

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	
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		
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
------------------------------	-----------------------------