



Mark III
Employee Benefits



Plan Year: January 1, 2018 - December 31, 2018
Arranged and Enrolled by Mark III Brokerage, Inc.

Voluntary Benefits



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If you wish to add or make changes to your insurance coverage(s), please consult a Benefits Representative during your scheduled enrollment period. **You will not be able to make any changes once the enrollment period is over** unless you experience a qualified event outlined by the IRS (i.e., marriage, divorce, birth of a child, etc.) If you should experience a qualified event, you have 31 days from the date of the event to make any changes.

All information in this booklet is a brief description of your coverage and is not a contract. Refer to your policy or certificate for each product for the exact terms and conditions.

Plan Arranged By:



Mark III
Employee Benefits

Aflac Group Accident Plan

Plan Features

- Benefits are payable regardless of any other insurance programs.
- Coverage is guaranteed-issue, provided the applicant is eligible for coverage.
- The plan features benefits for both inpatient and outpatient treatment of covered accidents.
- Benefits are available for spouse and/or dependent children.
- There's no limit on the number of claims an insured can file.
- Premiums are paid by convenient payroll deduction.
- Immediate effective date – Coverage will be effective the date the employee signs the application
- 24-Hour Coverage.

Eligibility

Issue Ages

Employee at least age 18

Spouse at least age 18

Children under age 26

The employee may purchase Accident Plus coverage for his spouse and/or dependent children. The spouse and dependent children cannot participate if the employee is not eligible for coverage or elects not to participate.

Guaranteed-Issue

Coverage is guaranteed-issue, provided the applicants are eligible for coverage. Enrollments take place once each 12-month period. Late enrollees cannot enroll outside of an annual enrollment period.

Portability

Coverage may be continued with certain stipulations. See certificate for details.

Accident Benefits – High Option

	Complete Fractures	Closed Reduction Benefits
	EMPLOYEE	SPOUSE/CHILD(REN)
Hip/Thigh	\$4,500	\$4,000
Vertebrae	\$4,050	\$3,600
Pelvis	\$3,600	\$3,200
Skull (Depressed)	\$3,375	\$3,000
Leg	\$2,700	\$2,400
Forearm/Hand/Wrist	\$2,250	\$2,000
Foot/Ankle/Knee Cap	\$2,250	\$2,000
Shoulder Blade/Collar Bone	\$1,800	\$1,600
Lower Jaw (Mandible)	\$1,800	\$1,600
Skull (Simple)	\$1,575	\$1,400
Upper Arm/Upper Jaw	\$1,575	\$1,400
Facial Bones (Except teeth)	\$1,350	\$1,200
Vertebral Processes	\$900	\$800
Coccyx/Rib/Finger/Toe	\$360	\$320

If the fracture requires open reduction, we will pay 150% of the amount shown.

A *fracture* is a break in a bone that can be seen by X-ray. If a bone is fractured in a covered accident, and it is diagnosed and treated by a doctor within 90 days after the accident, we will pay the appropriate amount shown.

Multiple fractures refer to more than one fracture requiring either open or closed reduction. If multiple fractures occur in any one covered accident, we will pay the appropriate amounts shown for each fracture.

However, we will pay no more than 150% of the benefit amount for the fractured bone which has the highest dollar amount.

Chip fracture refers to a piece of bone that is completely broken off near a joint. If a doctor diagnoses the fracture as a chip fracture, we will pay 10% of the amount shown for the affected bone.

The maximum amount payable for the Fracture Benefit per covered accident is 150% the benefit amount for the fractured bone that has the higher dollar amount.

Complete Dislocations		
	Employee Closed Reduction	Spouse/Child(ren) Closed Reduction
Hip	\$4,000	\$3,000
Knee (not kneecap)	\$2,600	\$1,950
Shoulder	\$2,000	\$1,500
Foot/Ankle	\$1,600	\$1,200
Hand	\$1,400	\$1,050
Lower Jaw	\$1,200	\$900
Wrist	\$1,000	\$750
Elbow	\$800	\$600
Finger/Toe	\$320	\$240

If the dislocation requires open reduction, we will pay 150% of the amount shown.

Dislocation refers to a completely separated joint. If a joint is dislocated in a covered accident, and it is diagnosed and treated by a doctor within 90 days after the accident, we will pay the amount shown.

We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of the certificate and then dislocates the same joint again, it will not be covered by this plan.

Multiple dislocations refer to more than one dislocation requiring either open or closed reduction in any one covered accident. For each covered dislocation, we will pay the amounts shown. However, we will pay no more than 150% of the benefit amount for the dislocated joint that has the higher dollar amount.

Partial dislocation is one in which the joint is not completely separated. If a doctor diagnoses and treats the accidental injury as a partial dislocation, we will pay 25% of the amount shown in the benefit schedule for the affected joint.

The maximum amount payable for the Dislocation Benefit per covered accident is 150% of the benefit amount for the dislocated joint that has the higher dollar amount.

If you have **both** fracture and dislocation in the same covered accident, we will pay for both. However, we will pay no more than 150% the benefit amount for the fractured bone or dislocated joint that has the higher dollar amount.

Paralysis	
Quadriplegia	\$10,000
Paraplegia	\$5,000

Paralysis means the permanent loss of movement of two or more limbs. We will pay the appropriate amount shown if, because of a covered accident:

- The insured is injured,
- The injury causes paralysis which lasts more than 90 days, **and**
- The paralysis is diagnosed by a doctor within 90 days after the accident.

The amount paid will be based on the number of limbs paralyzed.

If this benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate Death Benefit, less any amounts paid under the Paralysis Benefit.

Lacerations	
Up to 2" long	\$50
2"-6" long	\$200
More than 6" long	\$400
Lacerations not requiring stitches	\$25

The laceration must be repaired with stitches by a doctor within 14 days after the accident. The amount paid will be based on the length of the laceration.

If an insured suffers multiple lacerations in a covered accident, and the lacerations are repaired with stitches by a doctor within 14 days after the accident, we will pay this benefit based on the largest single laceration which requires stitches.

Injuries Requiring Surgery	
Eye Injuries (treatment and surgery within 90 days)	\$250
Removal of foreign body from eye (requiring no surgery)	\$50
Tendons/Ligaments* (treatment within 60 days, surgical repair within 90 days)	
<i>Single</i>	\$400
<i>Multiple</i>	\$600
If the insured fractures a bone or dislocates a joint, and tears, severs, or ruptures a tendon or ligament in the same accident, we will pay one benefit. We will pay the largest of the scheduled benefit amounts for fractures, dislocations, or tendons and ligaments.	
Ruptured Disc (treatment within 60 days, surgical repair within one year)	
<i>Injury occurs during first certificate year</i>	\$100
<i>Injury occurs after first certificate year</i>	\$400
Torn Knee Cartilage (treatment within 60 days, surgical repair within one year)	
<i>Injury occurs during first certificate year</i>	\$100
<i>Injury occurs after first certificate year</i>	\$400
Burns (treatment within 14 days, first degree burns not covered)	
	Benefit
Second Degree	
<i>Less than 10% of body surface covered</i>	\$100
<i>At least 10%, but not more than 25% of body surface covered</i>	\$200
<i>At least 25%, but not more than 35% of body surface covered</i>	\$500
<i>More than 35% of body surface covered</i>	\$1,000
Third Degree	
<i>Less than 10% of body surface covered</i>	\$1,000
<i>At least 10%, but not more than 25% of body surface covered</i>	\$5,000
<i>At least 25%, but not more than 35% of body surface covered</i>	\$10,000
<i>More than 35% of body surface covered</i>	\$20,000
Concussion (A concussion or <i>Mild Traumatic Brain Injury (MTBI)</i> is defined as a disruption of brain function resulting from a traumatic blow to the head.(Note: <i>Concussion</i> and <i>MTBI</i> are used interchangeably. The concussion must be diagnosed by a doctor.)	\$200
Coma (state of profound unconsciousness lasting 30 days or more)	\$10,000
Internal Injuries (resulting in open abdominal or thoracic surgery)	\$1,000
Exploratory Surgery (without repair, i.e., arthroscopy)	\$250
Emergency Dental Work (injury to sound, natural teeth)	
<i>Repaired with crown</i>	\$150
<i>Resulting in extraction</i>	\$50

Medical Fees (for each accident)	
Employee or Spouse	\$125
Child(ren)	\$75

We will pay the amount shown for X-rays or doctor services.

For benefits to be payable, because of a covered accident, the insured must be injured and receive initial treatment from a doctor within 14 days after the accident.

We will pay the Medical Fees Benefit:

- For treatment received due to injuries from a covered accident **and**
- For each covered accident up to one year after the accident date.

Emergency Room Treatment	
Employee or Spouse	\$125
Child(ren)	\$75

We will pay the amount shown for injuries received in a covered accident if the insured:

- Receives treatment in a hospital emergency room **and**
- Receives initial treatment within 14 days after the covered accident.

This benefit is payable only once per 24-hour period and only once per covered accident.

We will not pay the Accident Emergency Room Treatment Benefit and the Medical Fees Benefit for the same covered accident. We will pay the highest eligible benefit amount.

Emergency Room Observation Benefit	
Employee or Spouse	\$75
Child(ren)	\$45

We will pay the amount shown for injuries received in a covered accident if the insured:

- Receives treatment in a hospital emergency room, **and**
- Is held in a hospital for observation for at least 24 hours, **and**
- Receives initial treatment within 14 days after the accident.

This benefit is payable only once per 24-hour period and only once per covered accident. This benefit would be paid in addition to Accident Emergency Room Treatment Benefit.

Accident Follow-Up Treatment	\$25
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We will pay the amount shown for up to six treatments per covered accident, per covered person. The insured must have received initial treatment within 14 days of the accident, and the follow-up treatment must begin within 30 days of the covered accident or discharge from the hospital.

Physical Therapy	\$25
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We will pay the amount shown for up to six treatments (one per day) per covered accident, per covered person for treatment from a physical therapist. A physician must prescribe the physical therapy. The insured must have received initial treatment within 14 days of the accident, and physical therapy must begin within 30 days of the covered accident or discharge from the hospital. Treatment must take place within six months after the accident. This benefit is not payable for the same visit that the Accident Follow-up Treatment benefit is paid.

Air Ambulance	\$500
Ambulance	\$100

If an insured requires transportation to a hospital by a professional ambulance service within 90 days after a covered accident, we will pay the amount shown.

Transportation (within 90	
Train or Plane	\$300
Bus	\$150

If hospital treatment or diagnostic study is recommended by your physician and is not available in the insured's city of residence, we will pay the amount shown. The distance to the location of the hospital must be more than 50 miles from the insured's residence.

Blood/Plasma	\$100
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If the insured receives blood and plasma within 90 days following a covered accident, we will pay the amount shown.

Prosthesis	\$500
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If a covered accident requires the use of a prosthetic device, we will pay the amount shown. Hearing aids, wigs, or dental aids—including false teeth—are not covered.

Appliance	\$100
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We will pay the amount shown for use of a medical appliance due to injuries received in a covered accident. Benefits are payable for crutches, wheelchairs, leg braces, back braces, and walkers.

Family Lodging Benefit (per night)	\$100
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If an insured is required to travel more than 100 miles for inpatient treatment of injuries received in a covered accident, we will pay the amount shown for an immediate family member's lodging. Benefits are payable up to 30 days per accident and only while the insured is confined to the hospital.

Wellness	\$60
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This benefit is payable while coverage is in force. This benefit is only payable for Wellness Tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. We will pay the amount shown once each 12-month period for each covered person for the following:

- Annual physical exams
- Blood screenings
- Eye examinations
- Immunizations
- Flexible sigmoidoscopies
- Ultrasounds
- Mammograms
- Pap smears
- PSA tests

Hospital Admission \$1,000

We will pay the amount shown, when because of a covered accident, the insured:

- Is injured,
- Requires hospital confinement, **and**
- Is confined to a hospital for at least 24 hours within 6 months after the accident date.

The maximum period for which you can collect the Hospital Confinement Benefit for the same injury is 365 days. We will pay this benefit once per calendar year. We will not pay this benefit for confinement to an observation unit. We will not pay this benefit for emergency room treatment or outpatient surgery or treatment.

Hospital Confinement (per day) \$200

We will pay the amount shown when, because of a covered accident, the insured:

- Is injured, **and**
- Those injuries cause confinement to a hospital for at least 24 hours within 90 days after the accident date.

The maximum period for which you can collect the Hospital Confinement Benefit for the same injury is 365 days. This benefit is payable once per hospital confinement even if the confinement is caused by more than one accidental injury.

We will not pay this benefit for confinement to an observation unit. We will not pay this benefit for emergency room treatment or outpatient surgery or treatment.

Hospital Intensive Care (per day) \$400

We will pay the amount shown when, because of a covered accident, the insured:

- Is injured, **and**
- Those injuries cause confinement to a hospital intensive care unit.

The maximum period for which an insured can collect the Hospital Intensive Care Benefit for the same injury is 30 days. This benefit is payable in addition to the Hospital Confinement Benefit.

Accidental Death & Dismemberment (within 90 days)			
	Employee	Spouse	Children
Accidental Death	\$50,000	\$10,000	\$5,000
Accidental Common Carrier Death	\$100,000	\$50,000	\$15,000
Single Dismemberment	\$12,500	\$5,000	\$2,500
Double Dismemberment	\$25,000	\$10,000	\$5,000
Loss of One or More Fingers or Toes	\$1,250	\$500	\$250
Partial Amputation of Finger(s) or Toe(s) (including at least one joint)	\$100	\$100	\$100

Dismemberment means:

- Loss of a hand – The hand is cut off at or above the wrist joint; **or**
- Loss of a foot – The foot is cut off at or above the ankle; **or**
- Loss of sight – At least 80% of the vision in one eye is lost. Such loss of sight must be permanent and irrecoverable; **or**
- Loss of a finger/toe – The finger or toe is cut off at or above the joint where it is attached to the hand or foot.

If the employee does not qualify for the Dismemberment Benefit but loses at least one joint of a finger or toe, we will pay the Partial Dismemberment Benefit shown. If this benefit is paid and the employee later dies as a result of the same covered accident, we will pay the appropriate death benefit, less any amounts paid under this benefit.

Accidental Death – If the employee is injured in a covered accident and the injury causes him/her to die within 90 days after the accident, we will pay the Accidental Death Benefit shown.

Accidental Common Carrier Death – If the employee is injured in a covered accident and the injury causes him/her to die within 90 days after the accident, we will pay the Accidental Common Carrier Death Benefit in the amount shown if the injury is the result of traveling as a fare-paying passenger on a common carrier, as defined below. This benefit is paid in addition to the Accidental Death Benefit.

Common carrier means:

- An airline carrier which is licensed by the United States Federal Aviation Administration and operated by a licensed pilot on a regular schedule between established airports; or
- A railroad train which is licensed and operated for passenger service only; or
- A boat or ship that is licensed for passenger service and operated on a regular schedule between established ports.

LIMITATIONS AND EXCLUSIONS

WE WILL NOT PAY BENEFITS FOR INJURY, TOTAL DISABILITY, OR DEATH CONTRIBUTED TO, CAUSED BY, OR RESULTING FROM:

- War – participating in war or any act of war, declared or not; participating in the armed forces of, or contracting with, any country or international authority. We will return the prorated premium for any period not covered by this certificate when you are in such service.
- Suicide – committing or attempting to commit suicide, while sane or insane.
- Sickness – having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for any related medical/surgical treatment or diagnostic procedures for such illness.
- Self-Inflicted Injuries – injuring or attempting to injure yourself intentionally.
- Racing – riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.
- Intoxication – being legally intoxicated, or being under the influence of any narcotic, unless taken under the direction of a doctor. Legally intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred.
- Illegal Acts – participating or attempting to participate in an illegal activity, or working at an illegal job.
- Sports – participating in any organized sport—professional or semiprofessional.
- Cosmetic Surgery – having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of a covered accident.

AGCM378GA-10-BK R2 IV (5/17)

GROUP ACCIDENT+ INSURANCE
Policy Series CA7800

AC^G

Habersham Electric Membership Corporation

HIGH OPTION - 24 HOUR PLAN	Semimonthly (24pp/yr)
Employee	\$8.10
Employee and Spouse	\$11.58
Employee and Dependent Children	\$15.45
Family	\$18.93

Wellness Benefit included in Rates

Please Note: Premiums and benefits shown are accurate as of publication. They are subject to change.



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Underwritten by:
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Published: Feb-15 AC78150214-093042 — RB1-CU-GA-AC78-24PP-HIGH-24HR-WB - ZZXK15149



Group Cancer and Specified Disease Insurance

POLICY FORM HIC-GP-CAN-POL-GA 6/09

Underwritten by Humana Insurance Company

► Plan Features

- Donor Benefits
- Wellness Benefits
- Many Benefits have No Lifetime Maximum
- Covers Certain Lodging and Transportation
- Portable (take it with You)
- In and Out of Hospital Benefits
- Pays Regardless of other coverages

Benefit	Benefit Amounts
Wellness Benefit. For Cancer screening tests such as mammogram, flexible sigmoidoscopy, pap smear, chest X-ray, hemocult stool specimen, or prostate screen. No Lifetime Maximum	\$100 per calendar year
Positive Diagnosis Test. Payable for a test that leads to positive diagnosis of Cancer or Specified Disease within 90 days. This benefit is not payable if the same Cancer or Specified Disease recurs.	Up to \$300 per calendar year
First Diagnosis Benefit. First Diagnosis means the first time a covered person is diagnosed as having internal cancer or malignant melanoma (this excludes all other skin cancer); provided the diagnosis is [after the Waiting Period and] while this policy is in force with respect to the covered person. While this policy is in force, if a covered person receives a First Diagnosis of Cancer or malignant melanoma (this excludes all other skin cancer), We will pay the insured the benefit amount[, provided the First Diagnosis is after the Waiting Period]. No benefit is payable for diagnosis of skin cancer other than malignant melanoma. Each covered person is limited to one First Diagnosis benefit under the terms of this policy.	<ol style="list-style-type: none">1. \$02. \$2,5003. \$04. \$5,000
Second and Third Surgical Opinions. Covers written opinions received after a Positive Diagnosis and before surgery. No Lifetime Maximum	Actual Charges
Non-Local Transportation. Payable for transportation to a Hospital, clinic or treatment center which is more than 60 miles and less than 700 miles from a Covered Person's home. No Lifetime Maximum	Actual charges by a common carrier or 50 cents per mile if a personal vehicle is used.



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Benefit	Benefit Amounts
Adult Companion Lodging and Transportation. Payable for one adult companion to stay with a Covered Person who is confined in a Hospital that is more than 60 miles and less than 700 miles from his or her home. Covered expenses include a single room in a motel or hotel up to 60 days per confinement; and the actual charge of round trip coach fare by a common carrier or a mileage allowance for the use of a personal vehicle. This benefit is not payable for lodging expense incurred more than 24 hours before the treatment nor for lodging expense incurred more than 24 hours following treatment. No Lifetime Maximum	Up to \$75 per day for lodging. 50 cents per mile if a personal vehicle is used.
Ambulance. For ambulance service if the Covered Person is taken to a Hospital and admitted as an inpatient. No Lifetime Maximum	Actual Charges
Surgery. Covers actual surgeon's fee for an operation up to the amount listed on the schedule. Benefits for surgery performed on an outpatient basis will be 150% of the schedule benefit amount, not to exceed the actual surgeon's fees. No Lifetime Maximum	Up to \$3,000
Donor Benefit Bone Marrow and Stem Cell Transplant. We will pay the following expenses incurred by the Covered Person and his or her live donor: (a) Medical expense allowance of two times the selected Hospital Confinement benefit. (b) Actual charges for round trip coach fare on a Common Carrier to the city where the transplant is performed; or personal automobile expense allowance of 50 cents per mile. Mileage is measured from the home of the Donor or Covered Person to the Hospital in which the Covered Person is staying. We will pay for up to 700 miles per Hospital stay. (c) Actual Charges up to \$50 per day for lodging and meals expense for donor to remain near Hospital.	(a) \$200 (b) Actual charges for round trip coach fare; or personal automobile expense of 50 cents per mile. (c) Actual charges up to \$50 per day
Bone Marrow and Stem Cell Transplant. We will pay Actual Charges per Covered Person for surgical and anesthetic charges associated with bone marrow transplant and/or peripheral stem cell transplant	Actual charges to a combined lifetime maximum of \$15,000
Anesthesia. For services of an anesthesiologist during a Covered Person's surgery. For anesthesia in connection with the treatment of skin Cancer. No Lifetime Maximum	Up to 25% of surgical benefit paid. \$100 maximum per Covered Person
Ambulatory Surgical Center. We will pay the expense incurred at an Ambulatory Surgical Center. No Lifetime Maximum	\$250 Per Day
Drugs and Medicines. Payable for drugs and medicine received while the Covered Person is Hospital confined. No Lifetime Maximum	Up to \$25 per day, \$600 per calendar year
Outpatient Anti-Nausea Drugs. Payable for drugs prescribed by a Physician to suppress nausea due to Cancer or Specified Disease. No Lifetime Maximum	Up to \$250 per calendar year

Benefit	Benefit Amounts
Radiation, Radioactive Isotopes Therapy, Chemotherapy, or Immunotherapy. Covers treatment administered by a Radiologist, Chemotherapist or Oncologist on an inpatient or outpatient basis. No Lifetime Maximum	1. Actual charges up to \$2,500 per month 2. Actual charges up to \$2,500 per month 3. Actual charges up to \$5,000 per month 4. Actual charges up to \$5,000 per month
Miscellaneous Therapy Charges. Covers charges for lab work or x-rays in connection with radiation and chemotherapy treatment. Service must be performed while receiving treatment(s) in Item 15 or within 30 days following a covered treatment.	Actual charges up to a lifetime maximum of \$10,000
Self-Administered Drugs. We will pay the actual expenses incurred for self-administered chemotherapy, including hormone therapy, or immunotherapy agents. This benefit is not payable for planning, monitoring, or other agents used to treat or prevent side effects, or other procedures related to this therapy treatment. No Lifetime Maximum	Actual charges up to \$4,000 per month
Colony Stimulating Factors. We will pay expenses incurred for: [a] cost of the chemical substances and [b] their administration to stimulate the production of blood cells. Treatment must be administered by an Oncologist or Chemotherapist. No Lifetime Maximum	Actual charges up to \$500 per month
Blood, Plasma and Platelets. For blood, plasma and platelets, and transfusions: including administration. No Lifetime Maximum	Actual charges up to \$200 per day
Physician's Attendance. For one visit per day while Hospital confined. No Lifetime Maximum	Up to \$35 per day
Private Duty Nursing Service. For private nursing services ordered by the Physician while Hospital confined. No Lifetime Maximum	Up to \$100 per day
National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit. We will pay the expense incurred if an Covered Person is diagnosed with Internal Cancer and seeks evaluation or consultation from a National Cancer Institute designated Comprehensive Cancer Treatment Center. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Covered Person's place of residence, We will also pay the transportation and lodging expenses incurred. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable and is in lieu of the Non-Local Transportation Benefits of the policy.	Expenses incurred limited to a lifetime maximum up to \$750 for evaluation. Expenses incurred limited to a lifetime maximum up to \$350 for transportation and lodging.
Breast Prosthesis. Covers the prosthesis and its implantation if it is required due to breast cancer. No Lifetime Maximum	Actual Charges
Artificial Limb or Prosthesis. Covers implantation of an artificial limb or prosthesis when an amputation is performed.	\$1,500 lifetime maximum per amputation.
Physical or Speech Therapy. Payable when therapy is needed to restore normal bodily function. No Lifetime Maximum	Up to \$35 per session

Benefit	Benefit Amounts
Extended Benefits. If a Covered Person is confined in a Hospital for 60 continuous days We will pay a Hospital Confinement Benefit beginning on the 61st day for Hospital Confinement. This benefit is payable in place of the Hospital Confinement Benefit. No Lifetime Maximum	\$300 per day
Extended Care Facility. Limited to number of days of prior Hospital confinement. Must begin within 14 days after Hospital confinement, and be at the direction of the attending Physician. No Lifetime Maximum	Up to \$50 per day
At Home Nursing. Limited to number of days of prior Hospital confinement. Must begin immediately following a Hospital confinement, and be authorized by the attending Physician. No Lifetime Maximum	Up to \$100 per day
New or Experimental Treatment. We will pay the expenses incurred by a Covered Person for New or Experimental Treatment judged necessary by the attending Physician and received in the United States or in its territories. No Lifetime Maximum	Up to \$7,500 per calendar year
Hospice Care. If a Covered Person elects to receive hospice care, We will pay the expenses incurred for care received in a Free Standing Hospice Care Center. No Lifetime Maximum	Up to \$50 per day
Government or Charity Hospital. Payable if the Covered Person is confined in a U. S. Government Hospital or a Hospital that does not charge for its services. Paid in place of all other benefits under the Policy. No Lifetime Maximum	\$200 per day
Hairpiece. We will pay the actual expense incurred per Covered Person for a hairpiece when hair loss is a result of Cancer Treatment.	Actual charge up to a lifetime maximum of \$150
Rental or Purchase of Durable Goods. We will pay the actual expenses incurred for the rental or purchase of the following pieces of durable medical equipment: a respirator or similar mechanical device, brace, crutches, Hospital bed, or wheelchair. No Lifetime Maximum	Actual charges up to \$1,500 per calendar year
Waiver of Premium. After 60 continuous days of disability due to Cancer or Specified Disease, We will waive premiums starting on the first day of policy renewal.	After 60 days
Hospital Confinement. Payable for each day a Covered Person is charged the daily room rate by a Hospital, for up to 60 days of continuous stay. The benefit for covered children under age 21 is two times the Covered Person's daily benefit. No Lifetime Maximum	\$100 per day

Other Specified Diseases Covered:

- Addison's Disease
- Amyotrophic Lateral Sclerosis
- Cystic Fibrosis
- Diphtheria
- Encephalitis
- Epilepsy
- Hansen's Disease
- Legionnaire's Disease
- Lupus Erythematosus
- Lyme Disease
- Malaria
- Meningitis (epidemic cerebrospinal)
- Multiple Sclerosis
- Muscular Dystrophy
- Myasthenia Gravis
- Niemann-Pick Disease
- Osteomyelitis
- Poliomyelitis
- Rabies
- Reye's Syndrome
- Rheumatic Fever
- Rocky Mountain Spotted Fever
- Scarlet Fever
- Sickle Cell Anemia
- Tay-Sachs Disease
- Tetanus
- Toxic Epidermal Necrolysis
- Tuberculosis
- Tularemia
- Typhoid Fever
- Undulant Fever
- Whipple's Disease

Payment of Benefits

Benefits are payable for a Covered Person's Positive Diagnosis of a Cancer or Specified Disease that begins after the Certificate Effective Date and while this Certificate has remained in force.

Waiting Period

This Policy contains a 30-day waiting period. This means that no benefits are payable for any Covered Person who has cancer diagnosed before coverage has been in force 30 days from the Policy Effective Date shown in the policy schedule. If a Covered Person has cancer diagnosed during the waiting period, benefits for treatment of that cancer will apply only to treatment occurring after two (2) years from the Certificate Effective Date, or at Your option, You may elect to void the Policy from its beginning and receive a full refund of premium.

Exceptions and Other Limitations

The Policy pays benefits only for diagnoses resulting from Cancer or Specified Diseases, as defined in the Policy. It does not cover:

1. any other disease or sickness;
2. injuries;
3. any disease, condition, or incapacity that has been caused, complicated, worsened, or affected by:
 - a. Specified Disease or Specified Disease treatment; or
 - b. Cancer or Cancer treatment, or unless otherwise defined in the Policy
4. care and treatment received outside the United States or its territories;
5. treatment not approved by a Physician as medically necessary;
6. Experimental Treatment by any program that does not qualify as Experimental Treatment as defined in the Policy.

Termination of Coverage

A Covered Person's insurance under the Policy will automatically terminate on the earliest of the following dates:

1. the date that the Policy terminates.
2. the date of termination of any section or part of the Policy with respect to insurance under such section or part.
3. the date the Policy is amended to terminate the eligibility of the Employee class.
4. any premium due date, if premium remains unpaid by the end of the grace period.
5. the premium due date coinciding with or next following the date the Covered Person ceases to be a member of an eligible class.
6. the date the Policyholder no longer meets participation requirements.

Portability

On the date the Policy terminates or the date the Named Insured ceases to be a member of an eligible class, Named Insureds and their covered dependents will be eligible to exercise the portability privilege. Portability coverage may continue beyond the termination date of the Policy, subject to the timely payment of premiums. Portability coverage will be effective on the day after insurance under the Policy terminates.

The benefits, terms and conditions of the portability coverage will be the same as those provided under the Policy when the insurance terminated. The initial portability premium rate is the rate in effect under the Policy for active employees who have the same coverage. The premium rate for portability coverage may change for the class of Covered Persons on portability on any premium due date.

Covered Persons

Covered Person means any of the following:

- a. the Named Insured; or
- b. any eligible Spouse or Child, as defined and as indicated on the Certificate Schedule whose coverage has become effective;
- c. any eligible Spouse or Child, as defined and added to this Certificate by endorsement after the Certificate Effective Date whose coverage has become effective; or
- d. a newborn child (as described in the Eligibility Section).

Child (Children)

means the Named Insured's unmarried child, including a natural child from the moment of birth, stepchild, foster or legally adopted child, or child in the process of adoption (including a child while the Named Insured is a party to a proceeding in which the adoption of such child by the Named Insured is sought); a child for whom the Named Insured is required by a court order to provide medical support, and grandchildren who are dependent on the Named Insured for federal income tax purposes at the time of application, who is:

- a. not yet age 25; or
- b. not yet age 26 if a full time student at an accredited school.

Option to Add Additional Benefits
Hospital Intensive Care Insurance Rider
Form Number HIC-GP-ICR 2/11

In consideration of additional premium, this coverage will provide you with benefits if you go into a Hospital Intensive Care Unit (ICU).

Benefits

Your benefits start the first day you go into ICU. The benefit is payable for up to 45 days per ICU stay.

Hospital Intensive Care Confinement Benefit

You may choose the benefit of \$425 per day. It is reduced by one-half at age 75.

Double Benefits

We will double the daily benefits for each day you are in an ICU as a result of Cancer or a Specified Disease. We will also double the benefit for an injury that results from: being struck by an automobile, bus, truck, motorcycle, train, or airplane; or being involved in an accident in which the named insured was the operator or was a passenger in such vehicle. ICU confinement must occur within 48 hours of the accident.

Emergency Hospitalization and Subsequent Transfer to an ICU

We will pay the benefit selected by you for the highest level of care in a hospital that does not have an ICU, if you are admitted on an emergency basis, and you are transferred within 48 hours to the ICU of another Hospital.

Step Down Unit

We will pay a benefit equal to one half the chosen daily benefit for confinement in a Step Down Unit.

Exceptions and Other Limitations

Except as provided in Step Down Unit and Emergency Hospitalization and Subsequent Transfer to an ICU, coverage does not provide benefits for: surgical recovery rooms; progressive care; intermediate care; private monitored rooms; observation units; telemetry units; or other facilities which do not meet the standards for a Hospital Intensive Care Unit. Benefits are not payable: if you go into an ICU before the Certificate Effective Date; if you go into an ICU for intentionally self-inflicted bodily injury or suicide attempts; if you go into an ICU due to being intoxicated or under the influence of alcohol, drugs or any narcotics, unless administered on the advice of a Physician and taken according to the Physician's instructions. The term "intoxicated" refers to that condition as defined by law in the jurisdiction where the accident or cause of loss occurred.

**This is not a Medicare Supplement Policy. If you are eligible for Medicare,
see the Medicare Supplement Buyer's Guide available from the Company.**

**This policy only covers cancer and the diseases specified above,
unless the hospital intensive care rider is selected.**

**Upon receipt of your policy, please review it and your application.
If any information is incorrect, please contact:**

**Bay Bridge Administrators
P.O. Box 161690 | Austin, Texas 78716 | 1-800-845-7519**

Habersham Electric Membership Corporation

Group Cancer Rate Quote

Situs State: Georgia

Semi-Monthly Rates

Coverage Tier	Option 1	Option 2	Option 3	Option 4
Individual	\$8.83	\$11.69	\$9.82	\$15.45
Individual + Spouse	\$17.79	\$23.80	\$19.72	\$31.44
Individual + Child(ren)	\$12.60	\$16.60	\$13.82	\$21.68
Family	\$21.55	\$28.72	\$23.73	\$37.67

Variable Benefit Elections

Benefit	Option 1	Option 2	Option 3	Option 4
Hospital Confinement	\$100	\$100	\$100	\$100
Surgical	\$3,000	\$3,000	\$3,000	\$3,000
Radiation/Chemotherapy	\$2,500 per month	\$2,500 per month	\$5,000 per month	\$5,000 per month
First Diagnosis	\$0	\$2,500	\$0	\$5,000
Colony Stimulating Factors	\$500 per month	\$500 per month	\$500 per month	\$500 per month
Wellness	\$100	\$100	\$100	\$100
Intensive Care Rider	\$0	\$325	\$0	\$625

Underwritten by:
Humana Insurance Company

Administered by:



**BAY BRIDGE
ADMINISTRATORS**

*"Your solutions begin
at the Bridge"™*

P.O. Box 161690 - Austin, Texas 78716 - (800) 845-7519

Aflac Group Critical Illness Plan

Plan Features

- Benefits are paid directly to you, unless otherwise assigned
- Benefit amounts are available up to \$50,000 for employees and up to \$30,000 for spouses.
- Dependent children are covered at 50% of the primary insured's amount at no additional charge.
- Guaranteed-issue coverage is available (which means you may qualify for coverage without having to answer health questions).
- Premiums are paid through convenient payroll deduction.
- There are no pre-existing condition limitations.
- The plan doesn't have a waiting period for benefits.
- Benefits do not reduce as insureds get older.
- Coverage is portable, with certain stipulations.
- Annual health screening benefit is included.

Underwriting Guidelines – Guaranteed-Issue

Guaranteed-issue coverage is available for all eligible employees. The following options are available:

Up to **\$20,000** for employees and up to **\$10,000** for spouses with no participation requirement.

For employee amounts over **\$20,000** and spouse amounts over **\$10,000**:

All applicants are required to answer underwriting questions. Employees who would otherwise be declined will be issued the lesser of the amount applied for or the guaranteed-issue limit.

Individual Eligibility

Issue Ages:

- Employee 18+
- Spouse 18+
- Children under age 26

Benefit-eligible employees who work at least **30 hours** weekly are eligible. If an employee is eligible, his spouse is also eligible to apply for coverage. Dependent children under the age of 26 are automatically covered. Seasonal and temporary workers are not eligible to participate.

Spouse Coverage Available

Spouse coverage is available up to **100%** of the employee's face amount, subject to the minimum face amount of \$5,000. To apply for spouse coverage, **the employee must also apply**. To be eligible, the spouse must not be disabled or unable to work at the time of application.

If the employee does not meet the underwriting requirements necessary to participate in the plan, the spouse can still obtain coverage. The spouse would then become the primary insured and be limited to face amounts between \$5,000 and \$30,000.

Dependent Children Coverage

Dependent children under the age of 26 are automatically covered at 50% of the primary insured's face amount at no additional charge. **Children-only coverage is not available.**

Waiver of Premium Benefit

If the employee becomes totally disabled due to a covered critical illness, after 90 days of total disability, we will waive premiums for the insured and any covered dependents. As long as the insured remains totally disabled, premium will be waived up to 24 months, subject to the terms of the policy.

Successor Insured Benefit

If spouse coverage is in force at the time of the primary insured's death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time.

Portability

Coverage may be continued with certain stipulations. See certificate for details.

Group Critical Illness Benefits

Where applicable, covered conditions must be caused by underlying diseases as defined in the plan.

Initial Diagnosis+

An insured may receive up to 100% of his face amount upon the diagnosis of a covered critical illness.

Covered Critical Illnesses and Additional Benefits	Percentage of Face Amount/Benefit
Cancer (Internal or Invasive)	100%
Heart Attack	100%
Major Organ Transplant	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Sudden Cardiac Arrest	100%
Non-Invasive Cancer	25%
Coronary Artery Bypass Surgery	25%
Coma**	100%
Severe Burns*	100%
Paralysis**	100%
Loss of Sight**	100%
Loss of Hearing**	100%
Loss of Speech**	100%
Skin Cancer	\$250 (once per calendar year/insured)
Transient Ischemic Attack (TIA)	\$250 (once per calendar year/insured)

Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

*This benefit is only payable for burns due to, caused by, and attributed to, a covered accident.

**These benefits are payable for loss due to a covered underlying disease or a covered accident.

Additional Diagnosis +

Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months.

Reoccurrence +

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months.

+ If the claim is for a cancer diagnosis, the insured must be treatment-free from cancer for at least 12 months and must be in complete remission before the date of a subsequent cancer diagnosis.

Health Screening Benefit

Benefit	Benefit Amount
Health Screening Benefit	\$100 per calendar year

The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.

This benefit is payable for the covered employee and spouse. This benefit is not paid for dependent children. The covered health screening tests include, but are not limited to, the following:

- Stress test on a bicycle or treadmill
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum protein electrophoresis (blood test for myeloma)
- Thermography
- DNA stool analysis
- Spiral CT screening for lung cancer
- Fasting blood glucose test, blood test for triglycerides, or serum cholesterol test to determine level of HDL and LDL

Optional Benefits Rider

Illnesses Covered Under Plan	Percentage of Face Amount
Benign Brain Tumor	100%
Advanced Alzheimer's Disease	25%
Advanced Parkinson's Disease	25%

Benefits are payable if an insured is diagnosed with one of the conditions listed.

Limitations and Exclusions
(Applies to all riders unless otherwise noted)

Cancer Diagnosis Limitation

Benefits are payable for Cancer and/or Non-Invasive Cancer as long as the Insured:

- Is treatment-free from cancer for at least 12 months before the diagnosis date; and
- Is in complete remission prior to the date of a subsequent diagnosis, as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the cancer.

Exclusions

We will not pay for loss due to any of the following:

- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured.
- **Suicide** – committing or attempting to commit suicide, while sane or insane.
- **Illegal Acts** – participating or attempting to participate in an illegal activity, or working at an illegal job.
- **Participation in Aggressive Conflict** of any kind, including:
 - War (declared or undeclared) or military conflicts. This does not include terrorism.
 - Insurrection or riot.
 - Civil commotion or civil state of belligerence.
- **Illegal substance abuse, which includes the following:**
 - Abuse of legally-obtained prescription medication.
 - Illegal use of non-prescription drugs.

Diagnosis, treatment, testing, and confinement must be in the United States or its territories.

All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, may be payable only while coverage is in force.

Notices

This booklet is a brief description of coverage, not a contract. Read your certificate carefully for exact plan language, terms, and conditions.

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.
Continental American Insurance Company, Columbia, South Carolina.

Guaranteed-Issue Amounts - \$20,000 for Employee and \$10,000 for Spouse

Group Critical Illness Advantage

Habersham Electric Membership Corporation - Semimonthly (24pp/yr) Rates

NONTABACCO - Employee										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$ 2.83	\$ 4.12	\$ 5.42	\$ 6.71	\$ 8.00	\$ 9.29	\$ 10.58	\$ 11.88	\$ 13.17	\$ 14.46
30-39	\$ 3.69	\$ 5.83	\$ 7.98	\$ 10.13	\$ 12.28	\$ 14.42	\$ 16.57	\$ 18.72	\$ 20.86	\$ 23.01
40-49	\$ 5.79	\$ 10.05	\$ 14.30	\$ 18.56	\$ 22.81	\$ 27.07	\$ 31.32	\$ 35.58	\$ 39.83	\$ 44.08
50-59	\$ 9.89	\$ 18.23	\$ 26.58	\$ 34.93	\$ 43.28	\$ 51.62	\$ 59.97	\$ 68.32	\$ 76.67	\$ 85.01
60+	\$ 17.56	\$ 33.59	\$ 49.61	\$ 65.64	\$ 81.66	\$ 97.69	\$ 113.71	\$ 129.74	\$ 145.76	\$ 161.79

NONTABACCO-SPOUSE						
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$ 2.83	\$ 4.12	\$ 5.42	\$ 6.71	\$ 8.00	\$ 9.29
30-39	\$ 3.69	\$ 5.83	\$ 7.98	\$ 10.13	\$ 12.28	\$ 14.42
40-49	\$ 5.79	\$ 10.05	\$ 14.30	\$ 18.56	\$ 22.81	\$ 27.07
50-59	\$ 9.89	\$ 18.23	\$ 26.58	\$ 34.93	\$ 43.28	\$ 51.62
60+	\$ 17.56	\$ 33.59	\$ 49.61	\$ 65.64	\$ 81.66	\$ 97.69

TABACCO - Employee										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$ 3.38	\$ 5.22	\$ 7.06	\$ 8.91	\$ 10.75	\$ 12.59	\$ 14.43	\$ 16.27	\$ 18.11	\$ 19.95
30-39	\$ 4.92	\$ 8.30	\$ 11.69	\$ 15.07	\$ 18.45	\$ 21.83	\$ 25.21	\$ 28.60	\$ 31.98	\$ 35.36
40-49	\$ 8.26	\$ 14.97	\$ 21.69	\$ 28.41	\$ 35.12	\$ 41.84	\$ 48.56	\$ 55.27	\$ 61.99	\$ 68.71
50-59	\$ 15.04	\$ 28.54	\$ 42.04	\$ 55.54	\$ 69.04	\$ 82.54	\$ 96.04	\$ 109.54	\$ 123.04	\$ 136.54
60+	\$ 26.57	\$ 51.60	\$ 76.63	\$ 101.66	\$ 126.69	\$ 151.73	\$ 176.76	\$ 201.79	\$ 226.82	\$ 251.85

TABACCO - Spouse						
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$ 3.38	\$ 5.22	\$ 7.06	\$ 8.91	\$ 10.75	\$ 12.59
30-39	\$ 4.92	\$ 8.30	\$ 11.69	\$ 15.07	\$ 18.45	\$ 21.83
40-49	\$ 8.26	\$ 14.97	\$ 21.69	\$ 28.41	\$ 35.12	\$ 41.84
50-59	\$ 15.04	\$ 28.54	\$ 42.04	\$ 55.54	\$ 69.04	\$ 82.54
60+	\$ 26.57	\$ 51.60	\$ 76.63	\$ 101.66	\$ 126.69	\$ 151.73

Base Plan:

-With Cancer Benefit
 -\$100 Health Screening Benefit
 -\$250 Skin Cancer Benefit
 -With Additional Benefits
 (Loss of Sight, Speech, Hearing)
 (Coma, Burns, Paralysis)

Riders:

-Optional Benefits Rider (BTAP)
 -\$250 TIA (mini-stroke) Rider

Provisions:

-No Pre-Existing Condition Limitation
 -Add'l Separation Waiting Period: 6 Months
 -Re-Separation Waiting Period: 6 Months
 -Class I/II Portability
 -Rate Guarantee: 3 Years

Group Attributes:

-Situs State: GA
 -Eligible Lives: 750

Please Note: Premiums shown are accurate as of publication. They are subject to change.
 Published: Feb-16 Series C21000

C121000-160216-092520-Fyjhh/CV-0372E88-44222

AUL Short Term Disability Plan

THE NEED FOR DISABILITY INSURANCE

Protect your paycheck

You insure your home, car and other valuable possessions, so why not also protect what pays for all those things? Your income. Without it, think about how your mortgage/rent, groceries or credit card bills would get paid. That's where disability insurance can help.

A disability can happen to anyone at any time and it can last for a short or long period of time. Purchasing disability insurance through your workplace is a way to replace a portion of your pre-disability earnings if you get sick or hurt and are unable to work. Being prepared can help ease the financial burden for you.

Things to think about

A severe injury or illness can leave you unable to work for years. Workers' compensation only covers injuries that happen on the job and, to qualify for coverage, you must meet certain eligibility requirements. Additionally, medical insurance will only help cover your medical costs.

You might be able to dip into savings or borrow money from loved ones, but if you don't have these options, can you really afford not to have disability insurance?

Protect yourself and your income with disability insurance.

Disability insurance can provide you with the income protection you need. Consider purchasing it today.

Let's figure it out

Everyone's circumstances are different. This calculator can help you figure out how much you need to protect your lifestyle and the lifestyles of those you love if you become disabled.

Estimate your essential monthly expenses

Living expenses	Amount
Monthly housing (e.g., mortgage, rent, insurance, taxes)	
Utilities (e.g., telephone, electricity, gas, oil, cable, TV, Internet)	
Food	
Transportation (e.g., car payments, gasoline, insurance)	
Subtotal =	
Debt expenses	
Education (e.g., tuition, books, supplies)	
Health care (e.g., out-of-pocket costs, insurance premiums)	
Debt payments (e.g., credit cards, other debt)	
Subtotal =	
Other expenses	
Dependent care	
Life insurance premiums	
Subtotal =	
Minimum monthly amount to cover with disability insurance	\$

Note: Products issued and underwritten by American United Life Insurance Company® (AUL), Indianapolis, IN, a OneAmerica company.

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Class Description

All Full-Time Eligible Employees working a minimum of 30 hours per week, electing to participate in the Voluntary Short Term Disability Insurance

Disability

You are considered disabled if, because of injury or sickness, you cannot perform the material and substantial duties of your regular occupation, you are not working in any occupation, and are under the regular attendance of a Physician for that injury or sickness.

Monthly Benefit

You can choose a benefit in \$100 increments up to 70% of an Employee's covered basic monthly earnings to a maximum monthly benefit of \$2,000. The minimum monthly benefit is \$500.

Elimination Period

This means a period of time a disabled Employee must be out of work and totally disabled before weekly benefits begin; seven (7) consecutive days for a sickness and zero (0) days for injury.

Basis of Coverage

24 hour coverage, on or off the job.

Maternity Coverage

Benefits will be paid the same as any other qualifying disability, subject to any applicable pre-existing condition exclusion.

STD Pre-Existing Condition Exclusion

3/12, If a person receives medical treatment, or service or incurs expenses as a result of an Injury or Sickness within 3 months prior to the Individual Effective Date, then the Group Policy will not cover any Disability which is caused by, contributed to by, or resulting from that Injury or Sickness; and begins during the first 12 months after the Person's Individual Effective Date.

Recurrent Disability

If you resume Active Work for 30 consecutive workdays following a period of Disability for which the Weekly Benefit was paid, any recurrent Disability will be considered a new period of Disability. A new Elimination Period must be completed before the Weekly Benefit is payable.

Exclusions and Limitations

This plan will not cover any disability resulting from war, declared or undeclared or any act of war; active participation in a riot; intentionally self-inflicted injuries; commission of an assault or felony; or a pre-existing condition for a specified time period.

Annual Enrollment

Enrollees that did not elect coverage during their initial enrollment are eligible to sign up for \$500 to \$1000 monthly benefit without medical questions, subject to the pre-existing exclusion. Current participants may increase their coverage up to \$500 monthly benefit without medical questions. The maximum benefit cannot exceed 70% of basic monthly earnings and must be in \$100 increments.

Portability

Once an employee is on the AUL disability plan for 12 months, you may be eligible to port your coverage for one year at the same rate without evidence of insurability. You have 31 days from your date of termination to contact AUL and make application to port your coverage by calling 1.800.553.3522.

This information is provided as a summary of the product. It is not a part of the insurance contract and does not change or extend AUL's liability under the group policy. If there are any discrepancies between this information and the group policy, the group policy will prevail.

***American United Life Insurance Company
c/o Custom Disability Solutions
600 Sable Oaks Drive, Suite 200
South Portland, ME 04106
Fax: 1-844-287-9499
OneAmerica.claims@customdisability.com
Toll Free Phone 1-855-517-6365***



AMERICAN UNITED LIFE
INSURANCE COMPANY®
a ONEAMERICA® company

AUL Short-Term Disability Semi-Monthly Rates

**Benefit Duration:
13 weeks**

Monthly Benefit	Semi- Monthly Premium
\$500	\$5.18
\$600	\$6.21
\$700	\$7.25
\$800	\$8.28
\$900	\$9.32
\$1,000	\$10.36
\$1,100	\$11.39
\$1,200	\$12.43
\$1,300	\$13.46
\$1,400	\$14.50
\$1,500	\$15.53
\$1,600	\$16.57
\$1,700	\$17.60
\$1,800	\$18.64
\$1,900	\$19.68
\$2,000	\$20.71

**Benefit Duration:
26 weeks**

Monthly Benefit	Semi- Monthly Premium
\$500	\$7.50
\$600	\$9.00
\$700	\$10.50
\$800	\$12.00
\$900	\$13.50
\$1,000	\$15.00
\$1,100	\$16.50
\$1,200	\$18.00
\$1,300	\$19.50
\$1,400	\$21.00
\$1,500	\$22.50
\$1,600	\$24.00
\$1,700	\$25.50
\$1,800	\$27.00
\$1,900	\$28.50
\$2,000	\$30.00

**Benefit Duration:
52 weeks**

Monthly Benefit	Semi- Monthly Premium
\$500	\$9.86
\$600	\$11.83
\$700	\$13.80
\$800	\$15.77
\$900	\$17.74
\$1,000	\$19.72
\$1,100	\$21.69
\$1,200	\$23.66
\$1,300	\$25.63
\$1,400	\$27.60
\$1,500	\$29.57
\$1,600	\$31.54
\$1,700	\$33.52
\$1,800	\$35.49
\$1,900	\$37.46
\$2,000	\$39.43

Boston Mutual Whole Life Plan

BML Whole Life Coverage is effective on the date the application is signed.

GUARANTEED BENEFITS, LEVEL PREMIUMS AND POLICY VALUES

The Employee Life Option is more than just life insurance at an affordable price. It combines the guaranteed premiums, coverage and values that have always been so attractive in whole life insurance with the advantages of cash accumulation at current interest rates. This policy is an endowment at 95 with coverage to age 95.

AFFORDABLE, FLEXIBLE PROTECTION

You choose the amount of insurance or the amount of premium that best suits your needs and budget. All eligible employees and their spouses through age 72 may purchase coverage under the Basic Plan. Weekly deductions range from \$2.00-\$30.00 per week.

Insurance is also available for your spouse, unmarried dependent children and grandchildren even if you choose not to buy coverage on yourself.

POLICY VALUES*

As long as premiums are paid, your ELOP Basic Plan offers a guaranteed cash value that can grow over the years. The cash value can be used to supplement retirement income, for emergency cash, as an education fund or to provide a paid-up insurance benefit. While this value can never be less than the guaranteed amount, ELOP gives you the advantage of potential cash values in excess of the guaranteed amount. The current interest rate in effect when your policy is issued is guaranteed for the first year. On each policy anniversary date, you will receive an annual statement outlining your policy's accumulated value and changes in the interest rate, if any.

** The actual cash value may be decreased by loans or withdrawals.*

CONSTANT COVERAGE

ELOP participants are protected worldwide, 24 hours a day. Your policy is owned by you and supplements any other insurance you may have.

BENEFITS YOU CAN KEEP

Once purchased, your ELOP plan remains in force as long as premiums continue to be paid; and your permanent plan premiums cannot be increased. If you change jobs or retire, as long as you continue to pay premiums, your insurance will remain in force without interruption. Boston Mutual will bill you at home and you may choose from several payment options — annual, semi-annual, quarterly, monthly coupon book or monthly automatic check plan.

ACCIDENTAL DEATH BENEFIT (ADB)

This option could *double or even triple* your ELOP death benefit. This benefit pays an additional amount equal to the basic coverage to the beneficiary if the insured is killed accidentally. If accidental death occurs while the insured is a passenger on a bus, plane, train or any other common carrier, this benefit pays the accidental death benefit as above but will also pay an additional benefit of the basic coverage

(up to \$100,000). This extra protection is available at affordable rates. Any Basic Plan participant age 5 years through age 60 is eligible for this benefit.

PAYOR WAIVER OF PREMIUM

This benefit pays all the premiums on your policy, your spouse's or dependent's policy or policies in the event the payor (employee) becomes totally disabled before age 60. The disability must last at least six consecutive months and meet the definitions set forth in your policy.

This benefit is available for issue on policies owned by employees up to and including issue age 55 at a cost of 10% of the basic premium for each policy. This benefit terminates on the policy anniversary on or following the Payor's 60th birthday, as long as the Payor is not disabled at that time.

QUESTIONS AND ANSWERS

CAN I BUY THIS PLAN ON MY OWN?

No! This plan is available only to employees of companies that provide the convenience of payroll deduction for the ELOP plan. Because your employer has chosen to offer ELOP, you receive the advantages of more liberal underwriting and the convenience of payroll deduction. All of this results in savings that reduce the cost of the policies.

DOES THIS POLICY REPLACE MY PRESENT GROUP INSURANCE?

No! ELOP coverage is independent of and supplements your present group insurance program.

IF I LEAVE MY EMPLOYER WHAT HAPPENS TO MY ELOP PLAN?

You can take the ELOP plan with you when you leave with no change in cost or benefits. We will bill you at home.

WHAT HAPPENS IF I CAN'T PAY MY PREMIUM AS A RESULT OF A LEAVE OF ABSENCE OR TERMINATION FROM MY EMPLOYER?

Your policy includes the "Automatic Premium Loan" provision which will be used to pay your premium at the end of your grace period, provided you have accumulated cash value.

WHAT OPTIONS DOES MY ELOP POLICY PROVIDE AT RETIREMENT?

Depending on how long your policy has been in force, you have the following options: (1) continue your premium payments and value accumulation; (2) opt for a paid-up policy; (3) decide to turn your policy in for its accumulated cash value.

CAN I INCREASE MY COVERAGE IN THE FUTURE?

You may apply for additional coverage in the future if you are actively at work with the employer - sponsored company and will be subject to the ELOP underwriting guidelines.

CAN I TAKE A LOAN ON MY POLICY?

Yes. You may borrow all or part of your loan value at an 8% fixed interest rate.

DOES THE ELOP COVERAGE HAVE A SURRENDER CHARGE?

If you discontinue your plan before the 21st policy year, there will be a surrender charge. The amount of this charge decreases every year. No charge is made if you decide to terminate your coverage after it has been in force for at least 20 years.

WILL ELOP BENEFITS BE PAID FOR SUICIDE?

If suicide occurs during the first 2 years your policy is in effect, benefits will not be paid, but any premiums paid will be refunded. After 2 years, benefits will be paid if death is caused by suicide.

CONSIDER....**IF YOU HAVE A FAMILY**

The ELOP plan enables you to build a cash reserve for yourself, your spouse and your children for less than 1 hour's pay per week. It is a sound way to protect your family without exceeding your present budget.

IF YOU'RE SINGLE WITH NO DEPENDENTS

For a single working person insurance is the foundation for future financial planning. The longer you wait to buy insurance the more expensive it will be. The flexibility of the ELOP plan enables you to expand your coverage to meet future responsibilities.

IF YOU ARE OLDER AND NEARING RETIREMENT

A lot of obligations and responsibilities have probably come and gone in the past few years. Now you can think about your future. Your ELOP plan can be continued after retirement.

**No matter where you are in your life and career, you will benefit from
ELOP – Life Insurance that Works for Life.**

GUARANTEED ISSUE

Employee: up to \$13 per week

Spouse: up to \$3/ \$5* per week

•Must be able to answer NO to “During the past six months, has your spouse been seen or treated, including testing, in a hospital or any other medical facility, excluding physicians' offices for routine medical care?”

*Employee must purchase \$5 in order for the spouse to be eligible for \$5

Children: up to \$3 per week

•Child must be between ages 15 days and 25 years old to be eligible for coverage.

Grandchildren: up to \$3 per week

•Grandchildren must be between ages 15 days and 15 years old to be eligible for coverage.

For questions concerning this policy please contact:

BOSTON MUTUAL LIFE INSURANCE COMPANY
120 Royall Street • Canton, MA 02021

(800) 669-2668 • (781) 828-7000
Extension 222 - Customer Service

Web site: www.bostonmutual.com

BOSTON MUTUAL
LIFE INSURANCE COMPANY SINCE 1891

Policy Series ICC13 END-95(ESO) (3/13) and END-95 (ESO) 3/13

Continuation of Benefits

Humana Cancer Plan

You may continue your Humana Cancer Plan on the date the Policy terminates or the date the Named Insured ceases to be a member of an eligible class, Named Insureds and their covered dependents will be eligible to exercise the portability privilege. For more information, contact Bay Bridge Administrators at 1-800-845-7519.

AUL Short Term Disability

Portability: *Once an employee is on the AUL disability plan for 3 consecutive months, you may be eligible to port your coverage for one year at the same rate without evidence of insurability. You have 31 days from your date of termination to apply for portability by calling 1-800-553-5318.*

To Continue Other Plans

You may continue your Aflac Accident, Aflac Critical Illness and Boston Mutual plans by having the premiums currently deducted from your paycheck drafted from your bank account or billed to your home.

For more information, contact:

Aflac at 1-800-433-3036

Boston Mutual at 1-800-669-2668

Contact Information for Questions and Claims

Aflac

(CAIC a proud member of the Aflac family of insurers)

Columbia, South Carolina

Customer Service

1-800-433-3036

Aflacgroupinsurance.com

American United Life (AUL)

Claims Toll-Free Number

1-855-517-6365

Customer Service

1-800-553-5318

Boston Mutual Life Insurance Company

120 Royall Street • Canton, MA 02021

1-800- 669-2668

1-781- 828-7000

www.bostonmutual.com

Humana

Bay Bridge Administrators, LLC

P.O. Box 161690 • Austin, TX 78716

1-800-845-7519

512-275-9350 (Fax)

<http://www.baybridgeadministrators.com/index.php>

Submit claims to claims@bbadmin.com

Mark III Employee Benefits

114 E. Unaka Ave.

Johnson City, TN 37601

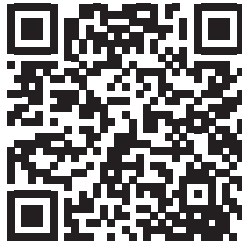
1-800-532-1044 x207

www.markiiibrokerage.com/habershamemc

**View Benefit Information &
Download Forms at:**
www.markiiibrokerage.com/habershamemc

OR

scan this QR with your smartphone!*



***-3rd party iOS or Android app required**

Arranged and Enrolled by Mark III Brokerage, Inc.



Mark III
Employee Benefits

114 E. Unaka Ave.
Johnson City, TN 37601

Ginger Durbin
ginger@markiiieb.com
(800) 532-1044 x207

learn more at: www.markiiieb.com