

A. Extended Health Care

<input type="checkbox"/> Silver	<input type="checkbox"/> Gold 1 -80% up to \$3,000 <input type="checkbox"/> Gold 2 -80% up to \$10,000 <input type="checkbox"/> Gold 3 -80% up to \$20,000	<input type="checkbox"/> Platinum 1 -100% up to \$6,000 <input type="checkbox"/> Platinum 2 -100% up to \$10,000 <input type="checkbox"/> Platinum 3 -100% up to \$20,000
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B. Dental Care

<input type="checkbox"/> Silver	<input type="checkbox"/> Gold	<input type="checkbox"/> Platinum	
<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,000

C. Basic Life Insurance

Flat Amount	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000
<input type="checkbox"/> 1x Salary (NEM/HEM's vary by group size and average volume)			

Accidental Death & Dismemberment Insurance

100% of Basic Life Insurance

D. Dependent Life Insurance

<input type="checkbox"/> \$5,000 Spouse / \$2,500 Child	<input type="checkbox"/> \$10,000 Spouse / \$5,000 Child
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E. Short-Term Disability (STD)

Percentage of Employee Weekly Salary		
<input type="checkbox"/> 66.67% (Non-Taxable) – Employee pays 100% of premium	<input type="checkbox"/> 70% (Taxable) – Employer pays all or a portion of premium	
Benefit Duration		
<input type="checkbox"/> 16 Weeks	<input type="checkbox"/> 17 Weeks	<input type="checkbox"/> 26 Weeks
Accident / Hospital		
<input type="checkbox"/> 0 Days	<input type="checkbox"/> 7 Days	Illness – Disability due to illness is 7 days

F. Long-Term Disability (LTD)

Percentage of Employee Monthly Salary		
<input type="checkbox"/> 66.67% of 1st \$1,500; 50% of next \$2,500; 40% of the balance (Non-Taxable) – Employee pays 100% of premium	<input type="checkbox"/> 70% (Taxable) – Employer pays all or a portion of premium	
Elimination Period - Must align with STD duration if both benefits selected		
<input type="checkbox"/> 112 Days	<input type="checkbox"/> 119 Days	<input type="checkbox"/> 182 Days
Benefit Duration		
<input type="checkbox"/> 5 Years	<input type="checkbox"/> To Age 65	

Please See Additional Questions on Page 2

G. Traditional Critical Illness Benefit (Coverage for up to 25 critical illnesses)	
<input type="checkbox"/> \$10,000 Coverage (available to all group sizes)	<input type="checkbox"/> \$25,000 Coverage (available to groups over 6 lives)
H. High-Severity Critical Illness Benefit (Coverage for up to 9 critical illnesses)	
<input type="checkbox"/> \$10,000 Coverage (available to all group sizes)	<input type="checkbox"/> \$25,000 Coverage (available to groups over 6 lives)
I. Dependent Traditional Critical Illness	
<input type="checkbox"/> \$5,000 Spouse / \$2,500 Child	<input type="checkbox"/> \$10,000 Spouse / \$5,000 Child
J. Dependent High -Severity Critical Illness (For spouses only)	
<input type="checkbox"/> \$5,000 Spouse	<input type="checkbox"/> \$10,000 Spouse
K. Second Medical Opinion	
<input type="checkbox"/> Yes	<input type="checkbox"/> No