

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



CompanionLife.com

Life | Short Term Disability

Over 37 million Americans are classified as disabled; about 12 percent of the total population. More than 50 percent of those disabled Americans are in their working years, from ages 18-64.¹ And 90 percent of wage earners rated their ability to earn an income as “valuable” or “very valuable” in helping them achieve long-term financial security. In fact, they perceive their ability to earn an income as even more valuable than retirement savings, medical insurance, personal possessions, other forms of savings or their homes.² Many employees, however, are unprepared for the financial devastation a disability can cause and few have actually planned for this possibility.

Short Term Disability

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.

STD coverage replaces 60 percent of an employee’s weekly earnings up to a maximum of \$1,000 per week. Benefits begin on the first day if the disability resulted from an accident, or 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 non-occupational accidents or illnesses only.

Additional Benefits

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

Pre-Existing Conditions Limitations

We will not cover a disability that begins in the first 12 months after the effective date. This applies if the disability results from a pre-existing condition with medical treatment or advice received or recommended within three months prior to the effective date.

Pre-existing condition means:

1. Resulting from an injury that occurred or a sickness that began before the effective date of coverage under the policy; and
2. For which medical treatment or advice was received or recommended within three months of the effective date of coverage under the policy; and
3. That causes disability while insured under the policy.

The exclusion may vary in certain states as required by state law.

Waiver of Pre-Existing Conditions Limitation

The Pre-existing condition limitation will not apply if the insured has been covered under this policy for 12 consecutive months or if the insured was covered under the prior carrier’s STD plan on the policy’s termination date.

Percent of Earnings Plan

All employees receive an amount of STD benefit equal to 60 percent of their weekly earnings rounded to the next dollar, to a maximum not to exceed \$1,000 per week.

Employer Eligibility

Employers meeting these requirements are eligible for coverage:

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

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 Flat Amount Plan provides employees with a minimum life amount of \$10,000 and a maximum life amount of \$100,000 (in increments of \$5,000). The Class Plan life amount cannot be more than 2 1/2 times the life amount for the next lower class.

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.

Age Reduction Schedule: Original life amount before age 65, reduces to:

- 65 percent at age 65
- 50 percent at age 70
- 25 percent at age 75
- 15 percent at age 80

All Benefits Terminate at Retirement.

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.

Coverage: 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 26 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.

Choose from two different plan designs



Flat Amount Plan

All employees receive the same amount of Life and AD&D coverage. The Flat Amount chosen must be in \$5,000 increments from \$10,000 to \$100,000.



Class Plan

All employees must be placed in a clearly defined class according to condition of employment. 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.

General Information

Employee Eligibility

Employees meeting all these 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

Companion Life Insurance Company has specialized in group benefits for more than 40 years. We've 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, CONTACT

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Group Marketing
P.O. Box 100102
Columbia, SC 29202-3102

PHONE
800-753-0404

FAX
800-836-5433

WEBSITE
CompanionLife.com

*Rating as of Feb. 12, 2015. For the latest rating, visit ambest.com.

Participation

If the employer pays the entire cost – 100 percent participation is required. If the employees contribute to the cost — employer is required to contribute a minimum of 25 percent. If Dependent Life is selected, 100 percent of those employees with eligible dependents must enroll.

Number of Employees	2	3	4	5	6	7	8	9
Participation Required	2	3	4	5	5	6	7	8

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 is not required for STD.

EVIDENCE OF INSURABILITY		
NUMBER OF ELIGIBLE LIVES	LIFE AND AD&D	STD
2-4	Amounts in excess of \$50,000	No Evidence of Insurability Required
5-9	Amounts in excess of \$75,000	No Evidence of Insurability Required
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

FIRMS INELIGIBLE FOR LIFE, AD&D, DEPENDENT LIFE AND SHORT TERM DISABILITY

SIC Code	Industry	SIC Code	Industry
3482-3483	Ammunition	2411	Logging
7941-7999	Amusement Parks, Clubs, Sports, Other Recreational Services	1011-1241	Metal & Coal Mining
		1311-1499	Oil & Gas Extraction, Mining & Quarrying
3292	Asbestos Products	9221	Police Protection
7933	Bowling Centers	8811	Private Households
7381	Detective, Guard and Armored Car Services	3484-3489	Small Arms, Ordnance and Accessories
2892	Explosives	7922-7929	Theatrical Producers, Bands, Entertainers
9224	Fire Protection		

FIRMS ENGAGED IN THE FOLLOWING ACTIVITIES ARE ONLY ELIGIBLE FOR LIFE, AD&D, AND DEPENDENT LIFE (NOT ELIGIBLE FOR SHORT TERM DISABILITY)

SIC Code	Industry
5812	Eating Places

Companion Life reserves the right to decline to propose benefits for any business or industry which does not, in our opinion represent a sound underwriting risk.



EMPLOYER INFORMATION

Firm Name _____
 Address _____ City _____ State _____ Zip _____
 Telephone (____) _____ Firm Contact _____ Title _____
 (person to contact concerning coverages)
 Type of Business _____ (i.e., sole proprietorship, partnership, corporation, etc).
 # Full-time Employees in Firm: _____ # Full-time Employees Enrolled: _____
 Effective Date Requested: _____ SIC Code or Nature of Business: _____
 (The firm's effective date will be the first or the 15th of the month following written acceptance by Companion Life Insurance Company.)
 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 (\$10,000 to \$100,000)
 \$10,000 \$15,000 \$25,000
 \$50,000 \$75,000 \$100,000
 _____ Other (in \$5,000 increments)

Class Plan

Class	Description	Life and AD&D Amount
1	_____	\$ _____
2	_____	\$ _____
3	_____	\$ _____

Percent of premium paid by employer _____ %
 (A minimum of 25% is required.)

Dependent Life Yes No

Spouse: \$10,000
 Children: \$5,000
 Children: 14 days - 6 months: \$200

Waiting Period

Initial Enrollment One month Other _____

Future Employees One month Other _____

STD

Percent of Earnings

60% to a maximum benefit of (select one):
 \$1,000/week \$ _____/week

Benefit Period 13 weeks 26 weeks

Benefits Begin: First Day (Accident) Eighth Day (Illness)

Percent of premium paid by employer _____ %
 (A minimum of 25% is required.)

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. The Trust agreement and the group policy(ies) held by the Trustee are available for inspection during regular business hours by the Participant at the office of the Administrator, Companion Life Insurance Company, located at 7909 Parklane Road, Suite 200, Columbia, SC 29223-5666. The undersigned employer agrees that coverage shall not commence until this application has been approved by Companion Life Insurance Company and notice of approval has been transmitted to us. As named employer, I understand that I should not cancel any existing coverage until notified that this application has been accepted by Companion Life.

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

FOR HOME OFFICE USE

Accepted by Administrator Effective: _____
 By: _____
 Title _____ Date _____