

Call today! 1-866-667-8415



TO: Independent Contractors Leased to Carroll Fulmer Logistics Corporation
RE: *TrueChoices* Personal Protection Series

We realize insurance is an important ingredient in your business' recipe for success and we are pleased to make the *TrueChoices* program available to you. For your convenience premiums will be collected through settlement deduction.

We have received a tremendous amount of positive feedback from current *TrueChoices* participants, so please take some time to review the enrollment booklet. Please give us a call with any questions or if you would like to enroll in additional coverages to protect you and your family. Coverages include:

- 2 Limited Medical Insurance Options
- 2 Dental Insurance Options
- Vision Insurance
- Life Insurance
- Short Term Disability
- Accident Insurance
- Fully Underwritten Major Medical (direct bill only)
- Cancer Insurance
- Family Legal Plan
- 401k(i)
- Pet Insurance

You can reach a *TrueChoices* coverage specialist for all of your questions at:

866-667-8415

Monday-Friday 8:00am – 7:00pm EST

We are committed to assisting you in protecting your business and financial security and will continue to seek out additional programs for you and your family.



CARROLL FULMER LOGISTICS CORPORATION

True
Choices

1-866-667-8415

NAWP Association Benefits

By becoming a member of NAWP, businesses can provide wide-ranging, affordable medical coverage for participants who are not covered by traditional benefit programs and participants who want to complement other insurance coverage.

NAWP members must pay a monthly \$6.00 membership fee. When you become a member of NAWP you not only have access to affordable medical coverage, but also to a variety of other benefits. The benefits listed below are just a sample of the services you will have access to as an association member.

- 401K(i)
- Identity Theft Coverage
- 24 Hour Nurse Line
- \$10,000 Accidental Death & Dismemberment Insurance
- Diabetic Supplies

WHAT ARE YOUR OPTIONS?

WHAT IS A MAJOR MEDICAL PLAN?

Major Medical usually pays on a percentage basis after a deductible; the insurance pays 70% of the claims and the member pays 30%. A deductible is the portion that the member must pay out-of-pocket. The insurance company will not pay anything until this amount has been paid, which is usually several thousands of dollars. Major medical plans often have a pre-existing condition clause attached. A pre-existing condition is any medical condition that a member has been treated for or should have sought treatment for in the past year. This treatment can include doctors' visits, surgeries, hospital admissions, prescription drugs, etc. The insurance company will not pay any claims related to this illness/injury for the full time disclosed. As a result, many members are denied coverage from a major medical provider because of these previous health conditions (diabetes, heart problems, etc.) Major medical plans can cost members hundreds of dollars each month and rates continue to rise.

WHAT IS A LIMITED ("INDEMNITY) BENEFIT PLAN?

Limited benefit plans offer working Americans an affordable alternative to expensive, comprehensive major medical insurance. While it is important to clearly understand that such coverage is not a full replacement for major medical insurance, the fact remains that it can help the working uninsured and under-insured pay all or some of their own health care bills.

HERE'S HOW IT WORKS:

Limited benefit plans provide defined dollar benefits for common health insurance needs (i.e. doctor office visits, inpatient hospital stays, surgery and wellness exams. They pay specified amounts when various health care services are used. Unlike typical comprehensive health insurance, these plans do not base their benefits on the actual charges incurred. For example, an indemnity plan might pay \$50 for a doctor's office visit (whether it costs \$40 or \$90), \$100 for a lab test, \$500 per day hospitalized and \$1,500 for a surgery. The insured only pays the balance of the claim, if any.

LIMITED BENEFIT PLAN ADVANTAGES?

- Guaranteed issue during open enrollment. No health questions or physical exams are required to qualify.
- No deductibles. The plan pays on the "first dollar" billed. The member is not forced to pay a deductible to use the plan.

BENEFITS OFFERED

Weekly Rates

*Based on 52 weeks

Limited Benefit Hospital Indemnity Insurance	Member	Member +Spouse	Member +Children	Member +Family
BENEFIT PLANS				
GOLD	\$ 32.14	\$ 53.93	\$ 49.74	\$ 70.00
DIAMOND	\$ 53.32	\$ 93.83	\$ 85.82	\$ 123.77
Rates include insurance and non-insurance products.				
DENTAL PLAN – BASIC	\$ 4.36	\$ 7.15	\$ 8.57	\$ 12.14
DENTAL PLAN – PREFERRED	\$ 5.84	\$ 10.11	\$ 10.56	\$ 15.71
Rates include insurance and non-insurance products.				
VISION PLAN	\$ 2.76	\$ 4.21	\$ 4.36	\$ 6.09
Rates include insurance and non-insurance products.				
UNIVERSAL LIFE PLAN	See benefits page for rates.			
SHORT TERM DISABILITY	See benefits page for rates.			
ACCIDENT INSURANCE	\$ 5.86	\$ 7.22	\$ 7.37	\$ 8.73
CANCER INSURANCE	\$ 5.66		\$ 6.47	\$ 10.33
FAMILY LEGAL		\$ 3.23		
INDIVIDUAL MAJOR MEDICAL	See benefits page for more information.			
401k(i)	For as little as \$50 a month.			
Pet Insurance	Call for rates and details.			

ENROLL TODAY!

Call the TrueChoices Enrollment Hotline at

866-667-8415

Speak to one of our benefit specialists about your individual needs and enroll over the phone.

TransChoice® Plus, A Group Limited Benefit Hospital Indemnity Insurance

Coverage to include	Gold	Diamond
Outpatient Benefits		
Doctor Office Visit This benefit pays the amount shown per physician's office visit as a result of a sickness or accident. Benefits are payable for a maximum of six visits per calendar year per person.	\$60	\$80
Wellness Visit This benefit pays the selected amount for each covered person who undergoes the following (after the selected waiting period):		
physical examinations mammograms pap smears immunizations flexible sigmoidoscopy blood screenings prostate-specific antigen tests	\$100	\$150
This benefit is payable once each calendar year for each covered person. Services must be under the supervision or recommended by a physician, and a charge must be incurred.		
Diagnostic Tests This benefit pays the amount shown per testing day for tests performed for the purpose of diagnosis of a covered sickness or accident as indicated by symptoms that would suggest an injury or sickness had occurred. The benefit is limited to four days of testing per calendar year per covered person and is not payable while the insured is confined in a hospital (i.e., it applies to outpatient services only).	\$100	\$300
In-Hospital Indemnity Benefits		
Daily In-Hospital Indemnity Benefit When a covered person is confined in a hospital as a result of an accident or sickness, this policy pays the benefit amount for each day the insured is confined in a hospital up to a maximum of 30 days per confinement.	\$600	\$1,000
In-Hospital & Surgical Additional Indemnity Benefit When a covered person is confined in a hospital as a result of an accident or sickness, this policy pays the benefit amount for the first occurrence that the insured is confined in a hospital. This benefit is payable only once each calendar year for each covered person; benefit pays in addition to the Daily In-Hospital Indemnity Plan.	\$1,000	\$2,000
Intensive Care Up to 30 days per calendar year. If you are confined in a hospital intensive care unit due to an injury received in a covered accident or because of a covered sickness.	\$700	\$1,000
Accident Injury Benefit		
Accident Injury Benefit* Pays for medical expenses such as ambulance, hospital room and board, and lab tests resulting from an injury caused by a covered accident; pays up to the policy limit after a \$100 deductible.	Up to \$5,000 per accident	Up to \$10,000 per accident
Accidental Death & Dismemberment* Pays lump sum benefit defined under the plan for all covered accidents.	\$10,000	\$20,000
Surgical & Anesthesia Indemnity Benefit		
Surgical Benefit (see Surgical Schedule) When a covered person undergoes a surgical procedure listed in the Schedule of Surgical Indemnity Benefits in the certificate as a result of an accident or sickness, the policy pays the benefit amount shown in the schedule based on the plan level selected by the group.	\$2,000 per surgery	\$5,000 per surgery
If two or more procedures are performed through the same incision or operative field, the benefit paid will be for only the procedure that has the larger benefit. If more than one procedure is performed, but each through a separate incision or in a separate operative field, the amount payable will be the specified amount for the primary procedure plus 50% of the amount payable for all other surgical procedures performed.		
Anesthesiology The anesthesia benefit is 20% of the surgical benefit amount.	\$400	\$1,000
Group Term Life Insurance		
Group Term Life Term life available for member, spouse, and children. Term life with full benefit amounts for member.		
•Member Life \$5,000 •Spouse Life \$2,500 •Children Life \$2,500	Included	Included

TransChoice® Plus, A Group Limited Benefit Hospital Indemnity Insurance

Coverage to include	Gold	Diamond
Member Discount Card		
Discount Card	Included	Included
Nationwide PPO Network		
PPO Network	Included	Included
Critical Illness Indemnity Benefit		
Coverage to Include	Gold	Diamond
Critical Illness		

Critical Illness

When a covered person is diagnosed with a covered critical illness, the selected amount will be paid.* This amount is payable up to two times for each covered person, first under the Critical Illness Indemnity Benefit and then under the Subsequent Critical Illness Indemnity Benefit, and is paid in addition to any other benefits paid by the TransChoice policy.

The Subsequent Critical Illness Indemnity Benefit is paid if the covered person is diagnosed as having a subsequent and separate covered critical illness more than sixty (60) days after the first one.

After the waiting period has expired, benefits are payable for the following critical illnesses:

- Cancer (including leukemia and Hodgkin's Disease, except Stage 1 Hodgkin's Disease)
- Heart attack (diagnosis must be based on EKG changes consistent with injury, elevation of cardiac enzymes, and confirmatory imaging studies) \$5,000
- Stroke (diagnosis must be based on documented neurological deficits and confirmatory neuroimaging studies)
- End stage renal failure (chronic, irreversible failure of the function of both kidneys, such that a covered person must undergo regular hemodialysis or peritoneal dialysis at least weekly)
- Major organ transplant (undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas)
- Skin cancer (including basal cell epitheloma or squamous cell carcinoma); does not include malignant melanoma or mycosis fungoides
- Carcinoma in situ (cancer that is confined to the site of origin without having invaded neighboring tissue)

\$10,000

Dependant coverage equal to 50% of this benefit

Premium Rates

	Member	Member + Spouse	Member + Child(ren)	Family
Gold				
Weekly	\$ 32.14	\$ 53.93	\$ 49.74	\$ 70.00
Diamond				
Weekly	\$ 53.32	\$ 93.83	\$ 85.82	\$ 123.77

non-insurance programs

In addition to the hospital indemnity benefits provided by Transamerica Life Insurance Company, the plans include a provider network and many other discounts as noted below:

MEMBER DISCOUNT CARD

This card is provided by New Benefits, Ltd. It offers members access to the Nurses Hotline, counseling services, and benefits for hearing aids. **This is not an insurance plan.** Information on how to access the benefits of the Member Discount Card will be included in the fulfillment package that each insured member receives from KBA.

NURSES HOTLINE

The Nurses Hotline allows access to experienced, registered nurses 24 hours a day, 7 days a week, 365 days a year. The hotline nurses are an immediate, reliable, and caring source of health information, education, and support. Services provided by this plan include:

- General information on all types of health concerns
- Information based on physician-approved guidelines
- Answers about medication usage and interaction
- Information on non-medical support groups
- Translation services for non-English speaking callers

HEARING AID BENEFIT

The Hearing Aid benefit provides savings of up to 15% off the retail cost on over 70 models of hearing aids and a free hearing test when utilizing one of the 1,200 participating Belto ne® locations nationwide. The member can also realize savings of up to 50% off the suggested retail price on over 90 models of hearing aids in over 1,000 locations nationwide.*

COUNSELING SERVICES

The Counseling Services benefit allows the member to speak with a counselor 24 hours a day, 7 days a week regarding any personal problems they may be facing. In addition, if the member is referred to one of the 27,000 counseling providers nationwide, they will receive discounts of 25%-30% off the normal billing charges from those providers.*

*Discounts on professional services are not available where prohibited by law.

BEECHSTREET PPO NETWORK (NON-INSURANCE)

Our national Preferred Provider Organization (PPO) offers a medical provider network with over 520,000 physicians and more than 3,500 hospitals throughout the United States. Members have access to a broad network of independently contracted physicians, hospitals, and healthcare professionals who provide services at negotiated, discounted rates. While all limited benefit plans may seem equal, using the PPO network (combined with our knowledge and years of healthcare experience) allows members to save dollars on their healthcare services. For more information, visit www.beechstreet.com.

TELEDOC

Teledoc allows a member access to telephone medical consults with licensed physicians who diagnose medical problems and prescribe short-term medication when appropriate. All licensed physicians specialize in telephone medical consults. They are primary care physicians, internists, and urgent care physicians. Physicians are available 24 hours a day, 365 days a year.

MEMBER SERVICES

Members can access benefit information and other services by dialing one toll free number. We are available Monday through Friday from 8:00 a.m. To 7:00 p.m. Eastern Standard Time to provide information on the following:

- Account management
- Member eligibility
- Verification of benefits
- General policy questions
- PPO network information
- Patient advocacy program



Frequently Asked Questions



Q: Is this policy major medical insurance?

A: No. The TransChoice® Plus Limited Benefit Hospital Indemnity Insurance Policy was designed to help meet the needs of members who are not offered traditional major medical insurance. TransChoice® Plus provides valuable benefits that can help pay for day-to-day health care expense, but **does not take the place of major medical insurance**. It can, however, be used in conjunction with major medical insurance.

Q: What Is An Indemnity Benefit?

A: It means that the insurance company will pay a set amount each time the insured receives a covered service. The same amount is paid regardless of the fees charged by the provider.

Q: What Happens if the Provider Charges More Than the Scheduled Benefit?

A: If the provider charges more than the scheduled benefit, the covered person must pay the provider the difference.

Q: What Happens if the Provider Charges Less Than the Scheduled Benefit?

A: The insurance company pays the insured the difference between the amount billed and the scheduled benefit.

Q: Will I receive ID cards? When?

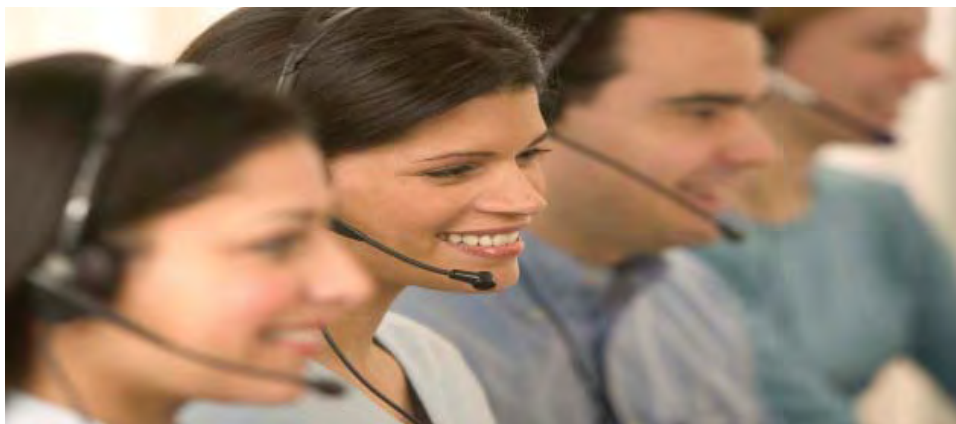
A: Yes, member kits with ID cards are mailed to your home address. The member kit will include a certificate of insurance as well as other important notices you should read. This kit will typically be mailed to you no later than the last week of the month prior to your effective date. Please allow three weeks for it to arrive in your mailbox.

Q: What if I need to use my benefits PRIOR to my cards arriving?

A: Give the provider the Customer Service Contact information below:

Limited Benefit Hospital Indemnity Insurance

TransChoice® Plus 1-866-667-8415
Group Number FS2002
Member ID Member Social Security Number
Claims First Service Administrators
PO Box 90847, Lakeland, FL 33804



limitations & exclusions

TransChoice® Plus Group Limited Benefit Hospital Indemnity Insurance Policy Form Series CPCH0200 and CCCH0200

No benefits will be payable as the result of:

suicide or any attempt thereof, while sane or insane. In the event of suicide, the company's liability may be limited to only the return of premiums paid. In Missouri, suicide is no defense to payment of benefits unless the company can show the insured intended suicide when he/she applied/enrolled for coverage;

- any intentionally self-inflicted injury or sickness;
- rest care or rehabilitative care and treatment;
- immunization shots and routine examinations such as physical examinations, mammograms, pap smears, immunizations, flexible sigmoidoscopy, prostate-specific antigen tests and blood screenings unless the Wellness Benefit is included;
- routine newborn care, including routine nursery charges;
- the treatment of mental illness; functional or organic nervous disorder, regardless of cause; alcohol abuse; drug use, unless such drugs were taken on the advice of a physician and taken as prescribed. In such circumstances and with respect to payment of the Daily In-Hospital Indemnity Benefit, benefits will be limited to no more than 10 days in any calendar year;
- participation in a riot, civil commotion, civil disobedience, or unlawful assembly;
- committing, attempting to commit, or taking part in a felony or assault, or engaging in an illegal occupation;
- participation in an organized contest of speed, parachuting, parasailing, bungee jumping, or hang gliding;
- air travel, except as a fare-paying passenger on a commercial airline on a regularly scheduled route, or as a passenger for transportation only and not as a pilot or crew member;
- any accident caused by the participation in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a physician or taken according to the physician's instructions) or while intoxicated (intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred);
- any procedure or treatment to change physical characteristics to those of the opposite sex and other treatment related to sex change;
- the reversal of tubal ligation and vasectomies;
- artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or physician's services, unless required by law;
- any loss incurred while on active duty status in the armed forces (if the insured notifies Transamerica of such active duty, Transamerica will refund any premiums paid for any period for which no coverage is provided as a result of this exception);
- accidents or sicknesses arising out of and in the course of any occupation for compensation, wage, or profit OR expenses which are payable under Occupational Disease Law or similar law, whether or not application for such benefits has been made;
- air or ground ambulance transportation (unless the Ambulance Benefit has been included);
- routine eye examinations or fitting of eye glasses;
- hearing aids or fitting of hearing aids;
- dental examinations or dental care other than expenses resulting from an accident;
- care or treatment of an accident or sickness not specifically provided for in the plan; with respect to the Off-the-Job Accidental Injury Benefit only, charges that the covered person is not legally required to pay, or charges which would not have been made if this coverage had not existed;
- treatment of an accident or sickness made necessary by or arising from war, declared or undeclared, or any act of war; or
- any surgical procedure not specifically listed in the Schedule of Surgical Indemnity Benefits.

Termination of Insurance

Your insurance will cease on the earliest of:

1. The last day of the payroll deduction period during which You cease to be eligible for coverage;
2. The end of the last period for which premium payment has been made to Us;
3. The date the Policy terminates; or
4. The last day of the payroll deduction period during which You terminate employment.

The insurance on a Dependent will cease on the earliest of:

1. The date Your coverage terminates;
2. The end of the last period for which premium payment has been made to Us;
3. The date the Dependent no longer meets the definition of Dependent; or
4. The date the Policy is modified so as to exclude Dependent coverage.

We will have the right to terminate the coverage of any Covered Person who submits a fraudulent claim under the Policy. Refer to the policy and certificate for complete details.

Group Term Life Insurance Policy Policy Form Series CP100200 and CC100200

We will not pay a death benefit if an insured dies by suicide, while sane or insane, within two years of the date of his/her insurance starts. In the event of suicide, the Company's liability may be limited to only the return of premiums paid.

In Missouri, suicide is no defense to payment of benefits unless the Company can show the insured intended suicide when he/she applied/enrolled for coverage.

If any death benefit is increased, this suicide exclusion starts anew, but will apply only to the amount of the increase.

AD&D Rider Rider Form Series CR101100

We will not pay any benefits if the loss, directly or indirectly, results from any of the following, even if the means or cause of the loss is accidental:

- suicide or intentionally self-inflicted injury, while sane or insane. In the event of suicide, the Company's liability may be limited to only the return of premiums paid. In Missouri, suicide is no defense to payment of benefits unless the Company can show the insured intended suicide when he/she applied/enrolled for coverage;
- commission of or attempt to commit an assault or felony;
- sickness or mental illness, disease of any kind, or medical or surgical treatment for any sickness, illness or disease;
- injuries received while under the influence of alcohol, a controlled substance or other drugs as defined by the laws of the State where the accident occurs, except as prescribed by a doctor;
- any poison or gas voluntarily taken, administered, absorbed, or inhaled (except in the course of employment);
- flight in any kind of aircraft, except as a fare paying passenger on a regularly scheduled commercial aircraft;
- any bacterial or viral infection;
- declared or undeclared war, or any act of war; and
- taking part in an insurrection.



transsmile

Services*	Coverage	Basic	Preferred
Type I – Diagnostic & Preventative**	100%	✓	✓
Type II – Basic Restorative Services***	80%	✓	✓
Type III – Major Restorative Services****	50%		✓

* Out of network reimbursement based on maximum allowable (MA).

** Type I services include: exams, cleanings, topical fluoride, space maintainers and bitewings

*** Type II services include: x-rays, emergency treatment for pain, fillings, and simple extractions.

**** Type III services include: denture repair, oral surgery (except TMJ), non-surgical periodontics, surgical periodontics, periodontal maintenance, crowns, inlays, onlays, veneers endodontics, prosthodontics and implants. (12 month waiting period for Type III); other limitations and exclusions may apply. See policy for details.

Additional Benefit Information

Waiting Period

➤ Type III Services – 12 month waiting period

Dependent Eligibility

➤ Eligible dependents of the insured include the insured's lawful spouse and unmarried children less than 19 or less than 23 if a full-time student.

Annual Maximum

Applies individually to member and each covered family member per policy year.

➤ Basic

\$500

➤ Preferred

\$1,000

Annual Deductible

Applies to Type II and III

➤ Basic

\$50

➤ Preferred

\$50

Weekly Rates	Basic	Preferred
member only	\$ 4.36	\$ 5.84
member+spouse	\$ 7.15	\$ 10.11
member+child(ren)	\$ 8.57	\$ 10.56
family	\$ 12.14	\$ 15.71

TransSmile Group Dental Insurance is underwritten by Transamerica Life Insurance Company. Home Office: Cedar Rapids, IA, Policy Form Series CPDEN100, CCDEN100.

visioncare



Davis Vision Insurance is underwritten and administered by Citizens Security Life Insurance Company, Home Office: Louisville, KY, Policy: GA 206

Benefits	Davis Vision
Examination	100% paid once every 12 months
Lenses	100% paid once every 12 months
Frames	100% paid once every 24 months
Examination Co-Pay	\$10
Materials Co-Pay	\$25

Benefits	Participating Provider	Non-Participating Provider
Examination	100%	Up to \$40
Single Vision Lens	100%	Up to \$40
Bifocal Lens	100%	Up to \$60
Trifocal Lens	100%	Up to \$80
Frames	100%	Up to \$45
Contact Lenses-Necessary	100%	Up to \$210
Contact Lenses-Elective	100%	Up to \$105
Laser Eye Surgery	Davis Vision offers a life-changing experience...access to refractive eye surgery procedures from selected provider locations.	
Primary Eye Care Rider	Davis Vision covers the cost of detecting, treating, and managing conditions that produce ocular or vision symptoms such as discomfort or pain, transient loss of vision, swollen lids, red eyes or pink eye, sty, and cataracts. Subject to a \$5.00 co-payment (benefits available through participating optometrists only).	

Weekly Rates	
Member Only	\$ 2.76
Member Spouse	\$ 4.21
Member Child	\$ 4.36
Member Family	\$ 6.09

TransLegacysm

Program Description	Group Universal Life Insurance Policy
Benefit Levels	Conditional guaranteed issue is up to \$150,000 not to exceed \$18.00 per week of premium; spouse issue is up to \$6.00 per week not to exceed \$50,000; eligible dependent children issue is up to \$25,000 or \$10,000 for term rider
Eligibility	90 days
Evidence of Insurability	Conditional guarantee issue
Cash Value Accumulation	The policy builds with a guaranteed issue rate of 4%; current interest rate is 5.25%.
Portable	Yes. If you retire or leave your group, you can take comfort in knowing that the individual rate for your coverage won't change because you leave.
Accidental Death & Dismemberment Rider	Pays an additional death benefit up to \$100,000 matching your face amount for death resulting from an accident; rider terminates at age 70. AD&D is not available to children.
Automatic Face Amount Increase Rider	Option for member and spouse to add additional coverage without producing evidence of insurability; members up to age 65 can add insurance on their first five contract anniversary dates; spouses up to the age of 60 can add insurance on their first three contract anniversary dates; premium will increase by \$52.00 annually.

Example*		
Age/Non-Smoker	Weekly Deduction	Death Benefit
Age 37 - Member	\$10.34	\$70,000
Age 37 - Spouse	\$4.63	\$30,000

*Rates are based upon age and tobacco usage.

You must speak with a benefits counselor to receive your applicable rate.

TransLegacy is underwritten by Transamerica Life Insurance Company (Home Office: Cedar Rapids, IA). Their customer service number is 888.763.7474. General policy form series CPGLDU00 and CCGLDU00. Other limitations and exclusions apply. Please refer to your contract and riders for complete details. May not be available in all jurisdictions.

short-term disability[®]

Program Description	TransDI
Evidence of Insurability	Conditional Guarantee Issue up to \$3,000 per month
Coverage For.....	Members Only
Benefit Levels	Up to \$5,000 per month
Benefit Period	6 months
Waiting Period	14 days accident/14 days sickness
Tax - Free Benefit	No taxes due on cash benefits
Short Term Disability (Optional)	
Benefit	Ages 18-69: Weekly Rates
\$500 Monthly Benefit	\$6.24
\$750 Monthly Benefit	\$9.35
\$1,000 Monthly Benefit	\$12.46
\$1,500 Monthly Benefit	\$18.69
\$2,000 Monthly Benefit	\$24.92
\$2,500 + Monthly Benefit	Call for pricing

Exclusions

Benefits will not be paid for disability due to:

1. Any act of war, declared or undeclared, insurrection, rebellion, or act of participation in a riot;
2. An intentionally self-inflicted injury;
3. A commission of, or attempt to commit, an assault, battery, or felony, or engagement in any illegal occupation;
4. Travel in, jumping or decent from any aircraft, accept when a fare-paying passenger in a licensed passenger aircraft;
5. Mental or emotional disorders without demonstrable organic disease;
6. An injury arising from any employment; and
7. In injury or sickness covered by Worker's Compensation.

Pre-existing Condition Limitation

We will not pay for any period of Total Disability starting with 12 months* of the Insured's Effective Date which is caused by, contributed to, or resulting from a Pre-existing Condition.

However, a limited benefit is available for disabilities due to a pre-existing condition. See the Pre-existing Condition Benefit section for details.

A claim for benefits starting after 12 months from the Effective Date of the members' coverage will not be reduced or denied on the grounds it is caused by a pre-existing condition.

Pregnancy is a pre-existing condition if conception occurs before the effective date of the certificate.

Pre-existing condition means a sickness or physical condition which within the 12-month* period prior to the effective date of the certificate, either:

1. Resulted in the insured receiving medical advice or treatment; or
2. Caused symptoms which an ordinary prudent person would seek medical advice or treatment.

Treatment means consultation; care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicine.

familylegal

A VOLUNTARY LEGAL PROGRAM



Legal Access Plans has a network of over 13,000 attorneys to provide numerous free and discounted legal services to members. Family Legal Protection Plan is administered by Legal Access Plans, LLC (Home Office: Houston, TX)

Benefit	Plan Rate	Estimated Cost Without Plan*
Free Consultations Members receive unlimited half-hour consultations with Plan Attorneys each year via phone, in office, or on-line.	Free	\$50-\$150 each
Document Reviews Members may have up to 3 simple documents (6 pages or less) reviewed by a Plan Attorney each plan year.	Free	\$200-\$500 each
Simple Wills Members may have a Simple Will or Living Will prepared or updated by a Plan Attorney each plan year.	Free	\$75-\$600 each
Guaranteed Reduced Rates Members receive a special plan discount on Plan Attorneys' hourly rate when legal representation is needed. Flat Fee Services for Bankruptcy, Divorce, Child/Spousal Support, Traffic Tickets, and more Special plan discount of 25% on Plan Attorneys' hourly rates Discounted contingency fees	25% discount	\$100-\$300 per hour
Dispute Resolution Members may have dispute resolution letters or phone calls made by a Plan Attorney for up to 3 matters per year.	Free	\$150-\$750 each
Website Access Members have unlimited access to user-friendly online resources	Free	Exclusive to members

Additional Benefits	Plan Rate	Estimated Cost Without Plan*
Traffic Ticket Defense	\$ 89.00	\$ 350.00
Name Change	\$155.00	\$ 300.00
Will with Minor Trust	\$170.00	\$ 500.00
Non-Support (Spouse/Child)	\$239.00	\$ 550.00
Divorce (Simple)	\$210.00	\$ 750.00
Corporation (Regular)	\$239.00	\$1,000.00
Non-Commercial Real Estate	\$175.00	\$ 400.00

Rates	Plan Covers All Dependent Family Members, as well as Member's Parents and Member's Spouse Parents	
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Weekly Rate \$3.23

*Legal Access Management Group, LLC, Monthly Attorney Matching Survey, November 2005

majormedical

Make smart, simple, and economical decisions when choosing health insurance. TrueChoices offers you this by shopping with multiple insurance carriers to find the insurance plan that fits your individual needs and budget.

How TrueChoices can help you:

- We help you individualize a plan that will fit both your needs and your budget.
- We offer several different co-insurance plans (e.g., 100/0, 80/20, 60/40, 50/50).
- You choose the deductible to reflect your monthly premium target (\$500-\$5,000).
- We offer prescription drug benefits.
- We offer a set maximum out-of-pocket expense.
- We offer worldwide coverage.

Personalized individual and family quotes available from*:

- Assurant
- Golden Rule
- Anthem BC/BS
- Humana One
- Regency BC/BS
- Aetna
- State Affiliated BC/BS

Other health benefits:

- HSA
- HRA
- Nationwide network
- Wellness benefit
- Emergency room
- Hospitalization
- Organ transplants
- Ambulance benefits
- Rehabilitation

*Individual underwriting required



401K(i)



The 401K(i) Advantage Retirement Solution features world-class investment options combined with customized participant education and state-of-the-art recordkeeping services for a solution that provides unsurpassed fiduciary protection.

The 401K(i) Advantage Retirement Solution also creates a coordinated, risk-controlled approach to plan management by integrating all components of the plan into one bundled model, delivering an unsurpassed level of efficiency and control.



What do you see yourself doing when you retire? Maybe you're looking forward to spending more time with family and friends. Maybe you want to immerse yourself in a favorite hobby or maybe you want to travel the world! Fortunately, your retirement plan provides an ideal way to save for the future...however you picture it!

Your retirement plan offers:

Flexibility

You decide how much you want to save and decide how your money is invested

Convenience

You can select from a variety of investment options to fit your needs

Tax Benefits

Contributions made on a pre-tax basis reduce your current taxable income

Customer Service Office
PO Box 11528
Knoxville, TN 37939



FOR FURTHER INFORMATION CONTACT

866-667-8415