

Companion Life VOLUNTARY GROUP TERM LIFE

STANDARD INDUSTRIES — MONTHLY PREMIUM COST

THE COMPANION CHOICE PLUS PLAN To determine your initial monthly premium within your current age category, simply find your age bracket on the left side and follow that line to the right. The amount shown will be your monthly premium rate per \$1,000 of coverage. AD&D coverage is not included in the premiums shown. AD&D coverage is available at .03 per thousand dollars of insurance coverage per month. The amount of AD&D coverage must be equal to the amount of Voluntary Life benefits the employees select for themselves and their covered spouses. Our AD&D benefit is selected at the group level.

Age Category	Monthly Premium Rate per Thousand Dollars of Insurance Coverage	Coverage Amount and Monthly Premium*						
		Rate Per \$1,000	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
15 - 29	0.09	0.90	2.25	4.50	6.75	9.00	13.50	18.00
30 - 34	0.10	1.00	2.50	5.00	7.50	10.00	15.00	20.00
35 - 39	0.12	1.20	3.00	6.00	9.00	12.00	18.00	24.00
40 - 44	0.17	1.70	4.25	8.50	12.75	17.00	25.50	34.00
45 - 49	0.29	2.90	7.25	14.50	21.75	29.00	43.50	58.00
50 - 54	0.53	5.30	13.25	26.50	39.75	53.00	79.50	106.00
55 - 59	0.79	7.90	19.75	39.50	59.25	79.00	118.50	158.00
60 - 64	1.52	15.20	38.00	76.00	114.00	152.00	228.00	304.00
65 - 69**	2.39	23.90	59.75	119.50	179.25	239.00	358.50	478.00
70 +**	4.41	44.10	110.25	220.50	330.75	441.00	661.50	882.00

*Employee coverage must be elected in \$5,000 increments, minimum amount \$10,000. The maximum amount per employee is \$500,000, subject to Guarantee Issue schedule.

** An individual's life benefit reduces to 65% at age 65, to 50% at age 70, to 35% at age 75, to 20% at age 80. Monthly premium shown assumes coverage amount shown is after benefit reductions.

Spouse coverage must be in \$5,000 increments, not to exceed 50% of employee amount. The maximum spouse benefit is \$150,000, subject to Guarantee Issue schedule.

Child(ren) monthly rate is \$0.25 per thousand dollars of coverage amount selected. (AD&D coverage is not available for children.)

Premium rates for an insured will increase on the policyholder's next anniversary following the date the insured enters the next age bracket. In addition, Companion Life reviews premiums annually and rates are subject to change.

This Premium Cost Chart is for illustrative purposes only; your monthly premium cost may be slightly higher or lower due to rounding. The information provided is only a summary of benefits available. Refer to your certificate for details and limitations of coverage.

EXAMPLE

		Monthly Premium
Employee, Age 41	\$350,000 Selected (350 x .17 = 59.50)	\$59.50
Spouse, Age 35	\$25,000 Selected (25 x .12 = 3.00)	\$ 3.00
Two Children	\$5,000 Selected (5 x .25 = 1.25)	\$ 1.25
	Total	\$63.75



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Email c.life@companiongroup.com ■ CompanionLife.com

Companion Life VOLUNTARY GROUP TERM LIFE

PREFERRED INDUSTRIES ONLY — MONTHLY PREMIUM COST

THE COMPANION CHOICE PLUS PLAN To determine your initial monthly premium within your current age category, simply find your age bracket on the left side and follow that line to the right. The amount shown will be your monthly premium rate per \$1,000 of coverage. AD&D coverage is not included in the premiums shown. AD&D coverage is available at .03 per thousand dollars of insurance coverage per month. The amount of AD&D coverage must be equal to the amount of Voluntary Life benefits the employees select for themselves and their covered spouses. Our AD&D benefit is selected at the group level.

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		Rate Per \$1,000	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
15 - 29	0.07	0.70	1.75	3.50	5.25	7.00	10.50	14.00
30 - 34	0.08	0.80	2.00	4.00	6.00	8.00	12.00	16.00
35 - 39	0.10	1.00	2.50	5.00	7.50	10.00	15.00	20.00
40 - 44	0.14	1.40	3.50	7.00	10.50	14.00	21.00	28.00
45 - 49	0.23	2.30	5.75	11.50	17.25	23.00	34.50	46.00
50 - 54	0.42	4.20	10.50	21.00	31.50	42.00	63.00	84.00
55 - 59	0.63	6.30	15.75	31.50	47.25	63.00	94.50	126.00
60 - 64	1.22	12.20	30.50	61.00	91.50	122.00	183.00	244.00
65 - 69**	1.91	19.10	47.75	95.50	143.25	191.00	286.50	382.00
70 +**	3.53	35.30	88.25	176.50	264.75	353.00	529.50	706.00

*Employee coverage must be elected in \$5,000 increments, minimum amount \$10,000. The maximum amount per employee is \$500,000, subject to Guarantee Issue schedule.

** An individual's life benefit reduces to 65% at age 65, to 50% at age 70, to 35% at age 75, to 20% at age 80. Monthly premium shown assumes coverage amount shown is after benefit reductions.

Spouse coverage must be in \$5,000 increments, not to exceed 50% of employee amount. The maximum spouse benefit is \$150,000, subject to Guarantee Issue schedule.

Child(ren) monthly rate is \$0.25 per thousand dollars of coverage amount selected. (AD&D coverage is not available for children.)

Premium rates for an insured will increase on the policyholder's next anniversary following the date the insured enters the next age bracket. In addition, Companion Life reviews premiums annually and rates are subject to change.

This Premium Cost Chart is for illustrative purposes only; your monthly premium cost may be slightly higher or lower due to rounding. The information provided is only a summary of the benefits available. Refer to your certificate for details and limitations of coverage.

EXAMPLE

		Monthly Premium
Employee, Age 41	\$350,000 Selected (350 x .14 = 49.00)	\$49.00
Spouse, Age 35	\$25,000 Selected (25 x .10 = 2.50)	\$ 2.50
Two Children	\$5,000 Selected (5 x .25 = 1.25)	\$ 1.25
	Total	\$52.75

SIC Code	Industry
6011-6029	Banking
6035-6036	Savings & Loan Assoc.
6061-6062	Credit Unions
6081-6099	Misc. Banking Services
6111-6163	Credit Agencies/Mortgage Bankers
6211-6289	Security & Commodity Brokers
6311-6399	Insurance Carriers
6411	Insurance Agents/Brokers
6512-6553	Real Estate

SIC Code	Industry
6712-6799	Holding/Investment Co.
7311-7338	Advertising/Other Services
7371-7379	Computer and D.P. Services
8010-8049	Physicians & Dentists
8062-8069	Hospitals
8071-8072	Medical & Dental Labs
8082-8099	Health & Allied Services
8111	Legal Services
8211	Elementary & Secondary Schools

SIC Code	Industry
8221-8222	Colleges & Junior Colleges
8231	Libraries
8243-8249	Vocational Schools
8299	Other Educational Services
8711-8713	Engineering/Other Services
8721	Accounting/Bookkeeping Services
8731-8734	R&D/Testing Services
8741-8748	Mgmt., Consulting & PR Services

Voluntary Group Plans from Companion Life

Benefits for Employees that Benefit Employers

Companion Life's Voluntary products enhance the total employee benefits package, making it easier to attract and retain quality, loyal employees.

Offer a complete Voluntary benefits portfolio through Companion Life! We've listed a few of our product highlights below for your convenience.

Voluntary Dental

- \$100 Lifetime Deductible Options
- Flexible Plan Design
- PPO Options with strong network including 154,000 access points
- Value-added plans included

Vision by Design

- Flexible Plan Designs
- Access to more than 35,000 vision care providers at 18,000 locations nationwide
- Value-added services including discount laser vision correction

Voluntary Short Term Disability

- Entry Age Freeze
- \$10K AD&D Included
- 3 enrollees for groups of 2-9, 5 enrollees for groups of 10 or more

Voluntary Long Term Disability

- 60% of pre-disability income up to a \$6,000 monthly benefit
- Social Security filing assistance
- Waiver of Premium

For more information or a proposal please contact



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Companion Life 5-Year Premium Rate Lock VOLUNTARY GROUP TERM LIFE

PREFERRED INDUSTRIES ONLY — MONTHLY PREMIUM COST

THE COMPANION CHOICE PLUS PLAN To determine your initial monthly premium within your current age category, simply find your age bracket on the left side and follow that line to the right. The amount shown will be your monthly premium rate per \$1,000 of coverage. AD&D coverage is not included in the premiums shown. AD&D coverage is available at .03 per thousand dollars of insurance coverage per month. The amount of AD&D coverage must be equal to the amount of Voluntary Life benefits the employees select for themselves and their covered spouses. Our AD&D benefit is selected at the group level.

Age Category	Monthly Premium Rate per Thousand Dollars of Insurance Coverage	Coverage Amount and Monthly Premium*						
		Rate Per \$1,000	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
15 - 29	0.08	0.80	2.00	4.00	6.00	8.00	12.00	16.00
30 - 34	0.09	0.90	2.25	4.50	6.75	9.00	13.50	18.00
35 - 39	0.11	1.10	2.75	5.50	8.25	11.00	16.50	22.00
40 - 44	0.15	1.50	3.75	7.50	11.25	15.00	22.50	30.00
45 - 49	0.26	2.60	6.50	13.00	19.50	26.00	39.00	52.00
50 - 54	0.47	4.70	11.75	23.50	35.25	47.00	70.50	94.00
55 - 59	0.70	7.00	17.50	35.00	52.50	70.00	105.00	140.00
60 - 64	1.35	13.50	33.75	67.50	101.25	135.00	202.50	270.00
65 - 69**	2.11	21.10	52.75	105.50	158.25	211.00	316.50	422.00
70 +**	3.89	38.90	97.25	194.50	291.75	389.00	583.50	778.00

*Employee coverage must be elected in \$5,000 increments, minimum amount \$10,000. The maximum amount per employee is \$500,000, subject to Guarantee Issue schedule.

**An individual's life benefit reduces to 65% at age 65, to 50% at age 70, to 35% at age 75, to 20% at age 80. Monthly premium shown assumes coverage amount shown is after benefit reductions. (Five-year premium rate lock does not affect age reduction schedule.)

Spouse coverage must be in \$5,000 increments, not to exceed 50% of employee amount. The maximum spouse benefit is \$150,000, subject to Guarantee Issue schedule.

Child(ren) monthly rate is \$0.25 per thousand dollars of coverage amount selected. (AD&D coverage is not available for children.)

Future premium age bracket increases for an insured may only occur on the group's 5th renewal date, 10th renewal date, etc. In addition, Companion Life reviews the plan annually and rates are subject to change.

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EXAMPLE

	Monthly Premium
Employee, Age 41	\$350,000 Selected (350 x .15 = 52.50) \$52.50
Spouse, Age 35	\$25,000 Selected (25 x .11 = 2.75) \$ 2.75
Two Children	\$5,000 Selected (5 x .25 = 1.25) \$ 1.25
	Total \$56.50

THE PREMIUMS SHOWN ABOVE APPLY TO THE FOLLOWING PREFERRED INDUSTRIES ONLY:

SIC Code	Industry	SIC Code	Industry	SIC Code	Industry
6011-6029	Banking	6712-6799	Holding/Investment Co.	8221-8222	Colleges & Junior Colleges
6035-6036	Savings & Loan Assoc.	7311-7338	Advertising/Other Services	8231	Libraries
6061-6062	Credit Unions	7371-7379	Computer and D.P. Services	8243-8249	Vocational Schools
6081-6099	Misc. Banking Services	8010-8049	Physicians & Dentists	8299	Other Educational Services
6111-6163	Credit Agencies/Mortgage Bankers	8062-8069	Hospitals	8711-8713	Engineering/Other Services
6211-6289	Security & Commodity Brokers	8071-8072	Medical & Dental Labs	8721	Accounting/Bookkeeping Services
6311-6399	Insurance Carriers	8082-8099	Health & Allied Services	8731-8734	R&D/Testing Services
6411	Insurance Agents/Brokers	8111	Legal Services	8741-8748	Mgmt., Consulting & PR Services
6512-6553	Real Estate	8211	Elementary & Secondary Schools		

Companion Life **5-Year Premium Rate Lock** VOLUNTARY GROUP TERM LIFE

STANDARD INDUSTRIES — MONTHLY PREMIUM COST

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Age Category	Monthly Premium Rate per Thousand Dollars of Insurance Coverage	Coverage Amount and Monthly Premium*						
		Rate Per \$1,000	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
15 - 29	0.10	1.00	2.50	5.00	7.50	10.00	15.00	20.00
30 - 34	0.11	1.10	2.75	5.50	8.25	11.00	16.50	22.00
35 - 39	0.14	1.40	3.50	7.00	10.50	14.00	21.00	28.00
40 - 44	0.19	1.90	4.75	9.50	14.25	19.00	28.50	38.00
45 - 49	0.32	3.20	8.00	16.00	24.00	32.00	48.00	64.00
50 - 54	0.59	5.90	14.75	29.50	44.25	59.00	88.50	118.00
55 - 59	0.87	8.70	21.75	43.50	65.25	87.00	130.50	174.00
60 - 64	1.68	16.80	42.00	84.00	126.00	168.00	252.00	336.00
65 - 69**	2.63	26.30	65.75	131.50	197.25	263.00	394.50	526.00
70 +**	4.86	48.60	121.50	243.00	364.50	486.00	729.00	972.00

*Employee coverage must be elected in \$5,000 increments, minimum amount \$10,000. The maximum amount per employee is \$500,000, subject to Guarantee Issue schedule.

** An individual's life benefit reduces to 65% at age 65, to 50% at age 70, to 35% at age 75, to 20% at age 80. Monthly premium shown assumes coverage amount shown is after benefit reductions. (Five-year premium rate lock does not affect age reduction schedule.)

Spouse coverage must be in \$5,000 increments, not to exceed 50% of employee amount. The maximum spouse benefit is \$150,000, subject to Guarantee Issue schedule.

Child(ren) monthly rate is \$0.25 per thousand dollars of coverage amount selected. (AD&D coverage is not available for children.)

Future premium age bracket increases for an insured may only occur on the group's 5th renewal date, 10th renewal date, etc. In addition, Companion Life reviews the plan annually and rates are subject to change.

This Premium Cost Chart is for illustrative purposes only; your monthly premium cost may be slightly higher or lower due to rounding. The information provided is only a summary of benefits available. Refer to your certificate for details and limitations of coverage.

EXAMPLE

	Monthly Premium
Employee, Age 41	\$350,000 Selected (350 x .19 = 66.50) \$66.50
Spouse, Age 35	\$25,000 Selected (25 x .14 = 3.50) \$ 3.50
Two Children	\$5,000 Selected (5 x .25 = 1.25) \$ 1.25
	Total \$71.25



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Strength in Numbers

Introducing 5-Year Premium Rate Lock for Voluntary Group Term Life

With this unique approach from Companion Life, each group participant has his or her age frozen for five years from the initial date of the group's enrollment. All future age bracket increases occur at five year intervals — on the group's 10th year renewal, 15th year renewal, 20th year renewal, etc.

Employees who join the plan after the group's initial enrollment will lock in with the group's adjustment dates — the 5th renewal year, the 10th renewal year, etc. All their age bracket increases will occur on the same date as the group's.

Employee Advantage

Employees enjoy knowing their premium age rate is locked in for five years. This lets them easily budget their insurance payroll deduction.

Employer Advantage

Group administrators enjoy simplicity and ease of administration. Instead of adjusting payroll deductions every year as employees age into the next premium age bracket, changes are made only once every five years.

Contact Group Marketing or Your Agent Today for a Prompt, Professional Proposal!

Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice.

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance online at contact@hcrcompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1-844-396-0188]。 (Chinese)

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

이 건보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187 로 연락주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. PC 명조 (Korean)

Kung ikaw, o ang iyong tinutulongan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839 . (Tagalog)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل ب 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de ce plan médical, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)
