



# Life STD

**COMPANION  
BUSINESS PLAN  
FOR GROUPS OF  
2 THROUGH 9  
EMPLOYEES**



**Companion Life**

*A Lifetime Of Commitment*

# Group Life, AD&D and Dependent Life

Choose from two different plan designs:

- A. **Flat Amount Plan** – All employees receive one of the following flat amounts of Life and AD&D:
- \$10,000     \$15,000     \$25,000  
 \$50,000     \$75,000     \$100,000
- B. **Class Plan** – All employees must be placed in a clearly defined class according to job title. The life amount for the highest class cannot exceed \$100,000 and cannot be more than two and a half times the life amount for the next lower class. Amounts must be in increments of \$10,000 only.

## Group Term Life and AD&D Monthly Premium

Age at Last Birthday	\$10,000	\$15,000	\$25,000	\$50,000	\$75,000	\$100,000
Under age 30	1.70	2.55	4.25	8.50	12.75	17.00
30-34	1.90	2.85	4.75	9.50	14.25	19.00
35-39	2.70	4.05	6.75	13.50	20.25	27.00
40-44	3.70	5.55	9.25	18.50	27.75	37.00
45-49	6.50	9.75	16.25	32.50	48.75	65.00
50-54	9.90	14.85	24.75	49.50	74.25	99.00
55-59	16.70	25.05	41.75	83.50	125.25	167.00
60-64	22.60	33.90	56.50	113.00	169.50	226.00
65-69*	23.85	35.80	59.65	119.25	178.90	238.50

Benefits Terminate at Age 70

- Dependent Life** – \$10,000 on spouse, \$5,000 on children, \$200 on children 14 days-6 months.  
 Cost – \$10 per month per family.

\* Life Benefit reduced at age 65 to 65% of original amount. Premium shown is for the reduced benefit amount.

# Short Term Disability

## Percent of Earnings Plan

All employees receive an amount of STD benefit equal to 60% of their weekly earnings rounded to the next \$1, to a maximum not to exceed \$750 weekly benefit. Refer to sample premium calculation example below:

## Short Term Disability Monthly Rate Table

Age	<input type="checkbox"/> 13-Week Benefit (Cost per \$10 of Benefit)		<input type="checkbox"/> 26-Week Benefit (Cost per \$10 of Benefit)	
	Male	Female	Male	Female
Under age 30	0.35	0.69	0.41	0.82
30-34	0.37	0.70	0.42	0.84
35-39	0.43	0.80	0.52	0.99
40-44	0.48	0.90	0.61	1.08
45-49	0.55	0.92	0.68	1.13
50-54	0.67	0.99	0.84	1.22
55-59	0.85	1.06	1.08	1.32
60-64	1.08	1.20	1.36	1.45
65 & Older	1.43	1.58	1.82	1.92

## Example: 3 Person Employer Group Chooses 13-Week Benefit

Employee	Sex	Age	Weekly Earnings	Weekly STD Benefit
#1	F	25	\$400	X 60% = \$240
#2	M	34	\$500	X 60% = \$300
#3	M	48	\$650	X 60% = \$390

  

Monthly Cost				
	Weekly STD Benefit	÷	Rate From Table	Monthly STD Premium
#1	\$240	÷	10 = 24	X .69 = \$16.56
#2	\$300	÷	10 = 30	X .37 = \$11.10
#3	\$390	÷	10 = 39	X .55 = \$21.45
<b>Total Monthly Premium</b>				<b>\$49.11</b>

**Billing Fee: A monthly billing fee of \$10 will be included for the employer group.**

# Group Term Life, AD&D

Group Term Life and AD&D continues to be one of the most important and best values of all employee benefits. For many employees, group term life insurance is the only life insurance they have. Companion Life's Group Term Life and AD&D provides employees with a minimum life amount of \$10,000 and a maximum life amount of \$100,000. Life benefits are payable for death from any cause.

AD&D benefits are equal to the amount of life benefits. The full AD&D benefit is payable for the following losses if such loss is the result of an accident: loss of life, loss of both hands or both feet, loss of sight in both eyes, loss of a hand and a foot, loss of a hand or a foot and the sight in one eye. Half of the AD&D benefit is payable for the following losses if such loss is the result of an accident: loss of a hand, loss of a foot, loss of sight in one eye.

Benefits for Life and AD&D reduce to 65% of the original amount at age 65 and terminate at age 70, or at retirement, if earlier.

## Additional Benefits

**Extended Death benefit:** The death benefit will be paid if the person dies while totally disabled. The disability must begin while the person was both insured under this plan and under age 60, be continuous until death, and begin within 12 months of the date of death.

**Conversion privilege:** Employees may convert to an individual life policy within 31 days of leaving active employment. No evidence of insurability will be required.

**24 hour coverage.**

**Dependent Life (optional) -** Dependent Life insurance provides coverage for an employee's spouse and children. Spouse life amount – \$10,000. Children, 6 months to 19 years, life amount – \$5,000. Children, 14 days to 6 months, life amount – \$200. Once elected, the plan automatically covers additional dependents as they become eligible.

# Employer Eligibility

Employers meeting the following requirements are eligible for coverage:

- Two to nine eligible employees.
- No more than 50% of the group related by blood or marriage, unless special consideration is given.
- In business at least one year.

### Firms ineligible for Life, AD&D, Dependent Life, and STD:

Amusement Enterprises	Garbage Collectors and Scavengers
Auto Wreckers, Junkyards	Guard or Watchmen Services
Bail Bondsman, Repossession	Hatcheries
Barber and Beauty Shops	Independent Contractors
Bars, Night Clubs	Liquor Stores
Building Wreckers	Logging and Sawmills
Car Wash Businesses	Massage Parlors
Charitable Groups	Mining, Quarrying and Drilling Operations
Dance Halls and Studios	Motorcycle Sales and Services
Drug and Alcohol Rehabilitation	Parking Lots
Entertainment Groups	Private Households
Explosives Industry	Taxi Companies
Fire and Police Departments	
Florists	

### Firms engaged in the following activities are only eligible for Life, AD&D, and Dependent Life:

Ambulance Services	Janitorial and Building Maintenance
Asbestos Products	Lawn and Tree Services
Auto and Body Repair	Movers
Auto Dealers	Nursing Homes
Bus Companies	Petroleum Bulk Stations
Doctors and Dentists	Public Transportation Companies
Dry Cleaners and Laundries	Pulp and Paper Mills
Employee Leasing Firms	Religious Groups
Farms and Ranches	Restaurants and Bars
Gas Stations and Garages	Scrap Iron Dealers
Government-funded Groups	Social Service Groups
Health and Sports Clubs	Union Groups
Home Health Service	Video Rental Firms
Hotels and Motels	

# Short Term Disability

Almost 50% of workers now between the ages of 25 and 40 will become disabled for at least 13 weeks before they reach age 65. Many employees, however, are unprepared for the financial devastation a disability causes.

**Companion Life's Short Term Disability (STD) Coverage Provides the Solution...** a source of income for employees who can't work because of sickness or injury.

Companion Life's STD replaces 60% of an employee's weekly earnings up to a maximum benefit of \$750 per week.

Companion Life's STD benefits begin on the first day if the disability is the result of an accident and on the eighth day if caused by illness. Benefits continue for 13 or 26 weeks as chosen by the employer. If the disability recurs more than 30 consecutive days after the employee returns to active full-time work, a new benefit period begins.

STD benefits are payable for disabilities resulting from nonoccupational accidents or illnesses only.

## Additional Benefits

**Maternity Coverage –** Benefits for disability due to maternity are covered as any other illness and begin on the eighth day.

## Pre-Existing Conditions Limitations

There are no Pre-existing Condition Limitations.

# General Information

**Employee Eligibility:** Employees meeting all of the following requirements are eligible for coverage:

- 30 days of continuous service with the employer.
- Full-time employment (i.e., working 30 or more hours per week).
- Work 15 of the 20 working days prior to the effective date of coverage.
- Actively at work on the effective date of coverage.

**Participation:**

If the employer pays the entire cost – 100% participation required.

If the employees contribute to the cost (Employer is required to contribute a minimum of 25%) –

<b>Number of Employees</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
<b>Participation Required</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>

If Dependent Life is selected, 100% of those employees with eligible dependents must enroll.

**Effective Date:** Coverage is effective on the first or the 15th of the month following approval of the group’s application by Companion Life.

**Evidence of Insurability:** Evidence of insurability not required for STD.

<b>Number of Eligible Lives</b>	<b>Life and AD&amp;D</b>	<b>STD</b>
<b>2-4</b>	<b>Amounts in excess of \$25,000</b>	<b>No Evidence of Insurability Required</b>
<b>5-9</b>	<b>Amounts in excess of \$50,000</b>	<b>No Evidence of Insurability Required</b>

Even though one or more employees may be declined coverage for medical reasons, the employer unit may be accepted provided at least two employees are approved for coverage.

*This is a general outline of covered benefits and does not include all the benefits, limitations and exclusions of the policy. Please see your certificate for details.*

Policy Form #GP-1000

## About Companion Life Insurance Company

Companion Life Insurance Company has specialized in group benefits for more than 35 years. It has earned an A.M. Best Rating of A+ (Superior). We’ve earned these high marks due to our fiscal strength, investment practices and sound management. Now, we want to earn your trust by giving you the highest level of service and responsiveness possible.

**For a proposal, please contact:**

**Companion Life Insurance Company**

**Group Marketing**

**P.O. Box 100102**

**Columbia, SC 29202-3102**

**Phone: 1-800-753-0404 ■ Fax: 1-800-836-5433**

**www.CompanionLife.com**





EMPLOYER PARTICIPATION APPLICATION FOR THE JOINT EMPLOYER GROUP INSURANCE TRUST

1-800-753-0404

EMPLOYER INFORMATION

Firm Name Address City State Zip Telephone Firm Contact Title Type of Business # Full-time Employees in Firm: # Full-time Employees Enrolled: Effective Date Requested: SIC Code or Nature of Business: How many years in this business? How many years in this location? Tax I.D. Number Will this insurance replace existing insurance? Name of existing carrier Which coverages are being replaced? Life and AD&D STD

Life and AD&D Flat Amount Plan Class Plan Life and AD&D Amount Percent of premium paid by employer Dependent Life Spouse: Children: Children: 14 days - 6 months:

Waiting Period Initial Enrollment Future Employees One month Other One month Other

STD Percent of Earnings 60% to a maximum benefit of (select one): \$750/week \$/week Benefit Period 13 weeks 26 weeks Benefits Begin: First Day (Accident) Eighth Day (Illness) Percent of premium paid by employer

Table with 5 columns: Life and AD&D Total Monthly Premium, Dependent Life Total Monthly Premium, STD Total Monthly Premium, \$10.00 per month Administration Fee, Total Monthly Premium

Are any of the persons to be covered retired, currently hospitalized, disabled or on any extension of benefits? Yes No (If yes, give details.)

FRAUD WARNING (Not Applicable in AZ, FL, MD, OR, VA): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits (in TX, may be committing) a fraudulent insurance act, which is a crime and subjects (in KS, which may be determined by a court of law to be a crime which subjects) such person to criminal and civil penalties.

FRAUD WARNING (FL only): Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Participation Agreement (administered and underwritten by Companion Life Insurance Company) The Participant does hereby apply for Group Insurance Benefits as set forth in the above "Employer Participation Application for the Joint Employer Group Insurance Trust" and subscribes to the Agreement and Declaration of Trust. Name of Trust: Joint Employer Group Insurance Trust It is understood and agreed by the undersigned that the Trustee is not an insurer, nor does he have any obligation under any policy of insurance and that all claims for and benefits provided by insurance being applied for herein shall be made to and payable by the Insurance Companies issuing group policy(ies) to the Trustees, but only to the extent and in strict accordance with the provisions of such policy.

Signature of Applicant Title Date Signature of Agent/Broker Date Printed Name

FOR HOME OFFICE USE Accepted by Administrator Effective: By: Title Date