BETTER BENEFITS FOR LESS™

Especially Custom-Designed
For

T&C STAMPING, INC

Securely Arrive.™
SafeBridge BENEFITS

In Strategic Alliance with AAAS

"We do not work for any of America's top providers. They work for us, so that we can best work for you."

Charles W. Allen, Founder & CEO –
The SafeBridge Group, P.C.

Securely Arrive.™

SafeBridge™ BENEFITS

SafeBridge Benefits Alliance Headquarters
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Birmingham, AL 35242
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Section 125 Cafeteria Plan

Premium Only Plan

- **The POP portion allows you to pre-tax the cost of certain types of insurance plans such as Medical, Dental, Vision, Cancer, Accident, & Critical Illness.**
- **This program reduces taxable income for employees thereby reducing Federal, State & FICA taxes**
- **The POP (premium only plan) is NO COST to the employer & is provided by AFLAC**
- **Cannot make changes/cancellations during the year to ANY plans paid for with pre-tax dollars UNLESS you have a change in status.**
- **Plan Year will run July - June with Annual Open Enrollment every June**

Guardian

Weekly Employee Rates

EE Only $0
EE + 1 $5.31
FAM $10.85

T & C STAMPING, INC.

Dental Benefit Summary

Group Number: 00575712

A Dental insurance plan through Guardian:

- Provides coverage for key preventive services such as regular checkups and cleanings to keep you and your family healthy
- Helps offset potentially expensive dental procedures, such as crowns and fillings
- Gives you access to one of the nation's largest dental networks so care is convenient to you
- Makes it easy to find a high quality certified network dentist by accessing guardianananytime.com or Guardian's find a provider mobile app
- Fast and easy claim payments

About Your Benefits:

PPO plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	**PPO**	
Your Network is	DentalGuard Preferred	
Calendar year deductible	*In-Network*	*Out-of-Network*
Individual	$25	$25
Family limit	3 per family	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	*In-Network*	*Out-of-Network*
Preventive Care	100%	100%
Basic Care	90%	80%
Major Care	60%	50%
Orthodontia	Not Covered (applies to all levels)	
Annual Maximum Benefit	$2000	$2000
Maximum Rollover	Yes	
Rollover Threshold	$800	
Rollover Amount	$400	
Rollover In-network Amount	$600	
Rollover Account Limit	$1500	
Lifetime Orthodontia Maximum	Not Applicable	
Dependent Age Limits	26	

A Sample of Services Covered by Your Plan:

		PPO *Plan pays (on average)*	
		In-network	*Out-of-network*
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	Once Every 6 Months	
	Fluoride Treatments	100%	100%
	Limits:	Under Age 19	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Anesthesia*	90%	80%
	Fillings‡	90%	80%
	Repair & Maintenance of Crowns, Bridges & Dentures	90%	80%
	Root Canal	90%	80%
	Simple Extractions	90%	80%
	Surgical Extractions	90%	80%
Major Care	Bridges and Dentures	60%	50%
	Inlays, Onlays, Veneers**	60%	50%
	Perio Surgery	60%	50%
	Periodontal Maintenance	60%	50%
	Frequency:	Once Every 6 Months	
	Scaling & Root Planing (per quadrant)	60%	50%
	Single Crowns	60%	50%

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filing material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date..

Find A Dentist:

Visit www.GuardianAnytime.com
Click on “Find A Provider”; You will need to know your plan, which can be found on the first page of your dental benefit summary.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00575712

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.

Dental Maximum Rollover®

Save Your Unused Claims Dollars For When You Need Them Most

Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). If you reach your Plan Annual Maximum in future years, you can use money from your MRA. To qualify for an MRA, you must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Your MRA may not exceed the MRA limit. You can view your annual MRA statement detailing your account and those of your dependents on www.GuardianAnytime.com.

Please note that actual maximum limitations and thresholds vary by plan. Your plan may vary from the one used below as an example to illustrate how the Maximum Rollover functions.

Plan Annual Maximum*	Threshold	Maximum Rollover Amount	In-Network Only Rollover Amount	Maximum Rollover Account Limit
$2000	$800	$400	$600	$1500
Maximum claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years	Additional dollars added to Plan Annual Maximum for future years if only in-network providers were used during the benefit year	Plan Annual Maximum plus Maximum Rollover cannot exceed $3,500 in total

* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, ($1500 PPO/$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan.

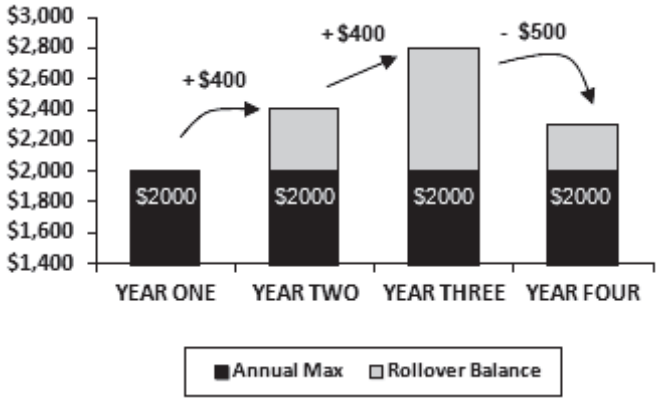
Here's how the benefits work:

YEAR ONE: Jane starts with a $2000 Plan Annual Maximum. She submits $150 in dental claims. Since she did not reach the $800 Threshold, she receives a $400 rollover that will be applied to Year Two.

YEAR TWO: Jane now has an increased Plan Annual Maximum of $2,400. This year, she submits $50 in claims and receives an additional $400 rollover added to her Plan Annual Maximum.

YEAR THREE: Jane now has an increased Plan Annual Maximum of $2,800. This year, she submits $2,500 in claims. All claims are paid due to the amount accumulated in her Maximum Rollover Account.

YEAR FOUR: Jane's Plan Annual Maximum is $2,300 ($2,000 Plan Annual Maximum + $300 remaining in her Maximum Rollover Account).



For Overview of your Dental Benefits, please see About Your Benefit Section of this Enrollment Booklet.

NOTES:

You and your insured dependents maintain separate MRAs based on your own claim activity. Each MRA may not exceed the MRA limit.

Cases on either a calendar year or policy year accumulation basis qualify for the Maximum Rollover feature. For calendar year cases with an effective date in October, November or December, the Maximum Rollover feature starts as of the first full benefit year. For example, if a plan starts in November of 2013, the claim activity in 2014 will be used and applied to MRAs for use in 2015.

Under either benefit year set up (calendar year or policy year), Maximum Rollover for new entrants joining with 3 months or less remaining in the benefit year, will not begin until the start of the next full benefit year. Maximum Rollover is deferred for members who have coverage of Major services deferred. For these members, Maximum Rollover starts when coverage of Major services starts, or the start of the next benefit year if 3 months or less remain until the next benefit year. (Actual eligibility timeframe may vary. See your Plan Details for the most accurate information.)

Policy Form #GP-1-DG2000, et al.

Guardian®

T & C Stamping, Inc.

Vision Benefit Summary

Group Number: 00575712

Why choose Guardian for your Vision insurance:
For just a few dollars a month, this coverage saves you money on optical wellness, as well as providing discounts on eyewear, contacts, and corrective vision services

- Extensive network of vision specialists and medical professionals
- Affordable coverage
- Quick and easy claim payments

About Your Benefits:

Option 1: Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of VSP's network locations, including one of the largest private practice provider networks, Visionworks and contracted Pearle Vision locations.

Option 2: Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of Davis Vision's network locations including retail centers such as Costco®, Wal-Mart®, JCPenney®, Sears®, Target®, Sam's Club®, Pearle®, Visionworks®. You can also use your network benefits online at Visionworks®.com, glasses®.com, or 1800contacts®.com.

Your Vision Plan	**Option 1: Full Feature**		**Option 2: Full Feature - Designer**	
Your Network is	VSP Choice Network		Davis Vision	
Your Weekly premium	**$ 1.65**		**$ 1.57**	
You and 1 dependent	$ 3.21		$ 2.38	
You, Spouse and Child(ren)	$ 5.70		$ 4.18	
Copay				
Exams Copay	$ 10		$ 10	
Materials Copay *(waived for elective contact lenses)*	$ 25		$ 25	
Sample of Covered Services	*You pay (after copay if applicable):*		*You pay (after copay if applicable):*	
	In-network	*Out-of-network*	*In-network*	*Out-of-network*
Eye Exams	$0	Amount over $39	$0	Amount over $50
Single Vision Lenses	$0	Amount over $23	$0	Amount over $48
Lined Bifocal Lenses	$0	Amount over $37	$0	Amount over $67
Lined Trifocal Lenses	$0	Amount over $49	$0	Amount over $86
Lenticular Lenses	$0	Amount over $64	$0	Amount over $126
Frames	80% of amount over $130[1]	Amount over $46	80% of amount over $130*[2]	Amount over $48
Costco Frame Allowance	Amount over $70		N/A	
Contact Lenses *(Elective)*	Amount over $130	Amount over $100	N/A	N/A
Contact Lenses *(Elective and conventional)*	N/A	N/A	85% of amount over $130*	Amount over $105
Contact Lenses *(Planned replacement and disposable)*	N/A	N/A	85% of amount over $130*	Amount over $105
Contact Lenses *(Medically Necessary)*	$0	Amount over $210	$0	Amount over $210
Contact Lenses *(Evaluation and fitting)*	Up to $60	Not Applicable	No discounts	No discounts
Cosmetic Extras	Avg. 20-25% off retail price	No discounts	Avg. 40-60% off retail price	No discounts

Your Vision Plan	Option 1: Full Feature		Option 2: Full Feature - Designer	
Glasses *(Additional pair of frames and lenses)*	20% off retail price**	No discounts	Courtesy discount from most providers	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts	Up to 25% off the usual charge or 5% off promotional price	No discounts
Service Frequencies				
Exams	Every calendar year		Every calendar year	
Lenses *(for glasses or contact lenses)*‡‡	Every calendar year		Every calendar year	
Frames	Every two calendar years		Every two calendar years	
Network discounts *(glasses and contact lens professional service)*	Limitless within 12 months of exam.		Applies to first purchase & courtesy discount from most providers on subsequent purchases.	
Dependent Age Limits	26		26	
To Find a Provider:	Register at VSP.com to find a participating provider.		Visit www.GuardianAnytime.com and click on "Find a Provider"	

VSP

- ‡‡Benefit includes coverage for glasses or contact lenses, not both.
- ** For the discount to apply your purchase must be made within 12 months of the eye exam.
- Charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use. The only exception would be if a member purchases contact lenses from an out of network provider, members can use the balance towards additional contact lenses within the same benefit period.
- [1]Extra $20 on select brands
- Members can use their in network benefits on line at Eyeconic.com.

Davis

- ‡‡Benefit includes coverage for glasses or contact lenses, not both.
- Contact lenses from Davis Vision's Collection are available at most private practice locations with Full Feature and Materials Only plans. Contacts from the collection are covered in full including fitting and evaluation, in excess of the plan's materials copay. Elective contacts that are not part of the Collection are covered up to the plan's elective contact lens allowance and the materials copay is waived.
- *Additional discounts are not available at all private practice locations. Costco, Walmart, Sam's Club, glasses.com, and 1800contacts.com do not allow additional discounts.
- For Davis Vision, complete eyeglasses must be purchased at one time from one provider. For example, if a member purchases only lenses, he or she cannot purchase frames later in the same benefit period. The member is not eligible for new vision materials until the next benefit period. Only charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use.
- [2]Extra $50 at Visionworks stores and at Visionworks.com.
- Davis Vision offers 2,000 College Tuition Benefit Rewards, which are administered by SAGE CTB, LLC.

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Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.

Short Term Disability

Employer Paid

MetLife

T & C Stamping Plan Benefits
Original Plan Effective Date: July 1, 2018

Explore the coverage that helps you protect your income and your lifestyle.

What is Short Term Disability insurance?

Short Term Disability (STD) insurance can help you replace a portion of your income during the initial weeks of a Disability.

Eligibility Requirements

Short Term Disability:
All Active Full Time Employees working at least 30 hours per week are eligible to participate.

How is "Disability" defined under the Plan?

Generally, you are considered disabled and eligible for short term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and are complying with the requirements of the treatment and you are unable to earn more than 80% of your predisability earnings at your own occupation.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance/Summary Plan Description provided by your Employer or contact your MetLife benefits administrator with any questions.

What is the benefit amount?

Short Term Disability:

The Short Term Disability benefit replaces a portion of your predisability earnings, less the income that was actually paid to you for the same Disability from other sources[1] (e.g., state disability benefits, no-fault auto laws, sick pay, vacation pay etc.).

The Benefit amount is 60% of your predisability weekly earnings subject to the plan's maximum weekly benefit of $650.

When do benefits begin and how long do they continue?

Short Term Disability:

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait, while disabled, before you are eligible to receive a benefit. The elimination period is as follows:

For Injury: 7 days.

For Sickness (includes pregnancy): 7 days.

Benefits continue for as long as you are disabled up to a maximum duration of 25 weeks of Disability.

Your plan's maximum benefit period and any specific limitations are described in the Certificate of Insurance/Summary Plan Description provided by your Employer.

Additional Disability Plan Benefits:

Coverage with Your Best Interests in Mind...

When you are ill or injured for a short period, MetLife believes you need more than a supplement to your income. That's why we offer return-to-work services, and financial incentives.

Services to Help You Get Back to Work Can Include:

Nurse Consultant or Case Manager Services:
Specialists who personally contact you, your physician and your employer to coordinate an early return-to-work plan when appropriate.

Vocational Analysis:
Help with identifying job requirements and determining how your skills can be applied to a new or modified job with your employer.

Job Modifications/Accommodations:
Adjustments (e.g., redesign of work station tools) that enable you to return to work.

Retraining:
Development programs to help you return to your previous job or educate you for a new one.

Financial Incentives:
Allow you to receive Disability benefits or partial benefits while attempting to return to work

Answers to Some Important Questions...

Q. Can I still receive benefits if I return to work part time?

A. Yes. As long as you are disabled and meet the terms of your Disability plan, you may qualify for adjusted Disability benefits.

Your plan offers financial and Rehabilitation incentives designed to help you to return to work when appropriate, even on a part-time basis when you participate in an approved Rehabilitation Program. While disabled, you may receive up to 100% of your predisability earnings when combining benefits, Rehabilitation Incentives and other income sources such as Social Security Disability Benefits and State Disability Benefits, and part-time earnings.

With the Rehabilitation Incentive you can get a 10% increase in your weekly benefit.
Following the 4th weekly benefit payment, the Family Care Incentive provides reimbursement up to $100 per week for eligible expenses, such as child care.
You may be eligible for the Moving Expense Incentive if you incur expenses in order to move to a new residence recommended as part of the Rehabilitation Program. Expenses must be approved in advance.

Q. Are there any exclusions to my coverage?

A. Yes. Your plan does not cover any Disability which results from or is caused or contributed to by:

- Elective treatment or procedures, such as cosmetic surgery, sex-change surgery, reversal of sterilization, liposuction, visual correction surgery or in vitro fertilization, embryo transfer procedure, artificial insemination, or other specific procedures. However, pregnancies and complications from any of these procedures will be treated as a sickness.
- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
- Active participation in a riot;
- Intentionally self-inflicted injury or attempted suicide;

- Commission of or attempt to commit a felony.

Additionally, no payment will be made for a Disability caused or contributed to by any injury or sickness for which you are entitled to benefits under Workers' Compensation or a similar law.

Other limitations or exclusions to your coverage may apply. Please review your Certificate of Insurance for specific details or contact your benefits administrator with any questions.

The "Plan Benefits" provides only a brief overview of the STD plan. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

Short Term Disability ("STD") coverage is provided under a group insurance policy (Form GPNP99) issued to your employer by MetLife. This STD coverage terminates when your employment ceases, when you cease to be an eligible employee, when your STD contributions cease (if applicable) or upon termination of the group contract by your employer. Like most group insurance policies, MetLife group policies contain certain exclusions, elimination periods, reductions, limitations and terms for keeping them in force. State variations may apply.

1 Under certain circumstances, MetLife may estimate the amount of income you may receive from other sources.

Long Term Disability

Employer Paid

MetLife

T & C Stamping Plan Benefits
Original Plan Effective Date: July 1, 2018

Explore the coverage that helps you protect your income and your lifestyle.

What is Long Term Disability insurance?

Long Term Disability (LTD) insurance helps replace a portion of your income for an extended period of time.

Eligibility Requirements

Long Term Disability:
All Other Active Full Time Employees working at least 30 hours per week are eligible to participate.

How is "Disability" defined under the Plan?

Generally, you are considered disabled and eligible for long term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and are complying with the requirements of the treatment and you are unable to earn more than 80% of your predisability earnings at your own occupation for any employer in your local economy.

Following the Own Occupation period, you are considered disabled if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of the treatment and you are unable to earn 60% of your predisability earnings at any gainful occupation for which you are reasonably qualified taking into account your training, education and experience.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance/Summary Plan Description provided by your Employer or contact your MetLife benefits administrator with any questions

What is the benefit amount?

Long Term Disability:

The Long Term Disability benefit replaces a portion of your predisability monthly earnings, less other income you may receive from other sources[1] during the same Disability (e.g., Social Security, Workers' Compensation, vacation pay etc.).

The Benefit amount is 60% of your predisability monthly earnings.

What is the maximum monthly benefit?

The amount of Long Term Disability benefit may not exceed the maximum monthly benefit established under the plan, regardless of your annual salary amount. The maximum under this plan is $3,500.

When do benefits begin and how long do they continue?

Long Term Disability:

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination period for Long Term Disability is 180 days.

Your plan's maximum benefit period and any specific limitations are described in the Certificate of Insurance provided by your Employer.

Additional Disability Plan Benefits:

Coverage with Your Best Interests in Mind…

When you are ill or injured for a long time, MetLife® believes you need more than a supplement to your income. That's why we offer return-to-work services and financial incentives and assistance in obtaining Social Security Disability Benefits to help you get the maximum benefits from your coverage.

Services to Help You Get Back to Work Can Include:

Nurse Consultant or Case Manager Services:
Specialists who personally contact you, your physician and your employer to coordinate an early return-to-work plan when appropriate.

Vocational Analysis:
Help with identifying job requirements and determining how your skills can be applied to a new or modified job with your employer.

Job Modifications/Accommodations:
Adjustments (e.g., redesign of work station tools) that enable you to return to work.

Retraining:
Development programs to help you return to your previous job or educate you for a new one.

Financial Incentives:
Allow employees to receive Disability benefits or partial benefits while attempting to return to work.

The Services of Social Security Specialists:
Once you are approved for Disability benefits, Metlife can help you obtain Social Security Disability benefits. Our specialists can guide you through the initial application and appeals processes and may also help you access legal assistance from attorneys or vendors to pursue Social Security benefits.

Answers to Some Important Questions…

Q. Can I still receive benefits if I return to work part time?

A. Yes. As long as you are disabled and meet the terms of your Disability plan, you may qualify for adjusted disability benefits.

Your plan offers financial and Rehabilitation incentives designed to help you to return to work when appropriate, even on a part-time basis when you participate in an approved Rehabilitation Program. While disabled, you may receive up to 100% of your predisability earnings when combining benefits, Rehabilitation Incentives and other income sources such as Social Security Disability Benefits and state disability benefits, and part-time earnings.

With the Rehabilitation Incentive you can get a 10% increase in your monthly benefit.

The Family Care Incentive provides reimbursement up to $400 per month for eligible expenses, such as child care during the first 24 months of disability.

You may be eligible for the Moving Expense Incentive if you incur expenses in order to move to a new residence recommended as part of the Rehabilitation Program. Expenses must be approved in advance.

Q. Are there any exclusions for pre-existing conditions?

A. Yes. Your plan may not cover a sickness or accidental injury that arose in the months prior to your participation in the plan. A complete description of the pre-existing condition exclusion is included in the Certificate of Insurance/Summary Plan Description provided by your Employer.

Q. Are there any exclusions to my coverage?

A. Yes. Your plan does not cover any Disability which results from or is caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
- Active participation in a riot;
- Intentionally self-inflicted injury or attempted suicide;
- Commission of or attempt to commit a felony.

For Long Term Disability, limited benefits apply for specific conditions, such as, mental or nervous disorders or diseases, alcohol, drug, or substance abuse or addiction, neuromuscular, musculoskeletal or soft tissue disorders and chronic fatigue syndrome and related conditions.

Other limitations or exclusions to your coverage may apply. Please review your Certificate of Insurance provided by your Employer for specific details or contact your benefits administrator with any questions.

The "Plan Benefits" provides only a brief overview of the LTD plan. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

Long Term Disability ("LTD") coverage is provided under a group insurance policy (Form GPNP99) issued to your employer by MetLife. This LTD coverage terminates when your employment ceases, when you cease to be an eligible employee, when your LTD contributions cease (if applicable) or upon termination of the group contract by your employer. Like most group insurance policies, MetLife group policies contain certain exclusions, elimination periods, reductions, limitations and terms for keeping them in force. State variations may apply.

[1] Under certain circumstances, MetLife may estimate the amount of income you may receive from other sources.

Basic Term Life / AD&D

Employer Paid

MetLife

Plan Design for: T & C Stamping
Original Plan Effective Date: July 1, 2018
For All Active Full Time Employees working at least 30 hours per week

Basic Life	An amount equal to 1 times Your Basic Annual Earnings, rounded to the next higher $1,000.
Accidental Death & Dismemberment	An amount equal to Your Basic Life Insurance.
Plan Maximum	$150,000
Non-Medical Maximum	$150,000
Age Reduction Formula	Other
Employee Contribution • **Basic Life** • **AD&D**	 0% 0%

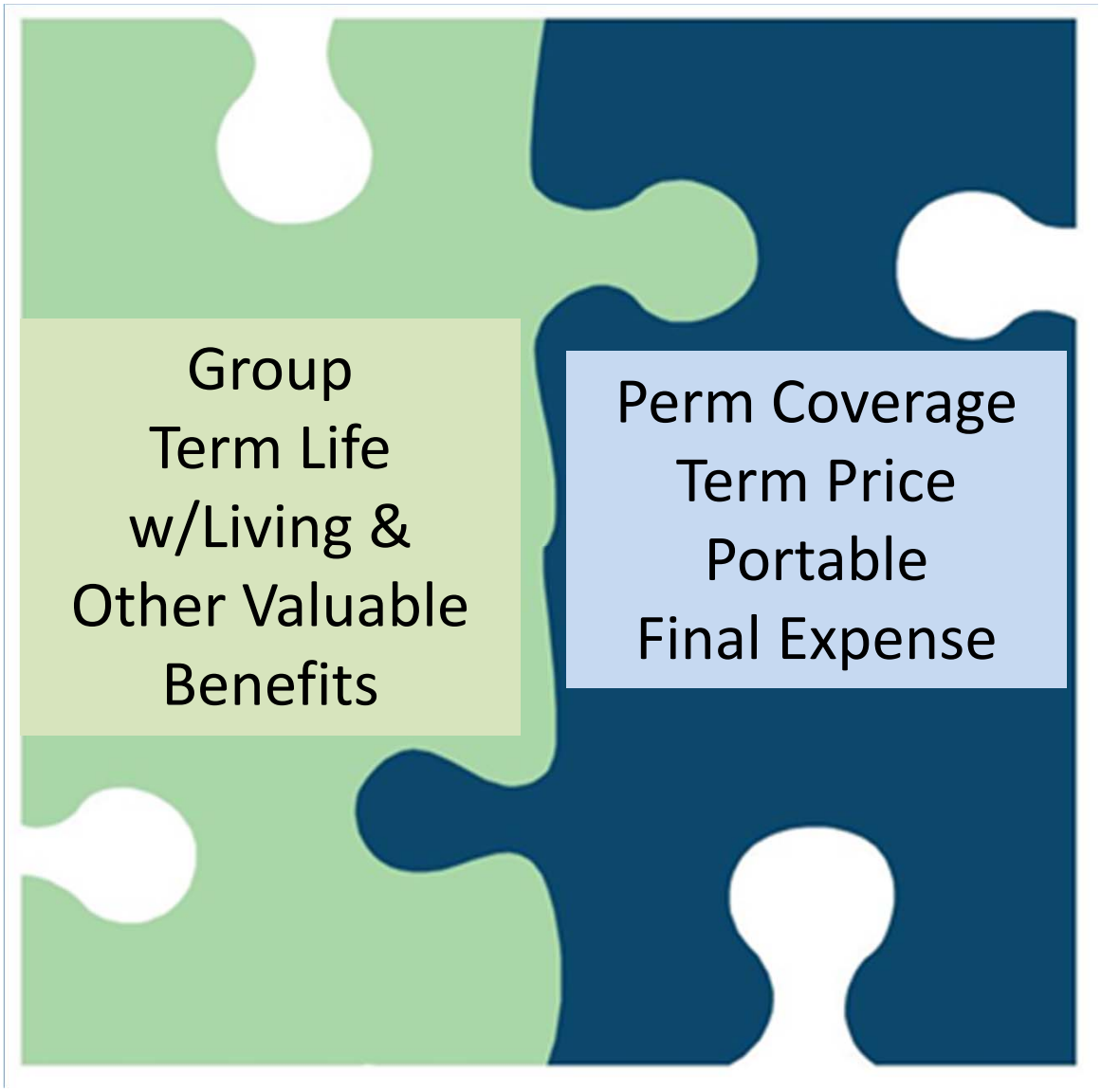
Term Life Features (1)

- Continuation of Life insurance while totally disabled as defined by the Group Policy (2)
- Accelerated Benefits Option (3)
- Life Settlement Account (4)
- Portability (5)

AD&D Features (1)

- Seat Belt Benefit (6)
- Common Carrier Benefit
- Air Bag Benefit
- Total Control Account®

IDEAL LIFE INSURANCE COMBNATION



Supplemental Term Life

MetLife

Plan Design for: T & C Stamping
Original Plan Effective Date: July 1, 2018
For All Active Full Time Employees working at least 30 hours per week

Build Your Benefit With MetLife's Supplemental Term Life insurance, your employer gives you the opportunity to buy valuable life insurance coverage for yourself, your spouse and your dependent children -- all at affordable group rates.

	Employee	Spouse & Child	
		Spouse[1]	Child
Life Coverage: provides a benefit in the event of death Schedules:	Increments of $10,000	Increments of $5,000	Flat Amount: $1,000, $2,000, $4,000, $5,000, or $10,000
Non Medical Maximum	$100,000	$25,000	$10,000
Overall Benefit Maximum	The lesser of 5 times Your Basic Annual Earnings, or $500,000	$100,000	$10,000
AD&D Coverage: provides a benefit in the event of death or dismemberment resulting from a covered accident Schedules:	Yes (benefit amount is same as Supplemental Term Life coverage)	Yes (benefit amount is same as Supplemental Term Life coverage)	Yes (benefit amount is same as Supplemental Term Life coverage)
AD&D Maximum	Maximum amount is same as Supplemental Term Life coverage	Maximum amount is same as Supplemental Term Life coverage	Maximum amount is same as Supplemental Term Life coverage
Employee Contribution	100%	100%	100%

Any purchase or increase in benefits, which does not take place within 31 days of employee's or dependent's eligibility effective date is subject to evidence of insurability. Coverage is subject to the approval of MetLife.

To request coverage:

1. Choose the amount of employee coverage that you want to buy.
2. Look up the premium costs for your age group for the coverage amount you are selecting on the chart below.
3. Choose the amount of coverage you want to buy for your spouse. Again, find the premium costs on the chart below. Note: Premiums are based on your age, not your spouse's.
4. Choose the amount of coverage you want to buy for your dependent children. The premium costs for each coverage option are shown below.
5. Fill in the enrollment form with the amounts of coverage you are selecting. (To request coverage over the non-medical maximum, please see your Human Resources representative for a medical questionnaire that you will need to complete.) Remember, you must purchase coverage for yourself in order to purchase coverage for your spouse or children.

Employee Age	Employee & Spouse Coverage -- Monthly Premium For:						
	$1,000	**$10,000**	**$20,000**	**$40,000**	**$50,000**	**$100,000**	
Under 30	$0.19	$1.88	$3.76	$7.52	$9.40	$18.80	
30-34	$0.24	$2.38	$4.76	$9.52	$11.90	$23.80	

Dependent Child Coverage[2] Monthly Premium For:	
$1,000	$0.29
$2,000	$0.58

Supplemental Term Life Summary GCert 2000

L1017499879[exp0519][xDC,GU,MP,PR,VI]
Metropolitan Life Insurance Company, 200 Park Ave., New York, NY 10166

35-39	$0.26	$2.60	$5.20	$10.40	$13.00	$26.00	
40-44	$0.34	$3.39	$6.78	$13.56	$16.95	$33.90	
45-49	$0.50	$5.02	$10.04	$20.08	$25.10	$50.20	
50-54	$0.79	$7.89	$15.78	$31.56	$39.45	$78.90	
55-59	$1.19	$11.92	$23.84	$47.68	$59.60	$119.20	
60-64	$1.79	$17.93	$35.86	$71.72	$89.65	$179.30	
65-69	$3.23	$32.34	$64.68	$129.36	$161.70	$323.40	
70+	$5.34	$53.41	$106.82	$213.64	$267.05	$534.10	

Due to rounding, your actual payroll deduction amount may vary slightly.

$4,000	$1.16
$5,000	$1.46
$10,000	$2.91

Features available with Supplemental Life

Grief Counseling[3]: You, your dependents, and your beneficiaries access to grief counseling sessions and funeral related concierge services to help cope with a loss – at no extra cost. Grief counseling services provide confidential and professional support during a difficult time to help address personal and funeral planning needs. At your time of need, you and your dependents have 24/7 access to a work/life counselor. You simply call a dedicated 24/7 toll-free number to speak with a licensed professional experienced in helping individuals who have suffered a loss. Sessions can either take place in-person or by phone. You can have up to five face-to-face grief counseling sessions per event to discuss any situation you perceive as a major loss, including but not limited to death, bankruptcy, divorce, terminal illness, or losing a pet.3 In addition, you have access to funeral assistance for locating funeral homes and cemetery options, obtaining funeral cost estimates and comparisons, and more. You can access these services by calling 1-1-888-319-7819 or log on to www.metlifegc.lifeworks.com (Username: metlifeassist; Password: support).

Funeral Discounts and Planning Services[4]: As a MetLife group life policyholder, you and your family may have access to funeral discounts, planning and support to help honor a loved one's life - at no additional cost to you. Dignity Memorial provides you and your loved ones access to discounts of up to 10% off of funeral, cremation and cemetery services through the largest network of funeral homes and cemeteries in the United States.

When using a Dignity Memorial Network you have access to convenient planning services - either online at www.finalwishesplanning.com, by phone (1-866-853-0954), or by paper - to help make final wishes easier to manage. You also have access to assistance from compassionate funeral planning experts to help guide you and your family in making confident decisions when planning ahead as well as bereavement travel services - available 24 hours, 7 days a week, 365 days a year - to assist with time-sensitive travel arrangements to be with loved ones.

Will Preparation[5]:Like life insurance, a carefully prepared Will is important. With a Will, you can define your most important decisions such as who will care for your children or inherit your property. By enrolling for Supplemental Term Life coverage, you will have in person access to Hyatt Legal Plans' network of 14,000+ participating attorneys for preparing or updating a will, living will and power of attorney. When you enroll in this plan, you may take advantage of this benefit at no additional cost to you if you use a participating plan attorney. To obtain the legal plan's toll-free number and your company's group access number, contact your employer or your plan administrator for this information.

MetLife Estate Resolution Services (ERS)[5] :is a valuable service offered under the group policy. A Hyatt Legal Plan attorney will consult with your beneficiaries by telephone or in person regarding the probate process for your estate. The attorney will also handle the probate of your estate for your executor or administrator.. This can help alleviate the financial and administrative burden upon your loved ones in their time of need.

Portability6: If your present employment ends, you can choose to continue your current life benefits.

What Is Not Covered?

Like most insurance plans, this plan has exclusions. Supplemental and Dependent Life Insurance do not provide payment of benefits for death caused by suicide within the first two years (one year in North Dakota) of the effective date of the certificate, or payment of increased benefits for death caused by suicide within two years (one year in North Dakota or Colorado) of an increase in coverage. In addition, a reduction schedule may apply. Please see your benefits administrator or certificate for specific details.

Accidental Death & Dismemberment insurance does not include payment for any loss which is caused by or contributed to by: physical or mental illness, diagnosis of or treatment of the illness; an infection, unless caused by an external wound accidentally sustained; suicide or attempted suicide; injuring oneself on purpose; the voluntary intake or use by any means of any drug, medication or sedative, unless taken as prescribed by a doctor or an over-the-counter drug taken as directed; voluntary intake of alcohol in combination with any drug, medication or sedative; war, whether declared or undeclared, or act of war, insurrection, rebellion or riot; committing or trying to commit a felony; any poison, fumes or gas, voluntarily taken, administered or absorbed; service in the armed forces of any country or international authority, except the United States National Guard; operating, learning to operate, or serving as a member of a crew of an aircraft; while in any aircraft for the purpose of descent from such aircraft

while in flight (except for self preservation); or operating a vehicle or device while intoxicated as defined by the laws of the jurisdiction in which the accident occurs.

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP99 or G2130-S) issued to your employer by MetLife. Life and AD&D coverages under your employer's plan terminates when your employment ceases, when your Life and AD&D contributions cease, or upon termination of the group insurance policy. Dependent Life coverage will terminate when a dependent no longer qualifies as a dependent. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and your employer and are subject to each state's laws and availability. Specific details regarding these provisions can be found in the certificate.

If you have additional questions regarding the Life Insurance program underwritten by MetLife, please contact your benefits administrator or MetLife. Like most group life insurance policies, MetLife group policies contain exclusions, limitations, terms and conditions for keeping them in force. Please see your certificate for complete details.

1. Spouse amount cannot exceed 50% of the employee's Supplemental Life benefit.
2. Child benefits for children under 6 months old are limited.
3. Grief Counseling services are provided through an agreement with LifeWorks US Inc. LifeWorks is not an affiliate of MetLife, and the services LifeWorks provides are separate and apart from the insurance provided by MetLife. LifeWorks has a nationwide network of over 30,000 counselors. Counselors have master's or doctoral degrees and are licensed professionals. The Grief Counseling program does not provide support for issues such as: domestic issues, parenting issues, or marital/relationship issues (other than a finalized divorce). For such issues, members should inquire with their human resources department about available company resources. This program is available to insureds, their dependents and beneficiaries who have received a serious medical diagnosis or suffered a loss. Events that may result in a loss are not covered under this program unless and until such loss has occurred. Services are not available in all jurisdictions and are subject to regulatory approval. Not available on all policy forms.
4. Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. Not available in some states. Planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers are pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For MI and TN, the discount is available for "At Need" services only. Not approved in AK, FL, KY, MT, ND, NY and WA.
5. Will Preparation and MetLife Estate Resolution Services are offered by Hyatt Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. Will Preparation and Estate Resolution Services are subject to regulatory approval and currently available in all states. For New York situsedcases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation. Please note that certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary or heir and the estate; any disputes with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.

6. Subject to state availability. To take advantage of this benefit, coverage of at least $10,000 must be elected.

Leaders Lifestyle Lifetime Plan

LeadersLife WORKPLACE BENEFITS

Term Life Insurance to Age 100

PLAN FACTS*

PORTABILITY allows you to continue this valuable coverage with no loss of benefits or increase of cost should you terminate your employment.

SECURITY means you, "the employee", own this valuable coverage. This coverage cannot be canceled by the employer or insurance company as long as premiums are paid.

TERM LIFE INSURANCE TO AGE 100 offers a guaranteed level premium to age 100 and a guaranteed level death benefit for the first 10 years. Afterwards, the policy provides a non-guaranteed death benefit enhancement to purchase one-year term additions designed to maintain level death benefits to age 100.

FAMILY PROTECTION – Individual coverage is available for you, your spouse, children and/or grandchildren. *(Children and grandchildren must be under age 26 at time of application.)*

CONTINGENT GUARANTEED ISSUE# - two simple medical questions may qualify you, "the employee", for $100,000 in coverage on initial offering. CGI also applies to spouse and children at reduced levels. Amounts over $100,000, late enrollees, and applicants answering yes to medical questions will be underwritten on a simplified issue basis.

AFFORDABLE PREMIUMS with coverage amounts ranging from $10,000 to $150,000.

AVAILABLE OPTIONS AND BENEFITS*

CHILD TERM RIDER provides $10,000 of coverage to all eligible unmarried children *(natural, step, or legally adopted)* who are dependents of the insured, under age 26, and are listed on the application. After issue, additional children born or legally adopted are automatically* covered 30 days after birth.

At age 26, each covered child may convert the benefit to five times the face amount – guaranteed.

Child Term Rider Rates	
Weekly	**Monthly**
$1.25	$5.42

(Note: Purchase limited to one rider per family. Rider expires when last known child reaches age 26.)

ACCIDENTAL DEATH BENEFIT doubles the individual policy face amount in the event of death due to an accident*. Premium is 3¢ per thousand, per week and is available for applicants ages 18-60. *(Rider expires at age 65. Benefit is not available or applicable to the Child Term Rider.)*

RESIDENCY REQUIREMENTS – All individual insureds, including riders, must legally reside within the United States.

** Refer to policy for conditions and limitations that apply.*
 # CGI requires minimum employee participation by group size

Underwritten by

LeadersLife INSURANCE COMPANY
An A.M. Best A Rated Insurer
Home Office: P.O. Box 35768 Tulsa, OK 74153
(800) 725-5433 E-Fax: (866) 621-3269 LeadersLife.com

Providing the means for a more secure future.

Non-Tobacco* Uni-Gender Weekly Rates by Face Value
(*No tobacco use for 12 consecutive months prior to the date of application)

Age on Signature Date	$10,000 Life Insurance	$15,000 Life Insurance	$25,000 Life Insurance	$50,000 Life Insurance	$75,000 Life Insurance	$100,000 Life Insurance	$125,000 Life Insurance	$150,000 Life Insurance
0-10	NA	NA	2.68	4.21	NA	NA	NA	NA
11	NA	NA	2.72	4.29	NA	NA	NA	NA
12	NA	NA	2.76	4.37	NA	NA	NA	NA
13	NA	NA	2.80	4.44	NA	NA	NA	NA
14	NA	NA	2.80	4.44	NA	NA	NA	NA
15	NA	NA	2.80	4.44	NA	NA	NA	NA
16	NA	NA	2.80	4.44	NA	NA	NA	NA
17	NA	NA	2.80	4.44	NA	NA	NA	NA
18	NA	NA	2.80	4.44	6.09	7.73	9.38	11.02
19	NA	NA	2.80	4.44	6.09	7.73	9.38	11.02
20	NA	NA	2.80	4.44	6.09	7.73	9.38	11.02
21	NA	NA	2.84	4.52	6.20	7.88	9.57	11.25
22	NA	NA	2.87	4.58	6.29	8.00	9.71	11.42
23	NA	NA	2.87	4.58	6.29	8.00	9.71	11.42
24	NA	NA	2.87	4.58	6.29	8.00	9.71	11.42
25	**NA**	**NA**	**2.87**	**4.58**	**6.29**	**8.00**	**9.71**	**11.42**
26	NA	NA	3.00	4.86	6.71	8.56	10.41	12.26
27	NA	NA	3.08	5.00	6.92	8.85	10.77	12.69
28	NA	NA	3.15	5.14	7.14	9.13	11.13	13.13
29	NA	NA	3.22	5.29	7.36	9.42	11.49	13.56
30	**NA**	**NA**	**3.31**	**5.46**	**7.62**	**9.77**	**11.92**	**14.08**
31	NA	NA	3.38	5.62	7.85	10.08	12.31	14.54
32	NA	NA	3.47	5.79	8.11	10.42	12.74	15.06
33	NA	NA	3.53	5.90	8.28	10.65	13.03	15.40
34	NA	NA	3.66	6.16	8.67	11.17	13.68	16.18
35	**2.22**	**2.76**	**3.83**	**6.50**	**9.17**	**11.85**	**14.52**	**17.19**
36	2.39	3.01	4.24	7.33	10.41	13.50	16.59	19.67
37	2.43	3.07	4.35	7.55	10.75	13.94	17.14	20.34
38	2.50	3.17	4.51	7.87	11.22	14.58	17.93	21.29
39	2.53	3.22	4.59	8.03	11.47	14.90	18.34	21.78
40	**2.65**	**3.40**	**4.90**	**8.64**	**12.39**	**16.13**	**19.88**	**23.63**
41	2.67	3.42	4.93	8.71	12.49	16.27	20.05	23.83
42	2.76	3.57	5.17	9.19	13.21	17.23	21.25	25.27
43	2.86	3.71	5.41	9.66	13.92	18.17	22.43	26.68
44	2.95	3.85	5.65	10.14	14.64	19.13	23.63	28.13
45	**3.02**	**3.96**	**5.83**	**10.50**	**15.17**	**19.85**	**24.52**	**29.19**
46	3.29	4.36	6.50	11.85	17.19	22.54	27.88	33.23
47	3.33	4.41	6.59	12.02	17.45	22.88	28.32	33.75
48	3.49	4.65	6.99	12.82	18.65	24.48	30.31	36.14
49	3.59	4.81	7.25	13.34	19.43	25.52	31.61	37.70
50	**3.68**	**4.94**	**7.46**	**13.76**	**20.06**	**26.37**	**32.67**	**38.97**
51	3.95	5.34	8.13	15.12	22.10	29.08	36.06	43.04
52	3.99	5.41	8.25	15.36	22.46	29.56	36.66	43.76
53	4.13	5.62	8.60	16.04	23.48	30.92	38.37	45.81
54	4.27	5.83	8.94	16.73	24.52	32.31	40.10	47.88
55	**4.52**	**6.20**	**9.57**	**17.98**	**26.39**	**34.81**	**43.22**	**51.63**
56	5.19	7.21	11.24	21.33	31.41	41.50	51.59	61.67
57	5.30	7.38	11.52	21.89	32.26	42.63	53.00	63.38
58	5.53	7.72	12.10	23.04	33.98	44.92	55.87	66.81
59	5.77	8.08	12.70	24.25	35.80	47.35	58.89	70.44
60	**6.07**	**8.52**	**13.44**	**25.72**	**38.00**	**50.29**	**62.57**	**74.86**
61	6.38	8.99	14.22	27.28	40.34	53.40	66.47	79.53
62	6.71	9.49	15.04	28.93	42.82	56.71	70.60	84.49
63	7.05	10.00	15.90	30.65	45.40	60.15	74.90	89.65
64	7.41	10.54	16.80	32.45	48.10	63.75	79.40	95.05
65	**8.08**	**11.54**	**18.46**	**35.76**	**53.06**	**70.37**	**87.67**	**104.97**
66	12.05	17.49	28.38	55.62	82.85	110.08	137.31	164.54
67	12.56	18.26	29.66	58.16	86.67	115.17	143.68	172.18
68	13.56	19.76	32.16	63.16	94.17	125.17	156.18	187.18
69	14.62	21.35	34.82	68.49	102.16	135.83	169.50	203.16
70	**15.74**	**23.03**	**37.61**	**74.07**	**110.52**	**146.98**	**183.44**	**219.89**

LeadersLife INSURANCE COMPANY
An A.M. Best A Rated Insurer

* *Initial insurance amounts are based on age at application. The amounts shown are guaranteed for the first ten (10) years of the policy. Please refer to the minimum coverage amount table in your policy for additional information. Death benefits are projected to remain level after the first ten (10) years due to the term additions paid by a non-guaranteed benefit enhancement.*

Tobacco Uni-Gender Weekly Rates by Face Value

Age on Signature Date	$10,000 Life Insurance	$15,000 Life Insurance	$25,000 Life Insurance	$50,000 Life Insurance	$75,000 Life Insurance	$100,000 Life Insurance	$125,000 Life Insurance	$150,000 Life Insurance
18	NA	NA	2.83	4.50	6.17	7.85	9.52	11.19
19	NA	NA	3.22	5.29	7.36	9.42	11.49	13.56
20	NA	NA	3.30	5.45	7.60	9.75	11.90	14.05
21	NA	NA	3.39	5.63	7.86	10.10	12.33	14.57
22	NA	NA	3.48	5.81	8.13	10.46	12.79	15.12
23	NA	NA	3.58	6.00	8.42	10.85	13.27	15.69
24	NA	NA	3.67	6.19	8.71	11.23	13.75	16.27
25	**NA**	**NA**	**3.78**	**6.40**	**9.03**	**11.65**	**14.28**	**16.90**
26	NA	NA	4.17	7.18	10.20	13.21	16.23	19.24
27	NA	NA	4.28	7.41	10.54	13.67	16.80	19.93
28	NA	NA	4.40	7.65	10.90	14.15	17.40	20.65
29	NA	NA	4.53	7.90	11.28	14.65	18.03	21.40
30	**NA**	**NA**	**4.66**	**8.17**	**11.68**	**15.19**	**18.70**	**22.21**
31	NA	NA	4.80	8.45	12.10	15.75	19.40	23.05
32	NA	NA	4.95	8.75	12.55	16.35	20.14	23.94
33	NA	NA	5.11	9.06	13.01	16.96	20.91	24.87
34	NA	NA	5.27	9.38	13.50	17.62	21.73	25.85
35	**2.87**	**3.73**	**5.44**	**9.73**	**14.02**	**18.31**	**22.60**	**26.88**
36	3.20	4.22	6.27	11.38	16.50	21.62	26.73	31.85
37	3.28	4.34	6.46	11.77	17.08	22.38	27.69	33.00
38	3.36	4.46	6.67	12.18	17.70	23.21	28.73	34.24
39	3.45	4.60	6.89	12.63	18.36	24.10	29.83	35.57
40	**3.54**	**4.73**	**7.12**	**13.08**	**19.04**	**25.00**	**30.96**	**36.92**
41	3.63	4.88	7.36	13.56	19.76	25.96	32.16	38.37
42	3.74	5.03	7.61	14.07	20.52	26.98	33.44	39.89
43	3.84	5.19	7.88	14.60	21.32	28.04	34.76	41.48
44	3.95	5.35	8.15	15.15	22.15	29.15	36.15	43.15
45	**4.07**	**5.53**	**8.44**	**15.73**	**23.02**	**30.31**	**37.60**	**44.88**
46	4.50	6.17	9.52	17.88	26.25	34.62	42.98	51.35
47	4.64	6.38	9.87	18.59	27.30	36.02	44.74	53.45
48	4.79	6.61	10.25	19.35	28.44	37.54	46.63	55.73
49	4.96	6.86	10.66	20.16	29.67	39.17	48.68	58.18
50	**5.14**	**7.13**	**11.11**	**21.07**	**31.02**	**40.98**	**50.94**	**60.89**
51	5.55	7.75	12.15	23.15	34.15	45.15	56.15	67.15
52	5.71	7.98	12.53	23.91	35.29	46.67	58.05	69.43
53	5.86	8.21	12.91	24.67	36.43	48.19	59.95	71.71
54	6.01	8.44	13.30	25.45	37.60	49.75	61.90	74.05
55	**6.17**	**8.68**	**13.70**	**26.25**	**38.80**	**51.35**	**63.89**	**76.44**
56	6.82	9.66	15.33	29.50	43.67	57.85	72.02	86.19
57	7.10	10.07	16.02	30.88	45.75	60.62	75.48	90.35
58	7.45	10.60	16.90	32.65	48.40	64.15	79.90	95.65
59	7.83	11.17	17.85	34.55	51.25	67.94	84.64	101.34
60	**8.26**	**11.81**	**18.92**	**36.68**	**54.45**	**72.21**	**89.98**	**107.74**
61	10.08	14.54	23.46	45.76	68.06	90.37	112.67	134.97
62	10.58	15.29	24.71	48.27	71.83	95.38	118.94	142.50
63	11.08	16.05	25.98	50.80	75.62	100.44	125.26	150.09
64	11.58	16.80	27.23	53.31	79.38	105.46	131.54	157.62
65	**12.09**	**17.56**	**28.50**	**55.86**	**83.21**	**110.56**	**137.91**	**165.26**
66	16.65	24.40	39.90	78.65	117.40	156.15	194.90	233.65
67	17.57	25.78	42.20	83.24	124.28	165.33	206.37	247.41
68	18.52	27.20	44.56	87.96	131.37	174.77	218.17	261.58
69	20.01	29.43	48.29	95.42	142.56	189.69	236.83	283.96
70	**21.57**	**31.78**	**52.19**	**103.23**	**154.27**	**205.31**	**256.35**	**307.38**

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Lifestyle Wage Protector Plan

LeadersLife WORKSITE BENEFITS

Voluntary Short-term Disability

A more secure employee

Worksite products for your employee

Underwritten by

LeadersLife INSURANCE COMPANY

Coverage also for Spouse's income - if needed!

Providing the means for a more secure future.

LeadersLife INSURANCE COMPANY
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LIFESTYLE WAGE PROTECTOR

Short-Term Disability **WEEKLY** Rate Sheet* - **Occupation Class III**

Rates shown are for Illustration Puposes only and do not imply coverage. For a summary of benefits, conditions and limitations please refer to your policy.

Accident/Sickness Elimination Period: **7/7 days**

Benefit Period	Amount Age	$500 Per Mth	$600 Per Mth	$700 Per Mth	$800 Per Mth	$900 Per Mth	$1,000 Per Mth	$1,100 Per Mth	$1,200 Per Mth	$1,300 Per Mth	$1,400 Per Mth
13 Wks	18-49	$2.72	$3.26	$3.81	$4.35	$4.89	$5.44	$5.98	$6.52	$7.07	$7.61
	50-69	$3.25	$3.90	$4.55	$5.20	$5.85	$6.50	$7.15	$7.80	$8.45	$9.10
26 Wks	18-49	$3.57	$4.29	$5.00	$5.71	$6.43	$7.14	$7.86	$8.57	$9.28	$10.00
	50-69	$4.53	$5.44	$6.34	$7.25	$8.15	$9.06	$9.97	$10.87	$11.78	$12.69
52 Wks	18-49	$4.42	$5.31	$6.19	$7.08	$7.96	$8.85	$9.73	$10.62	$11.50	$12.39
	50-69	$6.13	$7.36	$8.58	$9.81	$11.03	$12.26	$13.48	$14.71	$15.94	$17.16
104 Wks	18-49	$5.49	$6.59	$7.69	$8.78	$9.88	$10.98	$12.08	$13.18	$14.27	$15.37
	50-69	$8.53	$10.23	$11.94	$13.64	$15.35	$17.06	$18.76	$20.47	$22.17	$23.88

Accident/Sickness Elimination Period: **0/7 days**

Benefit Period	Amount Age	$500 Per Mth	$600 Per Mth	$700 Per Mth	$800 Per Mth	$900 Per Mth	$1,000 Per Mth	$1,100 Per Mth	$1,200 Per Mth	$1,300 Per Mth	$1,400 Per Mth
13 Wks	18-49	$2.98	$3.58	$4.18	$4.78	$5.37	$5.97	$6.57	$7.16	$7.76	$8.36
	50-69	$3.57	$4.29	$5.00	$5.71	$6.43	$7.14	$7.86	$8.57	$9.28	$10.00
26 Wks	18-49	$3.94	$4.73	$5.52	$6.31	$7.10	$7.89	$8.68	$9.47	$10.25	$11.04
	50-69	$5.01	$6.01	$7.01	$8.02	$9.02	$10.02	$11.02	$12.02	$13.03	$14.03
52 Wks	18-49	$4.85	$5.82	$6.79	$7.76	$8.73	$9.70	$10.67	$11.64	$12.61	$13.58
	50-69	$6.72	$8.06	$9.40	$10.75	$12.09	$13.43	$14.77	$16.12	$17.46	$18.80
104 Wks	18-49	$6.02	$7.23	$8.43	$9.64	$10.84	$12.05	$13.25	$14.45	$15.66	$16.86
	50-69	$9.38	$11.26	$13.13	$15.01	$16.89	$18.76	$20.64	$22.51	$24.39	$26.27

Accident/Sickness Elimination Period: **14/14 days**

Benefit Period	Amount Age	$500 Per Mth	$600 Per Mth	$700 Per Mth	$800 Per Mth	$900 Per Mth	$1,000 Per Mth	$1,100 Per Mth	$1,200 Per Mth	$1,300 Per Mth	$1,400 Per Mth
13 Wks	18-49	$2.24	$2.69	$3.13	$3.58	$4.03	$4.48	$4.92	$5.37	$5.82	$6.27
	50-69	$2.77	$3.33	$3.88	$4.43	$4.99	$5.54	$6.10	$6.65	$7.21	$7.76
26 Wks	18-49	$2.98	$3.58	$4.18	$4.78	$5.37	$5.97	$6.57	$7.16	$7.76	$8.36
	50-69	$3.94	$4.73	$5.52	$6.31	$7.10	$7.89	$8.68	$9.47	$10.25	$11.04
52 Wks	18-49	$3.78	$4.54	$5.30	$6.05	$6.81	$7.57	$8.33	$9.08	$9.84	$10.60
	50-69	$5.49	$6.59	$7.69	$8.78	$9.88	$10.98	$12.08	$13.18	$14.27	$15.37
104 Wks	18-49	$4.85	$5.82	$6.79	$7.76	$8.73	$9.70	$10.67	$11.64	$12.61	$13.58
	50-69	$7.89	$9.47	$11.04	$12.62	$14.20	$15.78	$17.35	$18.93	$20.51	$22.09

Leaders Lifestyle
Secure Group Accident Insurance

LeadersLife WORKSITE BENEFITS

24-Hour Insurance with Additional Benefits Rider

Basic Plan

Benefit		Advantage	Elite
The Accident Medical Expense[1] "Bucket of Money"			
Outpatient Physician Expense[2]		$50	$50
Immediate Hospitalization[3]		$1,000	$1,500
Dislocation or Fracture[4] (Schedule)	*(up to)*	$1,500	$3,000
Daily Hospital Confinement[5]		$200	$300
Daily Hospital ICU Confinement[6]		$400	$600
Ground\Air Ambulance Service		$300/$900	$400/$1,200
Accidental Death & Dismemberment	*(up to)*	Common carrier pays 4X's the benefits below[8]	
Employee		$20,000	$30,000
Spouse[7]		$10,000	$15,000
Child[7]		$5,000	$7,500

1. Actual charges, as defined in the policy, up to the maximum shown, per covered person/per accident.
2. 2 visits per year, 4 visits per family if Dependent coverage is purchased.
3. Pays amount shown once per calendar year upon first confinement that is within 5 days of a covered accident.
4. Up to max amount shown, see benefit schedule in policy. Multiple losses from same injury pays 150% of largest benefit applicable.
5. Payable up to 90 days per covered accident when confinement is within 90 days of a covered accident.
6. Payable up to 90 days per covered accident when confinement is within 5 days of a covered accident.
7. Amounts apply only when purchasing dependent coverage (employee/spouse, employee/child or family).
8. Must be a fare-paying passenger on a scheduled common carrier (plane, bus, taxi, boat, etc.).

For Complete Dislocation of:

All covered members for option selected:	
Hip	100%
Knee *(Except Patella)*	50%
Foot, Other than Toes	35%
Ankle, Shoulder	35%
Hand, Other than Fingers	20%
Lower Jaw	20%
Wrist, Elbow	20%
Finger, Toe	6%

For Fracture of Bone or Bones of:

All covered members for option selected:	
Hip Bone (pelvis) or Femur	100%
Vertebrae	75%
Skull *(depressed or ping pong fracture)*	65%
Leg (tibia or fibula)	50%
Bones of the Foot, Ankle or Kneecap *(patella)*	40%
Bones of the Hand or Wrist	40%
Forearm *(Radius or Ulna)*	40%
Lower Jaw, Shoulder blade, Collar Blade	35%
Upper Arm, Upper Jaw	25%
Skull *(Simple, non-depressed fracture)*	25%
Facial Bones *(or nose)*	20%
Finger, Toe, Rib, Coccyx	6%

For Dismemberment of:

	Primary Insured	Spouse*	Child*
Both Hands or Both Feet or Sight of Both Eyes	100%	100%	100%
Both Arms or Both Legs	100%	100%	100%
One Hand or Arm and One Foot or Leg	100%	100%	100%
Sight of One Eye	50%	50%	50%
One Hand or One Arm	50%	50%	50%
One Foot or One Leg	50%	50%	50%
One or More Entire Toes	5%	5%	5%
One or More Entire Fingers	4%	4%	4%

* *Applies if coverage is selected*

Premium Schedule

Advantage Plan with ABR

Mode	Employee	Employee/Spouse	Employee/Child	Family
Weekly	$ 3.78	$ 6.89	$ 8.18	$10.31
Monthly	$16.38	$29.87	$35.43	$44.66

ElitePlan with ABR

Mode	Employee	Employee/Spouse	Employee/Child	Family
Weekly	$ 5.22	$ 9.45	$10.95	$ 13.70
Monthly	$22.64	$40.96	$47.47	$59.39

Enhanced AD&D Premium Schedule†

Option 1 (EE $25,000/Spouse $12,500/Child $6,250)

Mode	Employee	Employee/Spouse	Employee/Child	Family
Weekly	$0.35	$0.46	$0.52	$0.58
Monthly	$1.50	$2.00	$2.25	$2.50

Option 2 (EE $50,000/Spouse $25,000/Child $12,500)

Mode	Employee	Employee/Spouse	Employee/Child	Family
Weekly	$0.69	$0.92	$1.04	$1.15
Monthly	$3.00	$4.00	$4.50	$5.00

† *Tier must match Basic Accident coverage selected*

Offered by

BROKER CENTRIC ALLIANCE

Underwritten by

LeadersLife INSURANCE COMPANY

Leaders Lifestyle
Secure Group Accident Insurance

LeadersLife WORKSITE BENEFITS

24-Hour Accident Only Insurance with Additional Benefits Rider

Optional Benefit Riders
Additional Benefit Rider - Schedule of Benefits

Benefit Schedule	We Will Pay	Maximum Benefit Period
Abdominal or Thoracic Surgery	$1,000 to repair internal injuries $100 for exploratory with no repair	Once per covered person per covered accident
Accident Follow-up Treatment	$50 per visit	4 treatments per covered person per covered accident
Appliance	$125 when prescribed by physician	Once per covered person per covered accident
Blood and Plasma	$300 for required transfusion	Once per covered person per covered accident
Brain Injury Diagnosis	$150 for first diagnosis following traumatic brain injuries	Once per covered person
Burn	$100 if burns cover ≤15% of body $500 if burns cover >15% of body	Once per covered person per covered accident
Coma	$15,000 lasting 5 or more consecutive days	Once per covered person per covered accident
Eye Injury	$100 for surgery or removal of foreign object	Once per covered person per covered accident
Family Member Lodging	$100 per day for one family member	30 days per covered accident
Laceration (cuts)	$50 when treated by a physician within 3 days of a covered accident	Once per covered person per calendar year
Non Local Transportation	$300 when treatment is prescribed by a physician	3 times per covered accident
Paralysis	$10,000 for paraplegia $20,000 for quadriplegia (Confirmed by physician within 3 days and lasting at least 90 consecutive days)	Once per covered person per lifetime
Physical Therapy	$30 per day	6 treatments per covered person per covered accident
Prosthesis (hand, foot or eye only)	$500 for 1 device $1,000 for 2 devices	Once per covered person per covered accident
Ruptured Disk	$500 when diagnosed within 180 days of the date of a covered accident	Once per covered person per covered accident
Skin Graft (added to Burn Benefit of this rider)	50% of the Burn Benefit when the covered burn requires a skin graft	Once per covered person per covered accident
Tendon, Ligament Rotator Cuff or Knee Cartilage (when torn, ruptured or severed)	$500 for surgical repair $150 for exploratory with no repair	Once per covered person per covered accident

Use for Employee's Spouse if coverage is not available

Offered by
BROKER CENTRIC ALLIANCE

Underwritten by
LeadersLife INSURANCE COMPANY

Group Critical Illness Insurance

POLICY FORM HIC-GP-CI-POL 0212
Underwritten by Humana Insurance Company

Plan Features

- Pays regardless of other coverage
- Portable (take it with You)

Choose from flexible benefit options including:

- Heart Attack and Stroke
- Coronary Bypass Surgery
- Major Organ Transplant
- Cancer
- End Stage Renal Failure

All benefits may not be available to you. Please see Rate Quote or Application for benefits selected.

Benefits

Heart Attack Benefit
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with a covered Heart Attack.

Heart Transplant Benefit
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person:

- demonstrates Heart Failure; and
- is registered with and on the waiting list of the United Network for Organ Sharing or its successor for a human to human replacement of the whole heart.

Heart Transplant under this Policy includes a Heart Lung Transplant.

Stroke Benefit
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with a covered Stroke.

Coronary By Pass Surgery Benefit
We will pay 25% of the Face Amount when We receive Proof of Loss showing that a Covered Person has undergone a covered Coronary Artery Bypass Surgery.

Angioplasty
We will pay 10% of the Face Amount when We receive Proof of Loss showing that a Covered Person has undergone Angioplasty.

Invasive Cancer or Malignant Melanoma Benefit
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with a covered Invasive Cancer.

Carcinoma in Situ Benefit
We will pay 25% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with a covered Carcinoma in Situ.

Major Organ Transplant Benefit
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person:

- demonstrates Major Organ Failure; and
- is registered with and on the waiting list of the United Network for Organ Sharing or its successor for a human to human replacement of the failing Major Organ.

Major Organ Transplant does not include:

- Heart Transplant; or
- Heart Lung Transplant.

End Stage Renal Failure Benefit
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with a covered End Stage Renal Failure.

BAY BRIDGE ADMINISTRATORS

"Your solutions begin at the Bridge"®

T & C Stamping, Inc.

Group Critical Illness Rate Quote - *Weekly Rates*

Effective Date - 6/1/2018

Situs State = Alabama

Non-Tobacco

Issue Age	EE	EE + SP	EE + CH	Family
18 - 35	$0.93	$1.58	$1.13	$1.78
36 - 49	$3.15	$4.88	$3.33	$5.06
50 - 59	$6.58	$9.98	$6.75	$10.15
60 - 64	$8.71	$13.37	$8.86	$13.53
65 - 69	$10.52	$14.97	$10.66	$15.11

Tobacco

Issue Age	EE	EE + SP	EE + CH	Family
18 - 35	$1.24	$2.06	$1.44	$2.25
36 - 49	$5.27	$8.04	$5.45	$8.22
50 - 59	$11.34	$17.00	$11.51	$17.17
60 - 64	$14.87	$22.64	$15.03	$22.79
65 - 69	$17.64	$24.85	$17.78	$25.00

Benefit Face Amount

Benefit	Employee	Spouse	Child
Heart	$10,000	$5,000	$2,500
Cancer	$10,000	$5,000	$2,500
Other	$10,000	$5,000	$2,500
Recurrence	$2,500	$1,250	$625
Health Screening	$50	$50	$50

Benefit Details

Recurrence Benefit	25%
Recurrence Waiting Period	12 Months

Vascular Benefits

Heart Attack	100%
Heart Transplant	100%
Stroke	100%
Coronary Bypass	25%
Angioplasty	10%

Cancer Benefits

Invasive Cancer	100%
Malignant Melanoma	100%
Cancer in Situ	25%

Other Benefits

Major Organ Transplant	100%
End Stage Renal Failure	100%
Coma	100%
Loss of Sight	100%
Loss of Speech or Hearing	100%
Paralysis	100%
Severe Burns	100%
Occupational HIV	100%
Alzheimer's Dementia	0%
Loss of Independent Livin	0%
Diabetes	0%

Underwritten by:
Humana Insurance Company

Administered by:

BAY BRIDGE ADMINISTRATORS

"Your solutions begin at the Bridge"®

P.O. Box 161690 - Austin, Texas 78716 - (800) 845-7519

Aflac

Cancer Protection Assurance

CANCER INDEMNITY INSURANCE – OPTION 2

We've been dedicated to helping provide peace of mind and financial security for more than 60 years.

The policy is a supplement to health insurance and is not a substitute for major medical coverage. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.

Weekly Rates	
EE & EC	$9.10
ES & FAM	$16.54

Aflac SmartClaim®
One Day Pay℠

Coverage Options

Choose the Policy and Riders that Fit Your Needs

BENEFIT	DESCRIPTION
CANCER SCREENING	One $75 benefit per calendar year, per covered person Benefit increases to three screenings per calendar year after the diagnosis for internal cancer or an associated cancerous condition
PROPHYLACTIC SURGERY (DUE TO A POSITIVE GENETIC TEST RESULT)	$250 per covered person, per lifetime
INITIAL DIAGNOSIS	Named Insured or Spouse: $4,000 Dependent Child: $8,000 Payable once per covered person, per lifetime
ADDITIONAL OPINION	$300 per covered person, per lifetime
RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY OR EXPERIMENTAL CHEMOTHERAPY	Self-Administered: $250 per calendar month Physician Administered: $1,200 per calendar month This benefit is limited to one self-administered treatment and one physician-administered treatment per calendar month.
HORMONAL THERAPY	$25 once per calendar month
TOPICAL CHEMOTHERAPY	$150 once per calendar month
ANTINAUSEA	$100 once per calendar month
STEM CELL AND BONE MARROW TRANSPLANTATION	$7,000; lifetime maximum of $7,000 per covered person Donor Benefit: $100 for stem cell donation, or $750 for bone marrow donation Payable one time per covered person
BLOOD AND PLASMA	Inpatient: $50 times the number of days paid under the Hospital Confinement Benefit, per covered person Outpatient: $175 per day, per covered person
SURGERY/ANESTHESIA	$100-$3,400 Anesthesia: additional 25% of the Surgery Benefit Maximum daily benefit will not exceed $4,250; no lifetime maximum on the number of operations
SKIN CANCER SURGERY	Laser or Cryosurgery: $35 Excision of lesion of skin without flap or graft: $170 Flap or graft without excision: $250 Excision of lesion of skin with flap or graft: $400 Maximum daily benefit will not exceed $400. No lifetime maximum on the number of operations
PROPHYLACTIC SURGERY (WITH CORRELATING INTERNAL CANCER DIAGNOSIS)	$250 per covered person, per lifetime
HOSPITALIZATION CONFINEMENT FOR 30 DAYS OR LESS	Named Insured or Spouse: $200 Dependent Child: $250
HOSPITALIZATION CONFINEMENT FOR 31 DAYS OR MORE	Named Insured or Spouse: $400 Dependent Child: $500
OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE	$200 per day, per covered person

EXTENDED-CARE FACILITY	$100 per day; limited to 30 days in each calendar year, per covered person
HOME HEALTH CARE	$100 per day; limited to 10 days per hospitalization, per covered person; and 30 days per calendar year, per covered person
HOSPICE CARE	$1,000 for first day; $50 per day thereafter; $12,000 lifetime maximum per covered person
NURSING SERVICES	$100 per day; payable for only the number of days the Hospital Confinement Benefit is payable
SURGICAL PROSTHESIS	$2,000; lifetime maximum of $4,000 per covered person
NONSURGICAL PROSTHESIS	$175 per occurrence, per covered person; lifetime maximum of $350 per covered person
BREAST RECONSTRUCTION	Breast Tissue/Muscle Reconstruction Flap Procedures: $2,000 Breast Reconstruction (occurring within 5 years of breast cancer diagnosis): $500 Breast Symmetry (on the nondiseased breast occurring within 5 years of breast reconstruction): $220 Permanent Areola Repigmentation (on the diseased breast): $100 Maximum daily benefit will not exceed $2,000
OTHER RECONSTRUCTIVE SURGERY	Facial Reconstruction: $500 Anesthesia: additional 25% of the Other Reconstructive Surgery Benefit Maximum daily benefit will not exceed $500
EGG HARVESTING, STORAGE (CRYOPRESERVATION) AND IMPLANTATION	$1,000 for a covered person to have oocytes extracted and harvested $200 for the storage of a covered person's oocyte(s) or sperm $200 for embryo transfer Lifetime maximum of $1,400 per covered person
ANNUAL CARE	$200 on the anniversary date of diagnosis; lifetime maximum of five annual $200 payments per covered person
AMBULANCE	$250 ground $2,000 air ambulance
TRANSPORTATION	$.40 cents per mile for transportation; payable up to a combined maximum of $1,200, per round trip
LODGING	$65 per day; limited to 90 days per calendar year
WAIVER OF PREMIUM	Yes
CONTINUATION OF COVERAGE	Yes

OPTIONAL RIDERS	**DESCRIPTION**		
INITIAL DIAGNOSIS BUILDING BENEFIT RIDER	This benefit will increase the amount of your Initial Diagnosis Benefit, as shown in the policy, by $100 for each unit purchased, up to five units, for each covered person on the anniversary date of coverage, while coverage remains in force.		
SPECIFIED-DISEASE BENEFIT RIDER	When a covered person is diagnosed with any of the diseases listed in the Specified-Disease Rider:		
	Initial diagnosis	Hospitalization	
	$2,000	30 days or less: $400 per day	31 days or more: $800 per day
DEPENDENT CHILD RIDER	$10,000 when a covered dependent child is diagnosed as having internal cancer or an associated cancerous condition; payable only once for each covered dependent child		

REFER TO THE OUTLINE OF COVERAGE FOR BENEFIT DETAILS, LIMITATIONS AND EXCLUSIONS.

Peace of Mind *and* Real Cash Benefits

JUVENILE LIFE
Term or Whole Life

LI J

Coverage also for Spouse's income - if needed!

Aflac®
We've got you under our wing.®

JUVENILE JUMPER
Super Saver Contracts

- ***Tax-Free
- *** High Dividend Paying
- *** Cash Accumulation

- WHOLE LIFE Contracts for Juveniles.
  - $10k, $20k or $30k
- COVER Children or Grandchildren
  - 14 days of age – 17 yrs of age
- GUARANTEED INSURABILITY FOR LIFE
- BENEFIT GUARANTEED TO DOUBLE at age 18 without evidence of insurability at the same low cost.
- You <u>OWN</u> plan, portable at same LOW investment point
- OVER TIME, THESE PLANS CAN BE 100% SELF-FINANCING

WEEKLY RATES

Juvenile Whole Life Policy - Series A65JW0

Age	$10,000.00	$20,000.00	$30,000.00
0	$1.44	$2.84	$4.26
1	$1.50	$2.98	$4.47
2	$1.53	$3.02	$4.53
3	$1.59	$3.16	$4.74
4	$1.65	$3.28	$4.92
5	$1.68	$3.32	$4.98
6	$1.74	$3.44	$5.16
7	$1.80	$3.58	$5.37
8	$1.86	$3.69	$5.54
9	$1.92	$3.81	$5.71
10	$1.98	$3.92	$5.88
11	$2.07	$4.11	$6.16
12	$2.13	$4.22	$6.33
13	$2.22	$4.41	$6.61
14	$2.28	$4.52	$6.78
15	$2.37	$4.71	$7.06
16	$2.46	$4.89	$7.34
17	$2.55	$5.08	$7.62

VALUE ADDED BENEFITS

Plan Features and Limitations
Portability: Option to continue term insurance under a different policy when coverage terminates. Minimums, maximums, and other conditions apply. Portability is not available for residents of Alaska.
Grief Counseling: Automatically included with Basic Life at no additional cost to the employer or employee. Available in all situs states on Basic Life except ND and NY. Automatically included with Supplemental Life at no additional cost to the employee. Available in all situs states on Supplemental Life except for FL, ND and NY. Grief counseling is offered by LifeWorks US Inc.[1]. Grief counseling provides eligible employees, beneficiaries, spouses and other family members a form of counseling that aims to help people cope with grief and mourning following the death of a loved one, or with major life changes that trigger feelings of grief such as divorce, the loss of a job, financial hardship, terminal illness or loss of a pet. [1] Grief Counseling services are provided through an agreement with LifeWorks US Inc.. LifeWorks US Inc. is not an affiliate of MetLife and the services LifeWorks US Inc. provides are separate and apart from the insurance provided by MetLife.
Will Preparation: Automatically included with Supplemental Life . Face to Face meeting with a Hyatt attorney. Will Preparation is offered by Hyatt Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. For New York situsedcases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation.
MetLife Estate Resolution Services[SM]- Automatically included with Supplemental Life . Face to Face meeting with a Hyatt attorney Estate Resolution Services is offered by Hyatt Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island.
Funeral Discounts and Planning Services[#]: As a MetLife group life policyholder, you and your family may have access to funeral discounts, planning and support to help honor a loved one's life - at no additional cost to you. Dignity Memorial provides you and your loved ones access to discounts of up to 10% off of funeral, cremation and cemetery services through the largest network of funeral homes and cemeteries in the United States. When using a Dignity Memorial Network you have access to convenient planning services - either online at www.finalwishesplanning.com, by phone (1-866-853-0954), or by paper - to help make final wishes easier to manage. You also have access to assistance from compassionate funeral planning experts to help guide you and your family in making confident decisions when planning ahead as well as bereavement travel services - available 24 hours, 7 days a week, 365 days a year - to assist with time-sensitive travel arrangements to be with loved ones. [#] Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. Not available in some states. Planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers are pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For TN, the discount is available for "At Need" services only. Not approved in AK, FL, KY, MT, ND, NY and WA.

Guardian

College Tuition Benefit Self-Registration

Welcome to the College Tuition Benefit Rewards program. Create your Rewards account to take advantage of Tuition Rewards® that can be used to pay up to one year's tuition at 400+ participating colleges and universities nationwide.

How it Works

- Go to guardian.collegetuitionbenefit.com to set up your SAGE Scholars Tuition Rewards account. Your User ID is your Guardian Group Plan Number that can be found in the card below or in your benefit booklet. Password is Guardian.
- You'll earn 2,000 Tuition Rewards every year you are enrolled in a plan that includes the College Tuition Benefit. Each Tuition Reward point equals a $1 reduction in full tuition.
- Rewards can be given to children, stepchildren, grandchildren, nieces, nephews and Godchildren. Each student receives an additional 500 Tuition Rewards once registered. Rewards never expire and can be kept forever.

See how rewards add up when you enroll in your Guardian plan!

Guardian Insurance Product	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Total
Davis Vision	2,000	2,000	2,000	2,000	2,000	2,000	2,000	**14,000**
Total	**2,000**	**2,000**	**2,000**	**2,000**	**2,000**	**2,000**	**2,000**	**14,000**

Guardian Davis Vision Rewards are offered by Davis Vision and are credited to your Guardian account like other Rewards. Registration is the same as other Guardian products that have CTB.

Important Deadlines

- You must register students in your Rewards account by August 24 of the year when the student begins 11th grade.
- The last day for allocating earned Tuition Rewards to a student registered in your Rewards account is August 24 of the year the student begins 12th grade.

Visit guardian.collegetuitionbenefit.com to register, see a full list of participating schools and learn more.

The Tuition Rewards program is provided by SAGE CTB, LLC. Guardian does not provide any services related to this program. SAGE CTB, LLC is not a subsidiary or an affiliate of Guardian. Guardian reserves the right to discontinue the College Tuition Benefit program at any time without notice. The College Tuition Benefit (CTB) is not an insurance benefit and may not be available in all states. Group insurance coverage is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. 2019-79659 (05-21)

(Print and cut out ID Card)

College Tuition Benefits
Rewards ID Card

Register @
Guardian.CollegeTuitionBenefit.com

User ID: plan number

Password: Guardian

COLLEGE TUITION BENEFIT

The College Tuition Benefit

Phone: 215 839 0119
Email:
support@collegetuitionbenefit.com

- ✓ Free Claims Filing Assistance to Employees.
- ✓ Free 'Wellness Benefits Claims" & "Expediting payment of your Wellness benefit checks".
- ✓ Full-Time, Personal & Professional Client Service - year-round.
- ✓ Free 'One on One Consultations' with Employees and family members at all times.
- ✓ Proven increases in Employee Satisfaction & Retention Levels.
- ✓ Valuable Tax-Savings to Employer and Employees!

THANK YOU!

We look forward to meeting and getting to know all of you. Our professional benefit consultants will assess individual needs so you can select the best plans to protect yourself & your family.

Your SafeBridge Team