policy Year, unless the changes result from fraudulent information.

No clerical error or omission by You, an Employee, or Us will:

1. Terminate coverage which should otherwise be in effect;
2. Continue coverage which should otherwise terminate;
3. Create coverage which should not be in effect; or
4. Change the amount of coverage that should otherwise be in effect.

### **UNDERWRITING APPROVAL REQUIREMENTS**

You may not alter, amend, or expand the limits specified in the Policy or Certificate. All applications or enrollment forms that require underwriting approval must be approved by us before coverage will become effective.

### **RECORDS**

You must maintain all information, documents, and other records relating to coverage under this Policy while the Policy is in effect and thereafter until we authorize their destruction. All enrollment information, forms, applications, beneficiary designations, premium records, and

other information relating to this Policy are open for inspection and/or audit by us or our representative at all reasonable times while this Policy is in effect.

### **ASSIGNMENT**

You may not assign your obligations under this Policy without our prior written consent. You may not delegate any of your duties or functions under this Policy without our prior written consent.

### **OTHER DUTIES**

1. You will cooperate in audits performed by us and will provide all documentation required within the requested time frame. Absent cause, such audits will not occur more frequently than once per 12-month period.
2. You are responsible for the deduction and withholding of any premiums from the pay of any Employees, and for sending them to Us timely. Errors in your calculation or deduction of premium will not increase our liability. We do not retain or exercise the right to direct, control or supervise you as to any procedures for collecting or withholding premiums or for reporting those amounts to Employees or governmental agencies. If We determine that the premium paid was not the correct amount, You agree to make an equitable adjustment of premiums.
3. You are responsible for compliance with applicable federal, state, and local laws. You assume exclusive responsibility for collecting premiums and the accurate reporting of premiums to us, to your Employees, and to any governmental agencies.
4. You agree to provide us, in advance, with a copy of any information you will be giving to Employees that describes or explains the coverage under the Policy, so that we may review and approve such information prior to distribution.
5. You will deliver certificates of insurance to each eligible Employee within 30 days of the Employee's effective date of coverage.
6. You are responsible for providing any communications from us to each eligible Employee as reasonably requested.
7. If requested, You are responsible for providing a copy of the Policy to the Employee.

## **GENERAL PROVISIONS**

### **ENTIRE CONTRACT**

The entire contract consists of:

1. The Policy, any amendments and addenda;
2. Your application;
3. The Certificates (whether attached to the Policy when issued or amended during the term of the Policy);
4. Any endorsements or riders (whether attached to the Policy when issued or amended during the term of the Policy); and
5. All Covered Persons' enrollment forms.

We will provide an electronic or paper copy of the Certificates to You for delivery to each Employee. It is Your responsibility to distribute the appropriate Certificate and any updates or other notices to each Employee.

### **POLICY CANCELLATION**

You may cancel this Policy at any time by giving us written notice. We will consider the Policy to be canceled on the date we receive the notice, or on the date specified in the notice, whichever is later.

We may cancel or modify this Policy with at least 31 days written notice when:

1. The Employees pay all or a part of the cost of their coverage and less than 75% or 10 of the Employees eligible for coverage are participating;
2. You are paying the full cost of coverage and less than 100% or 10 of the Employees eligible for coverage are participating;
3. You do not promptly provide us with information or allow us to conduct a review within 30 days of our request;
4. This Policy has been in effect more than 12 months; or
5. You fail to perform any obligations that relate to this Policy.

### **CHANGES TO THE POLICY**

You may request a change to this Policy. Your request must be in writing and must be consistent with Commission standards.

We may change the Policy's provisions by mutual agreement with you at any time, subject to the Commission standards. No other person may change this Policy or waive any part of it.

If we change this Policy, you will receive 31 days advance written notice of the change. Changes will be made in writing and will become a part of the Policy. No rider, endorsement or amendment will affect the insurance provided under any Certificate until the effective date of the change, unless retroactivity is required by the Commission. Any rider, endorsement or amendment is subject to prior approval and must be signed by an officer of Our Company.

A copy of the rider, endorsement or amendment will be provided to You for attachment to the Policy. If the change affects the Certificate, a copy will be provided to Covered Persons for attachment to the Certificate.

Any rider, endorsement, or amendment added to the Policy after the Effective Date that diminishes rights, benefits or coverage in the Policy must be signed to show acceptance by You.

## **CHANGES IN THE LAW**

Any provision of this Policy that conflicts with the applicable law, will be amended as of the effective date of such law or the date of this Policy (whichever is later), to comply with the minimum requirements of such law.

## **TERMINATION OF THE POLICY**

1. We may terminate the Policy if We do not receive any premium when due or within the Grace Period.
2. We may terminate the Policy if You fail to provide Us information on a timely basis or perform any of Your obligations under the Policy or applicable law. In this case, we will terminate coverage on a premium due date after 31 days advance written notice.
3. We may terminate the policy on any Policy Anniversary, except during any rate guarantee period, by giving You 31 days of advance written notice.
4. You may terminate the policy by giving 31 days advance written notice to Us. In this case, the Policy will terminate on the later of:
  - a. The date stated in the written notice; or
  - b. The date We receive the notice.

If the Policy terminates, You are responsible for giving written notice to all covered Employees as soon as reasonably possible. The written notice will include information regarding Covered Persons' rights to conversion and any other rights under the Certificate. If notice of the conversion right is not given on a timely basis, the Covered Person's right to convert will be extended as described in the Certificate.

If the Policy terminates, all premiums due must be paid.

If We accept premium after the date the Policy is terminated, such acceptance does not act to reinstate the Policy, and any unearned premium will be refunded.

## **INCONTESTABILITY**

Any statement made by You or a Covered Person will be considered a representation and not a warranty. We will not use such statements to avoid insurance, reduce benefits or defend a claim unless it is included in a written application which was made part of the Policy. The statement on which the contest is based shall be material to the risk accepted or the hazard assumed by Us.

We will not contest the validity of this Policy after it has been in force for two years from its effective date, except for non-payment of premiums or fraudulent misrepresentations.

## **HOLD HARMLESS AND INDEMNIFICATION**

You will indemnify and hold harmless US Able Life, its parents, affiliates, officers, directors, agents, successors, attorneys, assigns, and employees against any and all claims, demands, and expenses of any kind made against or incurred by us, resulting from or arising out of any act, negligence, or misconduct by You or any of Your agents, Employees or representatives.

## **RELATIONSHIP OF THE PARTIES**

The relationship between You and Us is that of independent contractors. The parties further agree and acknowledge that you are not our agent and will not hold yourself out as such, and that with respect to this Policy, you are acting solely on behalf of yourself and/or Your Employees.



**POLICY TIME PERIODS**

All time periods described in the Policy begin at 12:00 A.M. and end at 12:00 A.M., local time, at Your principal place of business.

**FRAUD**

It is unlawful to knowingly provide false, incomplete or misleading facts or information with the intent of defrauding us. An application for insurance or statement of claim containing any materially false or misleading information may lead to reduction, denial or termination of benefits or coverage under the policy and recovery of any amounts we have paid.

## **NOTICE CONCERNING COVERAGE LIMITATIONS AND EXCLUSIONS UNDER THE LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT**

Residents of Tennessee who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Tennessee Life and Health Insurance Guaranty Association. The purpose of this association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the guaranty association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the guaranty association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

The state law that provides for this safety-net coverage is called the Tennessee Life and Health Insurance Guaranty Association Act. The following is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law; or describe all of the conditions and limitations relating to coverage. This summary does not in any way change anyone's rights or obligations under the act or the rights or obligations of the Guaranty Association.

### **COVERAGE**

Generally, individuals will be protected by the life and health insurance guaranty association if they live in this state and hold a life or health insurance contract, or an annuity, or if they are insured under a group insurance contract, issued by an insurer authorized to conduct business in Tennessee. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

### **EXCLUSION FROM COVERAGE**

However, persons holding such policies are not protected by this association if:

1. they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
2. the insurer was not authorized to do business in this state;
3. their policy was issued by an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, or by an insurance exchange.

The association also does not provide coverage for:

1. Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
2. Any policy of reinsurance (unless an assumption certificate was issued);
3. Interest rate yields that exceed an average rate;
4. Dividends;
5. Credits given in connection with the administration of a policy by a group contractholder;
6. Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them).

## LIMITS ON AMOUNT OF COVERAGE

The act also limits that amount the Guaranty Association is obligated to pay out. The Guaranty Association cannot pay more than what the insurance company would owe under a policy for contract. For any one insured life, the Guaranty Association guarantees payments up to a stated maximum not matter how many policies and contracts there were with the same company, even if they provided different types of coverage. These aggregate limits per life are as follows:

\$300,000 for policies and contracts of all types, except as described in the next point.

\$500,000 for basic hospital, medical and surgical insurance and major medical insurance issued by companies that become insolvent after January 1, 2010.

Within these overall limits, the Guaranty Association cannot guarantee payment of benefit greater than the following: Life Insurance Death Benefits - \$300,000; Life Insurance Cash Surrender Value - \$100,000; Present Value of Annuity Benefits for Companies Insolvent before July 1, 2009 - \$100,000; Present Value of Annuity Benefits for Companies Insolvent before June 30, 2009 - \$250,000; Health Insurance Benefits for Companies Declared Insolvent before January 1, 2010 - \$100,000; Health Insurance Benefits for Companies Declared Insolvent on or after January 1, 2010 - \$100,000 - for limited benefits and supplemental health coverages; \$300,000 - for disability and long term care insurance; \$500,000 - for basic hospital, medical and surgical insurance or major medical insurance.

The Tennessee Life and Health Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in Tennessee. You should not rely on coverage by the Tennessee Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy.

Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as a variable contract sold by prospectus.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the guaranty association to induce you to purchase any kind of insurance policy.

The Tennessee Life and Health Insurance Guaranty Association  
1200 One Nashville Place  
150 4th Ave. North  
Nashville, TN 37219-2433

Tennessee Department of Commerce and Insurance  
500 James Robertson Parkway  
Nashville, Tennessee 37243

## Notice of Privacy Policy

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

At US<sup>ABLE</sup> Life, we know that the privacy of your personal information is important to you. The proper handling of your personal information is one of our highest priorities. We want to be sure that you know why we need to collect personal information from you. We also want you to know how we protect your privacy and the measures we take to safeguard your information.

### Customer Information

US<sup>ABLE</sup> Life collects and keeps only information that is necessary for us to provide insurance services requested by you and to administer your business with us. We may collect nonpublic personal information:

- From you when you complete an application or other form. This could include information such as name, address, social security number, income and any medical information that you authorized us to collect to underwrite and administer policies and claims.
- From a consumer-reporting agency or Medical Information Bureau as authorized by you.
- As a result of transactions with us, or with our affiliates or others. This could include policy values, policy numbers, payment history, and transactions completed with us.

### Sharing Information

We only share your nonpublic personal information with non-affiliated companies or individuals as permitted by law, such as third party administrators and consumer reporting agencies, or to comply with legal or regulatory requirements. In the normal course of our business, we may disclose information we collect about you to companies or individuals that contract with us to perform servicing functions such as record keeping, policy administration, computer processing, joint marketing of products and distribution of statements.

When we provide personal information to a service provider, we require these providers to agree to safeguard your information, to use the information only for the intended purpose, and to abide by applicable law.

### How We Protect Information

Only employees with a valid business reason have access to your personal information. These employees are trained and educated on the importance of maintaining the confidentiality and security of this information. They are required to abide by our information handling practices. We maintain security standards to protect confidential information, whether written, spoken, or electronic. We update and test our systems to ensure the protection and integrity of our information.

### Maintaining Accurate Information

Our goal is to maintain accurate, up-to-date customer records in accordance with industry standards and state insurance laws. We have procedures in place to keep information current and complete, including timely correction of inaccurate information.

### Disclosure of our Privacy Notice

At US<sup>ABLE</sup> Life, we recognize and respect the privacy concerns of our potential, current, and former customers. We are committed to safeguarding this information. We are sending you this Notice of Privacy Policy for informational purposes and will update and distribute it as required by law. It is also available on our web site at [www.usablelife.com](http://www.usablelife.com) or from our Customer Service Department at 1-800-370-5856. Customer Service Department is available between the hours of 8:00 a.m. until 5:00 p.m. Central Standard Time, Monday through Friday.



# GROUP APPLICATION FOR EMPLOYEE BENEFITS

P.O. Box 1650  
Little Rock, AR 72223

INTERNAL USE ONLY	
POLICY NUMBER	50033596
PROPOSAL NUMBER	99298 & 99302

Please Type or Print in Black Ink

REQUESTED EFFECTIVE DATE
GROUP APPLICATION FOR POLICY EFFECTIVE DATE* <u>1/1/2019</u>
<small>*The effective date is subject to approval by US Able Life. We will notify you in writing if not approved.</small>

EMPLOYER INFORMATION
1. LEGAL NAME OF GROUP <u>Sullivan County Government and Schools</u>
2. TAX ID NO. <u>Government 62-6000858 / Schools 62-6000862</u>
3. STREET ADDRESS (STREET/CITY/STATE/ZIP) <u>3411 Hwy 126 Ste 202 Blountville TN 37617 (Gov.</u>
4. MAILING ADDRESS if different from street address (STREET/CITY/STATE/ZIP) <u>P.O. Box 306 Blountville TN 37617</u>
5. EMPLOYER IS A: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Other <u>Schools and Government</u>
6. NATURE OF BUSINESS <u>Schools and Government</u>   7. ELIGIBLE EMPLOYEES <u>1952</u>
8. SUBSIDIARIES/AFFILIATES TO BE COVERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, please list all names and locations in the space below.
SUBSIDIARIES/AFFILIATES NAMES & LOCATIONS: _____
9. ARE THERE EMPLOYEES LOCATED IN OTHER STATES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, please list all names and locations in the space below.
STATES WHERE EMPLOYEES RESIDE: <u>Virginia</u>
10. ARE DOMESTIC PARTNERS ELIGIBLE FOR DEPENDENT COVERAGE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO if legally married

EMPLOYER CONTACT INFORMATION:	
BENEFIT CONTACT INFORMATION: <u>Benefits/Billing Contact for Govt</u>	BILLING CONTACT INFORMATION: <u>Benefits/Billing Contact School</u>
NAME (First, Last) <u>Michelle Turner</u>	NAME (First, Last) <u>Tina Dade</u>
PHONE <u>(423) 323-6499</u>   FAX	PHONE <u>(423) 354-1085</u>   FAX
EMAIL <u>Michelle.Turner@sullivancountyttn.gov</u>	EMAIL <u>Tina.Dade@sullivank12.net</u>



# GROUP APPLICATION FOR EMPLOYEE BENEFITS

EMPLOYER INFORMATION	
LEGAL NAME OF GROUP Sullivan County Government and Schools	TAX ID NO. Government 62-6000858 / Schools 62-6000862

EMPLOYEE CLASS DEFINITIONS		
CLASS	DESCRIPTION OF CLASS(ES)	ELIGIBLE EMPLOYEES
1	All Full Time Active Government Employees	
2	All Part Time Active Government Employees	
3	All Full Time Active School Employees	
4	All Part Time Active School Employees	

\*See attached Addendum for additional classes

ELECTED PRODUCTS <sup>1</sup>	MIN HOURS	CONTRIBUTION		ENROLLED EMPLOYEES
			EMPLOYER %	
BASIC LIFE	*Remarks	<input type="checkbox"/> PRE-TAX <input type="checkbox"/> POST-TAX	*See Remarks	
BASIC AD&D		<input type="checkbox"/> PRE-TAX <input type="checkbox"/> POST-TAX		
SUPPLEMENTAL LIFE <sup>2</sup>		<input type="checkbox"/> PRE-TAX <input type="checkbox"/> POST-TAX		
SUPPLEMENTAL AD&D <sup>2</sup>		<input type="checkbox"/> PRE-TAX <input type="checkbox"/> POST-TAX		
DEPENDENT LIFE <sup>2</sup>	*Remarks	<input type="checkbox"/> PRE-TAX <input type="checkbox"/> POST-TAX	0%	
VOLUNTARY LIFE	*Remarks	<input type="checkbox"/> PRE-TAX <input type="checkbox"/> POST-TAX	0%	
VOLUNTARY AD&D		<input type="checkbox"/> PRE-TAX <input type="checkbox"/> POST-TAX		
BASIC/CORE STD <sup>3</sup>		<input type="checkbox"/> PRE-TAX <input type="checkbox"/> POST-TAX <input type="checkbox"/> GROSS-UP		
BUY UP STD <sup>2</sup>		<input type="checkbox"/> PRE-TAX <input type="checkbox"/> POST-TAX <input type="checkbox"/> GROSS-UP		
VOLUNTARY STD <sup>3</sup>		<input type="checkbox"/> PRE-TAX <input type="checkbox"/> POST-TAX <input type="checkbox"/> GROSS-UP		
BASIC/CORE LTD <sup>3</sup>		<input type="checkbox"/> PRE-TAX <input type="checkbox"/> POST-TAX <input type="checkbox"/> GROSS-UP		
BUY UP LTD <sup>2</sup>		<input type="checkbox"/> PRE-TAX <input type="checkbox"/> POST-TAX <input type="checkbox"/> GROSS-UP		
VOLUNTARY LTD <sup>3</sup>		<input type="checkbox"/> PRE-TAX <input type="checkbox"/> POST-TAX <input type="checkbox"/> GROSS-UP		

1. If effective date, anniversary or renewal dates vary by product please note in remarks.  
 2. Not available on stand alone basis.  
 3. STD and LTD benefits that are paid for with pre-tax dollars will be subject to the federal insurance contributions act (FICA) and/or federal income tax (FIT).

REPLACEMENT: ARE ANY OF THE FOLLOWING A REPLACEMENT OF SIMILAR COVERAGE?				
	Yes	No	If yes, Previous Carrier	Termination Date
BASIC LIFE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reliance Standard Life Insurance	12/31/2018
SUPPLEMENTAL LIFE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reliance Standard Life Insurance	12/31/2018
VOLUNTARY LIFE	<input type="checkbox"/>	<input type="checkbox"/>		
STD / VOLUNTARY STD	<input type="checkbox"/>	<input type="checkbox"/>		
LTD / VOLUNTARY LTD	<input type="checkbox"/>	<input type="checkbox"/>		

If prior coverage, include a copy of the prior carrier's plan.



# GROUP APPLICATION FOR EMPLOYEE BENEFITS

## EMPLOYER INFORMATION

LEGAL NAME OF GROUP Sullivan County Government and Schools

TAX ID NO. Government 62-6000858 / Schools 62-6000862

## EMPLOYEE MANAGEMENT PROVISIONS

### SALARY BASED PRODUCTS

Salary changes for group products will take place on the:

- FIRST OF THE MONTH FOLLOWING  
  DATE OF CHANGE  
  ANNIVERSARY  
 NOTE: Reductions in coverage due to age will always occur on the date of change.

## ELIGIBILITY

### EMPLOYEE WAITING PERIOD

First of policy month following completion of SR days of continuous active work

Day following completion of \_\_\_\_\_ days of continuous active work

**\*See Addendum for waiting period by class**

Waiting period applies to:  Current Employees    Future Employees

### ELIGIBILITY PERIOD FOR REHIRES: SELECT ONE OF THE DURATIONS BELOW

The waiting period is waived for employees rehired within:

- 3 MONTHS  
  6 MONTHS  
  12 MONTHS  
  OTHER \_\_\_\_\_  
  WAITING PERIOD APPLIES

## BILLING

### Group will be billed by:\*

- USABLE LIFE ONLINE BILLING  
 COMBINED BILLED WITH BLUE PLAN  
 SELF BILLED (Policyholder or Third Party Administrator)  
 OTHER

### Billing method will be:

- ADVANCED (ie. bill generated 15th of August for September premium)  
 10 MONTHS (List months skipped) \_\_\_\_\_  
 9 MONTHS (List months skipped) \_\_\_\_\_  
 OTHER

\*If billing varies by product please note in remarks.

Annual enrollment and policy anniversary effective date for voluntary coverage will match policy effective date if not otherwise noted.

## W-2 SERVICE OPTIONS FOR STD AND LTD:

OPTION 1: Withhold the employee's portion of FICA. Prepare and file W-2 Forms.    STD    LTD

OPTION 2: Withhold the employee's portion of FICA. Policyholder responsible for W-2 Forms.    STD    LTD

If Option 1 or 2 are chosen, employer appoints USABLE Life, or its assignee, as its agent to handle tax withholdings. If Option 1 is chosen, employer appoints USABLE Life or its assignee, as its agent to make W-2 Form filings.

A description of the W-2 and FICA services elected by policyholder pursuant to this application will be sent to the policyholder by mail. Such services will be performed to accordance with the above election and the terms of the W-2/FICA service agreement.



# GROUP APPLICATION FOR EMPLOYEE BENEFITS

**REMARKS/SPECIAL PROVISIONS:**

The waiting period, basic life contributions and minimum required hours worked are listed in the attached Addendum.

The billing method is Current Billing

USABLE Life will issue a policy if we approve this application and the policyholder provides us with all now business submission information required to administer the policy. The applicant agrees that acceptance of the policy will be an approval of the policy terms.

This application is governed by the laws of the state of Tennessee.

**WARNING:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The information represented in this application is accurate to the best of my knowledge. I understand and agree that if the information contained in the accompanying proposal is different than this application, the information in the application will be used by USABLE Life to implement this plan.

**SIGNATURES**

Larry L. Bailey  
NAME OF LEGAL REPRESENTATIVE OF POLICYHOLDER (PRINTED)

Director of Finance  
TITLE OF LEGAL REPRESENTATIVE OF POLICYHOLDER

Larry L. Bailey  
SIGNATURE OF LEGAL REPRESENTATIVE OF POLICYHOLDER

Blountville, TN  
SIGNED AT (CITY, STATE)

11-16-18  
DATE

Mark Browder  
NAME OF POLICYHOLDER AGENT (PRINTED)

56-1055004  
SSN/TAX ID NUMBER

STATE ID NUMBER

[Signature]  
SIGNATURE OF POLICYHOLDER AGENT

Johnson City TN  
SIGNED AT (CITY, STATE)

11-16-18  
DATE



# Sullivan County Government and Schools- Addendum

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- **Class 1 - All Full Time Active Government Employees:**
  - Waiting period is First of the month following 60 days
  - Minimum hours required is 35 hours each week
  - Benefits are Group Term Life (100% employer paid), Dependent Life (0% employer paid) and Voluntary Group Term Life
  
- **Class 2 - All Part Time Active Government Employees:**
  - Waiting period is First of the Month following 60 days
  - Minimum hours required is 15 hours each week
  - Benefits are Group Term Life (0% employer paid) and Dependent Life (0% employer paid)
  
- **Class 3 - All Full Time Active School Employees:**
  - Waiting period is First of the month following 0 days
  - Minimum hours required is 35 hours each week
  - Benefits are Group Term Life (100% employer paid), Dependent Life (0% employer paid) and Voluntary Group Term Life
  
- **Class 4 - All Part Time Active School Employees:**
  - Waiting period is First of the Month following 0 days
  - Minimum hours required is 15 hours each week
  - Benefits are Group Term Life (0% employer paid) and Dependent Life (0% employer paid)
  
- **Class 5 – All Eligible County Commissioners:**
  - Waiting period is First of the Month following 0 days
  - Benefits are Group Term Life (0% employer paid) and Dependent Life (0% employer paid)
  
- **Class 6 – All Eligible School Board Members:**
  - Waiting period is First of the Month following 0 days
  - Benefits are Group Term Life (0% employer paid) and Dependent Life (0% employer paid)