

Table of Contents

Pre-Tax Benefits

<i>Superior Vision Plan.....</i>	<i>3</i>
<i>Assurity Cancer and Specified Disease Plan</i>	<i>10</i>
<i>Aflac Personal Accident Indemnity Plan</i>	<i>19</i>

Post-Tax Benefits

<i>Standard Life Short-Term Disability Plan</i>	<i>27</i>
<i>Group Term Life Plan.....</i>	<i>32</i>
<i>Continuing Your Benefits</i>	<i>37</i>
<i>Contact Information for Questions and Claims</i>	<i>38</i>

Plan Arranged By:



* * * * * ***NOTICE*** * * * * *

The products described in this booklet are part of a Cafeteria Benefits Plan arranged by Mark III Brokerage for eligible Town of Boone employees. The Cafeteria Benefits Plan allows you to pay for certain insurance premiums before taxes are taken out of your paycheck. Paying for benefits in this method reduces your taxes and increases your take home pay.

The Plan Year is July 1, 2009 through June 30, 2010.

All products described in this booklet are deducted on a pre-tax basis **EXCEPT:**

- **Standard Life Short-Term Disability**
- **The Standard Group Term Life**

If you wish to add or make changes to your insurance coverage(s), please consult a Benefits Representative during your scheduled enrollment period. ***You will not be able to make any changes once the enrollment period is over*** unless you experience a qualified event (i.e., marriage, divorce, birth of a child, etc.)

All information in this booklet is a brief description of your coverage and is not a contract. Please refer to your policy or certificate for each product for the exact terms and conditions.

Superior Vision Plan

Plan Highlights

- *Coverage for Exams*
- *Coverage for Frames and Lenses*
- *Discounts on Additional Purchases and Upgrades*

.....
: This Plan provides primary vision care benefits including :
: eye examinations, prescription eyewear and contact lenses :
: offered through a broad-based provider network consist- :
: ing of ophthalmologists, optometrists and opticians. :
.....



Copayment Amount

- ***\$10 Exam***
- ***\$15 Materials***
- ***\$35 Contact Lens Fitting***

<i>Benefits</i>	<i>Frequency</i>	<i>In-network</i>	<i>Non-Network</i>
• Comprehensive Exam (by an Ophthalmologist)	12 Months	Covered in Full	Up to \$44.00
• Comprehensive Exam (by an Optometrist)	12 Months	Covered in Full	Up to \$39.00
• Lenses (Standard) per Pair			
• Single Vision	12 Months	Covered in Full	Up to \$34.00
• Bifocal	12 Months	Covered in Full	Up to \$48.00
• Trifocal	12 Months	Covered in Full	Up to \$64.00
• Lenticular	12 Months	Covered in Full	Up to \$88.00
• Contact Lenses (Per Pair)*			
• Medically Necessary	12 Months	Covered in Full	Up to \$210.00
• Cosmetic (Elective)**	12 Months	Up to \$120.00	Up to \$100.00
• Contact Lens Fitting Fee***			
• Standard	12 Months	Covered in Full	Not Covered
• Specialty	12 Months	Up to \$50.00	Not Covered
• Frames (Standard)**	24 Months	Up to \$100.00	Up to \$50.00

*Contact lenses are in lieu of eyeglass lenses and frames benefit.

**The insured is responsible for paying any charges in excess of this allowance.

***Standard contact lens fitting fee applies to an existing contact lens user who wears disposable, daily wear, or extended wear lenses only. The specialty contact lens fitting fee applies to new contact lens wearers and/or a member who wears toric, gas permeable, or multifocal lenses. For the specialty fit, the member is responsible for any charges over \$50.

Definitions of Contact Lenses

Contact Lenses, Elective/Cosmetic

Elective/Cosmetic contact lenses are those that are worn solely for cosmetic or convenience reasons. They are chosen because they are preferred over the wearing of conventional eyeglasses. Contact lenses covered by the Plan must contain a prescription for correcting a vision deficiency. Charges over the benefit allowance are paid directly to the provider.

Contact Lenses, Medically Necessary

These lenses must be specifically prescribed by the eye doctor to be used for the reason or reasons described below. Reimbursement for these lenses will be considered as payment-in-full when utilizing an in-network provider.

- Aphakia (after cataract surgery without implant lens). A pair of prescription single vision or multifocal eye glass lenses and an eyeframe can be provided along with contact lenses prescribed for this reason.
- When visual acuity cannot be corrected to 20/70 in the better eye except through the use of contact lenses (must be 20/60 or better).
- Anisometriopia of 4.0 diopters or more, provided visual acuity improves to 20/60 or better in the weak eye.
- Kerataconus

Note: The narrowing of visual fields due to high minus or high plus corrections is not considered a reason for medically necessary contact lenses.

Contact Lens Examining Fee:

Most providers charge a fee for the fitting of contact lenses. This fee is separate from the eye examination and will vary depending on the provider's fee structure policies. It will also vary due to circumstances or complexities involving the physiological condition of the eyes, the lens prescription, and the type of lenses used. The contact lens exam/fitting fee may be included in the contact lens allowance.

Limitations & Exclusions

The Contact Lenses Benefit is payable in lieu of the Standard Eyeglass Lenses Benefit and Eyeglass Frame Benefit. An Insured shall be eligible to receive benefits under the Standard Eyeglass Lenses Benefit or the Eyeglass Frame Benefit only after the Contact Lenses Benefit Frequency has ended.

The Standard Eyeglass Lenses Benefit and the Eyeglass Frame Benefit is payable in lieu of the Contact Lenses Benefit. An Insured shall be eligible to receive benefits under the Contact Lenses Benefit only after the Standard Eyeglass Lenses Benefit Frequency has ended.

In no event will coverage exceed the lesser of:

- the actual cost of insured Services or Materials; or
- the limits of coverage shown in the Benefits Summary.

Exclusions – The following conditions, procedures and/or materials are not covered:

- Replacement frames and/or lenses, except at normal intervals when covered services are otherwise available;
- Plain or non-prescription sunglasses;
- Plain or non-prescription lenses;
- Orthoptics, vision training and developmental vision procedures;
- Frame cases;

- Low (subnormal) vision aids;
- Any eye examination or any corrective eyewear required by an Employer as a condition of employment;
- Services and materials provided by another vision plan [except in the case of coordination of benefits];
- Services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act".
- Benefits provided under the employee's medical insurance [except in the case of coordination of benefits];
- Services or materials rendered by a provider other than an Ophthalmologist, Optometrist or Optician;
- Services rendered after the date an Insured ceases to be covered under this Certificate, except when vision Materials ordered before coverage ended are delivered and the services are subsequently rendered to the Insured;
- Services rendered or Materials ordered before the date coverage began under this Certificate;
- Medical and surgical treatment of the eyes.

Limitations- The items described below may require an additional charge over and above the cost of standard lenses or, in the case of a frame, the frame allowance. This additional charge is paid by the Insured directly to the In-Network Provider.

- Blended bifocal lenses
- Coating on lenses (anti-scratch, anti-reflective, sunglass colors, etc.)
- Faceted lenses
- Hi-Index Lenses
- Laminated Lenses
- Oversize charge for lenses larger than 60mm
- Photochromic (Transition) lenses
- Polaroid lenses
- Polished bevel lenses
- Polycarbonate lenses
- Prism lenses
- Slab-off lenses
- Tints (except Pink tint #1 and #2)
- Ultra-violet tint or coating

- Additional cost for contact lenses over the allowance
- Additional cost for a frame over the allowance
- Progressive Power Lenses*

*Progressive Power Lens Benefit. If this type of lens is not a covered benefit under your Certificate, the Provider will apply the retail charge for standard trifocal lenses against the charge for the style of progressive lens You have selected. You pay the Provider the difference, if any, between the two.

Discount Programs

Discounts on Additional Purchases

- | | |
|--|---------|
| • Eyeframes | 30% off |
| • Lenses (uncoated std glass or plastic) | 30% off |
| • Add-on features | 20% off |
| • Everyday “Frames & Lenses” package pricing | 20% off |
| • Contact Lenses | 20% off |
| • Disposable Contacts | 10% off |
| • Other Items | 20% off |

Refractive Surgery Discounts & Cosmetic Eyelid Surgery Discounts are available: Superior Vision Services has a nationwide network of refractive surgeons who specialize in the popular elective procedures of radial keratotomy (RK), photo-refractive keratotomy (PRK), and LASIK. These providers offer Superior Vision Plan members a 20% discount off their usual and customary surgical fees for these procedures. Ophthalmic plastic surgeons are also contracted to provide the procedure of blephoroplasty (cosmetic eyelid surgery) to Superior Vision Plan members on the same discount basis.

Note: The discount benefit is available only from Superior Vision Plan in-network providers who are identified in the provider directory with a “DP.”

Discount SVP8-20

These discounts apply to upgrades on the covered frame and lenses only. For discounts on additional pairs, please refer to the Discounts on Additional Purchases.

Frames 20% off the difference between the covered frame allowance and the retail price of the selected frame.

Note: Discounts do not apply when prohibited by the manufacturer.

Add-ons to the covered pair of lenses

Lens Options and Upgrades	Member pays 20% off retail up to
• Scratch Coat (Factory)	\$13(Single Vision & Standard Lined Multifocal Lenses)
• Ultraviolet Coat	\$15(Single Vision & Standard Lined Multifocal Lenses)
• Standard Anti-Reflective Coat*	\$50(Single Vision & Standard Lined Multifocal Lenses)
• High Index 1.6*	\$55(Single Vision Lenses Only)

• Polycarbonate	\$40(Single Vision Lenses Only)
• Standard Photochromic	\$80(Single Vision Lenses Only)
• Plastic Tints solid or gradient	\$25(Any Type Lenses)
• Glass coloring	\$35(Any Type Lenses)

Member pays

• Power over 4.00 Sphere, 2.00D Cylinder & 5.00D Prism	20% discount off retail
• Cosmetic Finishing, Beveling, Edging & Mounting	20% discount off retail
• All other Lens Options/Upgrades	20% discount off retail

* Higher end or brand name lens upgrades are at an additional expense to the member. You may apply the maximum out of pocket expense toward the upgraded lens retail cost and the member is responsible for the difference less 20%.

Progressive Power Lens Benefit (no-line): The member pays the difference between the provider's price for Standard Trifocal lenses and the price of the progressive power lenses selected, less 20%.

How to use your benefit

Procedure when using a Superior Vision Plan in-network provider:

1. Identify yourself to the in-network provider as a member of the Superior Vision Plan. You can use your ID card for this purpose or simply give the provider your name, employer name, and your social security number. The provider will call SVS Member Services to verify your eligibility and obtain an authorization number. The ID card provided to you can be used for all covered family members.

2. After eligibility is established, and an authorization number is received by the provider, services will be rendered. There is nothing else that you need to do except pay the provider directly for any appropriate copayments and charges above the covered benefits. The in-network provider handles all claims and paperwork.

Procedure when using a Superior Vision Plan non-network provider:

1. To receive services from a non-network provider, it is important that you first call Superior Vision Services Member Service Department at 800-507-3800 to receive your own authorization number. By doing so, you can be assured of your eligibility and reimbursement for money spent.

2. After receiving services and paying in-full for the examination and/or materials (you do not pay a copayment to the non-network provider), submit your original itemized billing received from the provider, along with your authorization number, to the SVS Claims Administration office listed on the next page.

3. You will be reimbursed according to the schedule of allowances for non-network providers, less any required copayments.

Note: This is only a summary of the benefit plan. You may review and/or obtain a copy of the Master Policy and Certificate of Coverage by contacting your Human Resources/Employee Benefits Office.

Superior Vision Plan

Bi-Weekly Rates

Employee Only	\$4.57
Employee/One Dependent	\$8.87
Employee/Family	\$13.03

This plan is underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, a/k/a The Guardian or Guardian Life.



Member Services, Provider Listings and Claims Services:

1-800-507-3800

916-852-2277 (FAX)

Provider Nominations:

Lee Sims @ 800-923-6766 X254

Web Site: www.superiorvision.com

Address:

Superior Vision Services, Inc.

11101 White Rock Road, Ste. 150

Rancho Cordova, CA 95670

Non-network Claims Submission:

Superior Vision Services, Inc.

P.O. Box 967

Rancho Cordova, CA 95741

Cancer and Specified Disease Plan

Plan Benefits

- *First Occurrence*
- *Hospital Confinement*
- *Experimental Treatment*
- *Radiation and
Chemotherapy*
- *Immunotherapy*
- *Cancer Screening Wellness*
- *Plus . . . much more*

.....
: Assurity's Cancer & Specified Disease Plan is designed :
: to create a source of extra cash that will help you and :
: your family cope during the battle against cancer or a :
: specified disease. :
.....



A428-0409

Assurity Cancer & Specified Disease Insurance Policy

Policy availability, rates and provisions may vary by state. This policy contains limitations and exclusions. For more detailed and complete information, please contact Assurity Life Insurance Company and ask to review the policy contract.

Effective: 07/01/2009

BASIC BENEFITS

Provides benefits caused by cancer and certain other specified diseases for the employee, spouse and covered children with continuous benefits and premium policy for life. The Family Rider allows for the addition of family members to the employee's policy.

RATE STRUCTURE

Unisex Rates; Employee Issue Ages: 18-69, Family: Up to Age 69 on spouse and 25 on children if a full-time student in an accredited school. Issue age is age of last birthday on the day the policy is issued.

PRE-EXISTING CONDITIONS

Assurity will not pay any benefits for loss caused by a pre-existing condition during the first two years (one year in NC and SC) following the Issue Date. Loss due to such conditions will be payable unless specifically excluded from coverage after this two year (or one in NC and SC) period.

A pre-existing condition is defined as cancer or a specified disease which first manifests itself within five years (two years in NC) prior to the issue date for each insured. Conditions which are fully disclosed to Assurity on the application and are not excluded or limited by Assurity are not considered pre-existing conditions. In GA, the policy does not contain a definition for pre-existing conditions. In NC, pre-existing conditions for insureds age 65 and older shall include only conditions specifically excluded by rider.

ISSUE AGE

The Assurity cancer policy is available for persons ages 18-69, including spouses. This issue age of children is 15 days through 18 years of age. The coverage is continued up to age 25 if the child is a full-time student in an accredited school.

Policy will pay the following specified benefits based on policy provisions:

Hospital Indemnity

Assurity will pay you benefits for each day while the insured is confined in the hospital for cancer or certain other specified diseases for the first 75 days of each period of confinement. There are three options for the daily benefit amount: \$150, \$250, and \$350.

Prescription Drugs and Medicines

Assurity will pay the actual charges, up to 25% of the Daily Hospital Confinement benefit shown on the policy schedule per day for the hospital charges for the prescribed drugs and medicines taken during hospital confinement for an insured person. This benefit is limited to the first 75 days for each period of confinement.

Surgical Benefit

Assurity will pay up to \$7,500 for the actual charges made by a surgeon for a surgery in or out of a hospital up to the maximum amount shown in the Surgical Benefits Schedule. For operations not listed, a comparable reasonable benefit will be paid. Surgical procedures performed through the same incision or in the same body opening will be considered one operation.

Anesthesia

Assurity will pay up to 25% of the amount payable under the Surgical Benefit for the administration of an anesthetic for an insured person. This amount does not apply to skin cancer operations. Assurity will pay the actual charges up to \$50 per skin cancer operation.

Additional Surgical Opinions

Assurity will pay up to \$150 for a second opinion. If the second opinion differs from the first, pays up to \$150 for a third opinion.

Artificial Limb and Prosthesis

The policy pays actual charges for artificial limb or reconstructive procedure to affix or implant it up to a \$2,000 life time maximum per Insured.

Attending Physician

The policy pays actual charges up to \$35 dollars per day for in-hospital physician's visits, other than surgeon's charges.

Private Duty Nurse

The policy pays actual charges up to \$150 per day while confined in the hospital when authorized by a physician when a Private Nurse is required.

Radiation, Radio-Active Isotopes Therapy, Chemotherapy or Immunotherapy

Assurity will pay 50% of the actual charges up to the monthly maximum and lifetime maximum shown in the Policy Schedule for the following techniques, provided they are used for the purpose of modification or destruction of cancerous tissue. Benefits will also be provided for immunotherapy when used for treatment of covered specified diseases.

- teleradio therapy using either natural or artificial propagated radiation. This includes actual charges for radiation treatment delivery only. It does not include charges for clinical treatment planning, clinical treatment management, medical radiation physics, dosimetry, treatment devices or special services;
- interstitial or intracavity application of radium or radioisotopes in sealed or non-sealed sources;
- chemical substances and their administration including hormonal therapy. This includes the actual charges for only those chemical substances which modify or destroy cancerous tissue, and does not include other drugs or medicines given in conjunction with this treatment;
- antigenic preparations of immunosuppressive techniques.

Experimental Treatment

Assurity pays the actual charges incurred up to \$25,000 per calendar year for experimental treatment, except for experimental bone marrow transplants for an insured person. This benefit is in lieu of all other benefits under this policy for the same treatment.

Physical and Speech Therapy

The policy pays the actual charges up to \$25 per therapy session up to a lifetime maximum of \$1,000.

Extended Care Facility

The policy pays up to \$60 per day for confinement in an extended care facility. Confinement must be recommended by a physician and begin within 14 days following a covered hospital stay. Benefits are limited to the number of days of the prior hospital confinement.

Bone Marrow Transplant for Cancer

The policy pays actual charges up to a lifetime maximum of \$25,000 for bone marrow transplants or other forms of stem cell rescue and all related services or supplies. This benefit is payable in lieu of any other benefits payable under this policy, except Transportation and Lodging for Bone Marrow Donors.

Transportation and Lodging for Bone Marrow Donors

The policy pays (a) actual charges up to \$2,500 for medical expenses for a donor when directly related to such a transplant, (b) pays actual charges for a round trip coach fare on a common carrier or a personal automobile allowance of 50 cents per mile in excess of 50 miles one-way to the city where the transplant is performed, up to 700 miles round trip, and (c) pays actual charges up to \$50 per day for lodging and meal expenses when donor stays in a hotel, motel or other accommodations acceptable to Assurity when the donor is asked to remain near the hospital. This payment is in lieu of any other benefit payable under this policy when the donor is a person insured under this policy.

Transportation for Non-local Treatment Which Requires Hospital Confinement

For covered treatment, the policy pays (a) actual charges for non-local round trip charge by common carrier to the nearest hospital that provides the prescribed treatment or (b) 50 cents per mile for personal automobile expenses in excess of 50 miles one way, up to 700 miles round trip. Transportation benefits will not be paid for periodic checkups or when receiving non-covered treatments.

Transportation and Lodging for Non-local Treatment Which Does Not Require Hospital Confinement

For non-local covered treatment prescribed by the attending physician as medically necessary which is not available locally, Assurity will pay for an insured person:

- the actual charges for round trip coach fare on a common carrier to the facility that provides the prescribed treatment or 50 cents per mile for personal automobile expenses in excess of 50 miles one way, not to exceed 700 miles round trip up to a maximum of \$1,500 per calendar year. Mileage will be measured from the insured person's residence to the nearest facility where the treatment is administered; and
- the actual charges up to \$50 per day for lodging and meal expenses incurred by an insured person when staying at a hotel, motel or other accommodations acceptable to Assurity. Benefits will be paid up to the number of days covered treatment is received.

Adult Companion Transportation and Lodging

The policy pays the following expenses for one adult companion to be near the insured when the insured is confined in a non-local hospital for specialized covered treatment (a) up to a maximum of \$1,500 per calendar year for actual charges for non-local round trip

coach fare by a common carrier to the nearest hospital that provides the prescribed treatment or 50 cents per mile for personal automobile expenses in excess of 50 miles one-way, up to 700 miles round trip and (b) pays actual charges up to \$50 per day for lodging and meal expenses when staying at a hotel, motel or other accommodation acceptable to Assurity, limited to the number of days of each treatment.

Outpatient Positive Diagnostic Test

Assurity will pay up to \$250 for actual charges incurred for the diagnostic test that leads to a positive diagnosis within 90 days of such test for an insured person. This benefit is not payable if the same cancer or specified disease recurs.

Outpatient Surgery Benefit

Assurity will pay a benefit equal to the Daily Hospital Confinement benefit shown on the policy schedule for outpatient surgery in a hospital or ambulatory surgical center for an insured person. This benefit is not payable for surgery in a physician's office or clinic, and is not available for skin cancer or specified diseases.

Skin Cancer

The policy pays up to \$150 for actual charges for the removal of skin cancer when diagnosis is made by a physician, other than a legally qualified pathologist.

Ambulance

The policy pays charges up to \$75 per trip to transfer an insured person to the hospital for confinement as an inpatient.

Hospice Care

Assurity will pay the actual charges up to \$100 per day for care provided by a Hospice if the insured person has been diagnosed as terminally ill. This benefit is payable for confinement in a Hospice care center, including centers that are in designated areas of a Hospital, or in the insured person's home, limited to a policy maximum of \$7,500.

Government or Charity Hospital

The policy pays \$200 per day for conditions in a government or charity hospital. Payment of this benefit is in lieu of all other policy benefits.

Blood and Blood Plasma

The policy pays the actual charges for blood, blood plasma, and platelets. Policy does not pay for blood that is donated or replaced.

Breast Cancer/Breast Reconstruction/Breast Prosthesis

The policy pays a benefit equal to the daily hospital confinement benefit for a minimum of 48 hours of inpatient care following a mastectomy and a minimum of 24 hours following a lymph node dissection for the treatment of breast cancer. Lifetime maximum of \$2,500 per breast. Assurity will pay the actual charges incurred for an external breast prosthesis, or an internal breast prosthesis and the surgeon's fee for implantation for an insured person. For natural tissue breast reconstruction surgery, Assurity will pay the actual charges incurred with a lifetime maximum of \$2,500 per breast. Assurity will pay the actual charges for reconstructive surgery and any adjustments made to the non-diseased breast if performed within 24 months (five years in TN) of reconstruction of the diseased breast for an insured person.

Hairpiece Benefit

The policy pays one-time benefit of up to \$150 for a hairpiece when hair loss is a result of cancer treatment.

Cancer (Wellness) Screening Test

The policy pays the amount charged up to \$100 per calendar year for cancer screening test. Test covered are:

- Mammography Screening
- Pap Smear (test only)
- CA125 (blood test for ovarian cancer)
- PSA (blood tests for prostate cancer)
- Hemocult Stool Specimen
- Flexible Sigmoidoscopy
- CEA (blood test for colon cancer)
- Colonoscopy
- Chest X-ray
- Thermography
- Serum Protein Electrophoresis

Wellness Claims

An employee can file a wellness claim by fax, call-in, or mail. Employees can call Assurity to get a wellness claim form or download one from www.markiiibrokerage.com/townofboonenc. Employees can also call in their wellness claim at (888)-358-8808 ext. 23. The call in service requires all the information on the wellness claim form. The wellness claim form must include the name and phone number of your physician. All claims are subject to verification.

Home Health Care Services

When services are provided by a licensed Home Health Agency, when prescribed by a physician, policy pays (a) up to \$60 per day for services provided at home, not to exceed 180 days per calendar year, (b) up to \$100 per day for Private Duty Nursing, not to exceed 15 days per calendar year, and (c) pays actual charges for a physician's visit up to \$40 per day not to exceed 15 days a calendar year. Care cannot be provided by a relative. This benefit is in lieu of all other benefits.

Rental or Purchase of Durable Medical Equipment

The policy pays the actual charges up to \$1,500 per calendar year for purchases or rental of (a) a respirator or similar medical device, (b) brace, (c) crutches, (d) hospital bed, or (e) wheel chair.

Professional Mental Health Consultation

The policy pays actual charges up to \$50 per session not to exceed a lifetime maximum of \$250, when receiving treatment for cancer or specified disease for which benefits are payable.

Extended Benefits

If a covered hospital confinement lasts more than 75 consecutive days, policy pays usual and customary charges for hospital room and board, medicine, lab tests and other medically necessary hospital charges, up to \$1,000 per day beginning on the 76th day. Payable after the 75th day in lieu of all other policy benefits for the same time period.

Waiver of Premium

If while this policy is in force and before an insured person turns 65, he or she becomes disabled due to cancer or a specified disease (as indicated on the Policy Schedule), and is receiving treatment for such cancer or specified disease for which benefits are payable under this policy and remains disabled for 90 consecutive days, Assurity will waive premiums for as long as the insured person remains disabled. Premiums waived will be in accordance with the mode of payment in effect when treatment began.

Specified Disease Benefits

The benefits of the policy will be extended to pay for the loss that results from the following specified diseases:

Addison's Diseases	Myasthenia Gravis
Botulism	Osteomyelitis
Brucellosis	Polio
Budd-Chiari Syndrome	Q Fever
Cystic Fibrosis	Reye's Syndrome
Diphtheria	Rheumatic Fever
Encephalitis	Rocky Mountain Spotted Fever
Histoplasmosis	Sickle Cell Anemia
Legionnaire's Disease	Tay-Sachs Disease
Lou Gehrig's Disease	Tetanus
Lupus Erythematosus	Trichinosis
Malaria	Toxic Shock Syndrome
Meningitis	Tuberculosis
Multiple Sclerosis	Typhoid Fever
Muscular Dystrophy	Whooping Cough

Cancer or Other Specified Disease Claims

You may file a claim for cancer or specified diseases by completing an Assurity Claim Form. Please make sure to include all pertinent information as stated on the form. You can obtain a claim form by contacting Assurity, or by downloading on from www.markiiibrokerage.com/townofboonenc. Should you have any question on how to file or submit a claim or regarding the Assurity Cancer Plan, please call (888) 358-8808 ext. 23.

Optional Riders

Intensive Care Rider - pays a \$300 or \$600 daily benefit if an insured person is confined to a Hospital's Intensive Care Unit, up to a maximum of 20 days per period of confinement.

Internal Cancer First Occurrence Rider - pays \$2,500 or \$5,000 the first time an insured is diagnosed as having internal cancer.

LIMITATIONS AND EXCLUSIONS

30-Day Waiting Period

There is a 30-day waiting period during which no benefits will be paid during the first 30 days. Covered losses which manifest after the issue date will be payable starting on the 31st day.

Exclusions

Assurity will not pay any Benefits for loss caused by or resulting from:

1. Injuries;
2. Sickness, illness or bodily infirmity resulting from anything other than Cancer or Specified Disease;
3. Any Sickness, illness, bodily infirmity or incapacity that has been caused, or complicated, worsened or affected by cancer or a specified disease or as a result of cancer or specified disease treatment (not applicable in SC);
4. Hospital confinement or expense that are incurred prior to the Issue Date regardless of the date of positive diagnosis;
5. Experimental treatment, except as specifically provided in the experimental treatment benefit or bone marrow transplant benefit (Benefits for experimental treatment are limited to \$25,000 per calendar year. Benefits for bone marrow transplants are limited to a policy lifetime maximum of \$25,000. No other benefits are payable for such treatment.) In TN, benefits for experimental treatment will not be denied based solely on the fact that the insured was a participant in a clinical trial;
6. Care and/or treatment received outside the U.S. or its territories; or
7. Care, confinement and/or treatment in a government or charity hospital except as specifically provided in the government or charity hospital benefit.

Assurity Life Insurance Company
PO Box 82533, Lincoln, NE, 68501-2533
Assurity Customer Service: (866) 289-7337
Website: www.assurity.com

To Call in a Wellness Claim: (888) 358-8808 Ext. 23
To Fax in a Claim/Toll Free: (800) 869-0368
Policy Form No. AAW-C120
Rider Form Nos. AAW-CR261, AAW-CR262, AAW-CR263, AAW-CR264



Cancer & Specified Disease Plan

Bi-Weekly Rates

Assurity Life Cancer & Specified Disease Plan				
		\$150 Daily Benefit	\$250 Daily Benefit	\$350 Daily Benefit
Base Policy (\$10,000 per month/\$100,000 lifetime maximum) (radiation/chemotherapy)	Individual	\$9.66	\$10.72	\$11.78
	EE & Spouse	\$14.79	\$16.44	\$18.09
	EE & Children	\$12.00	\$13.20	\$14.40
	Family	\$17.13	\$18.92	\$20.71
Base Policy with Intensive Care Rider (\$300 daily benefit)	Individual	\$10.62	\$11.69	\$12.75
	EE & Spouse	\$16.73	\$18.38	\$20.03
	EE & Children	\$13.52	\$14.72	\$15.93
	Family	\$19.62	\$21.42	\$23.21
Base Policy with Intensive Care Rider (\$600 daily benefit)	Individual	\$11.59	\$12.66	\$13.72
	EE & Spouse	\$18.66	\$20.32	\$21.96
	EE & Children	\$15.04	\$16.25	\$17.45
	Family	\$22.11	\$23.91	\$25.70
Base Policy with First Occurrence Benefit Rider (\$2,500 benefit)	Individual	\$10.96	\$12.02	\$13.08
	EE & Spouse	\$16.74	\$18.39	\$20.04
	EE & Children	\$13.57	\$14.78	\$15.98
	Family	\$19.35	\$21.15	\$22.94
Base Policy with First Occurrence Benefit Rider (\$2,500 benefit) and Intensive Care Rider (\$300 daily benefit)	Individual	\$11.93	\$12.99	\$14.05
	EE & Spouse	\$18.68	\$20.33	\$21.98
	EE & Children	\$15.10	\$16.30	\$17.51
	Family	\$21.84	\$23.64	\$25.43
Base Policy with First Occurrence Benefit Rider (\$2,500 benefit) and Intensive Care Rider (\$600 daily benefit)	Individual	\$12.90	\$13.96	\$15.02
	EE & Spouse	\$20.62	\$22.27	\$23.92
	EE & Children	\$16.62	\$17.82	\$19.03
	Family	\$24.34	\$26.13	\$27.92
Base Policy with First Occurrence Benefit Rider (\$5,000 benefit)	Individual	\$12.27	\$13.33	\$14.39
	EE & Spouse	\$18.69	\$20.34	\$21.99
	EE & Children	\$15.15	\$16.36	\$17.56
	Family	\$21.58	\$23.37	\$25.16
Base Policy with First Occurrence Benefit Rider (\$5,000 benefit) and Intensive Care Rider (\$300 daily benefit)	Individual	\$13.24	\$14.30	\$15.36
	EE & Spouse	\$20.63	\$22.28	\$23.93
	EE & Children	\$16.68	\$17.88	\$19.08
	Family	\$24.07	\$25.86	\$27.66
Base Policy with First Occurrence Benefit Rider (\$5,000 benefit) and Intensive Care Rider (\$600 daily benefit)	Individual	\$14.21	\$15.27	\$16.33
	EE & Spouse	\$22.57	\$24.22	\$25.87
	EE & Children	\$18.20	\$19.40	\$20.61
	Family	\$26.56	\$28.36	\$30.15

Personal Accident Indemnity Plan

Accident-Only Insurance – Level 1
Policy A-34100-NC

Plan Benefits

- ***Emergency Treatment***
- ***Follow-Up Treatment***
- ***Initial Hospitalization***
- ***Hospital Confinement***
- ***Physical Therapy***
- ***Accidental-Death***
- ***Wellness***
- ***Plus ... much more***

.....
: Benefits are payable for a covered person's :
: death, dismemberment, or injury caused by a :
: covered accident that occurs on or off the job. :
.....



American Family Life Assurance Company of Columbus (Aflac)

Effective Date: July 1, 2009

Aflac policies are subject to health underwriting.

Accident Emergency Treatment Benefit

Aflac will pay \$120 for the insured and the spouse, and \$70 for children if a covered person receives treatment for injuries sustained in a covered accident. This benefit is payable for X-rays, treatment by a physician, or treatment received in a hospital emergency room. Treatment must be received within 72 hours of the accident for benefits to be payable. This benefit is payable once per 24-hour period and only once per covered accident, per covered person.

Accident Follow-Up Treatment Benefit

Aflac will pay \$25 for one treatment per day for up to a maximum of six treatments per covered accident, per covered person for follow-up treatment received for injuries sustained in a covered accident. Treatment must begin within 30 days of the covered accident or discharge from the hospital. Treatments must be furnished by a physician in a physician's office or in a hospital on an outpatient basis. This benefit is not payable for the same visit that the Physical Therapy Benefit is paid.

Initial Accident Hospitalization Benefit

*Aflac will pay \$1,000 when a covered person is confined to a hospital for at least 24 hours for injuries sustained in a covered accident. If the covered person is admitted directly to an intensive care unit, *Aflac will pay \$1,500.* This benefit is payable only once per hospital confinement* or intensive care unit confinement and is payable only once per calendar year, per covered person.*

Accident Hospital Confinement Benefit

Aflac will pay \$200 per day for which a covered person is charged for a room for hospital confinement of at least 18 hours for treatment of injuries sustained in a covered accident. This benefit is payable up to 365 days per covered accident, per covered person. The Accident Hospital Confinement Benefit and the Rehabilitation Unit Benefit will not be paid on the same day; only the highest eligible benefit will be paid.*

Intensive Care Unit Confinement Benefit

Aflac will pay an additional \$400 per day for each day a covered person is receiving the Accident Hospital Confinement Benefit and is confined to and charged for a room in an intensive care unit. This benefit is payable up to 15 days per covered accident, per covered person. Confinements must start within 30 days of the accident.

**Hospital confinement is defined as a covered person's confinement to a bed in a hospital for which a room charge is made. The confinement must be on the advice of a physician and medically necessary. Benefits are also payable for confinement in hospitals operated by or for the United States government. Confinement must start within 30 days of the accident.*

Accident Specific-Sum Injuries Benefit

Aflac will pay \$25–\$10,000 for:

Dislocations	Burns	Skin Grafts
Eye Injuries	Lacerations	Fractures
Broken Teeth	Comas	Brain Concussions
Paralysis	Surgical Procedures	

Treatment must be performed on a covered person for injuries sustained in a covered accident. We will pay for no more than two dislocations per covered accident, per covered person. Dislocations must be diagnosed by a physician within 72 hours after the covered accident. Benefits are payable for only the first dislocation of a joint. If a physician reduces a dislocation with local or no anesthesia, we will pay 25 percent of the amount shown for the closed reduction dislocation. A physician must treat burns within 72 hours after a covered accident. A total of 50 percent of the burn benefit will be paid for one or more skin grafts. Lacerations requiring sutures must be repaired under the attendance of a physician within 72 hours after the covered accident. Fractures must be diagnosed by a physician by X-ray within 14 days after a covered accident. For chip fractures and other fractures not reduced by open or closed reduction, we will pay 25 percent of the benefit amount shown for the closed reduction. We will pay for no more than two fractures per covered accident, per covered person. We will pay no more than one benefit for broken teeth per covered accident, per covered person. Coma duration must be at least seven days and must require intubation for respiratory assistance. Paralysis must result from spinal cord injuries that are received in a covered accident and that result in complete and total loss of use of two or more limbs for a period of at least 30 days, and the loss must be confirmed by a physician. Surgical procedures must be performed within one year of a covered accident. Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based upon the most expensive procedure. Only one miscellaneous surgery benefit is payable per 24-hour period even though more than one procedure may be performed.

Major Diagnostic Exams

Aflac will pay \$150 if a covered person requires one of the following exams for injuries sustained in a covered accident: CT (computerized tomography) scan, MRI (magnetic resonance imaging), or EEG (electroencephalogram). The exam must be performed in a hospital, a physician's office, or an ambulatory surgical center, and a charge must be incurred. This benefit is limited to one payment per calendar year, per covered person. No lifetime maximum.

Physical Therapy Benefit

Aflac will pay \$25 for one treatment per day up to a maximum of ten treatments per covered accident, per covered person if a physician advises the person to seek treatment from a physical therapist. Physical therapy must be for injuries sustained in a covered accident and must start within 30 days of the covered accident or discharge from the hospital. Treatment must take place within six months after the accident. This benefit is not payable for the same visit that the Accident Follow-Up Treatment Benefit is paid.

Rehabilitation Unit Benefit

Aflac will pay \$100 per day when a covered person is charged for confinement in a hospital and transferred to a bed in a rehabilitation unit of a hospital for a covered injury. This benefit is limited to 30 days for each covered person per period of hospital confinement and is limited to a calendar year maximum of 60 days. The Accident Hospital Confinement Benefit and the Rehabilitation Unit Benefit will not be paid on the same day; only the highest eligible benefit will be paid. No lifetime maximum.

A period of hospital confinement is a time period of confinement that starts while the policy is in force. If the confinement follows a previously covered confinement, it will be deemed a continuation of the first unless it is the result of an entirely unrelated injury or the confinements are separated by 30 days or more.

Appliances Benefit

Aflac will pay \$100 if a covered person requires, as advised by a physician, the use of a medical appliance as an aid in personal locomotion resulting from injuries sustained in a covered accident. This benefit is payable for crutches, wheelchairs, leg braces, back braces, and walkers, and is payable once per covered accident, per covered person.

Prosthesis Benefit

Aflac will pay \$500 if a covered person requires a prosthetic device as a result of injuries sustained in a covered accident. This benefit is payable once per covered accident, per covered person and is not payable for hearing aids, wigs, or dental aids, to include false teeth.

Blood/Plasma/Platelets Benefit

Aflac will pay \$100 if a covered person requires blood, plasma, or platelets for the treatment of injuries sustained in a covered accident. This benefit is not payable for immunoglobulins and is payable only once per covered accident, per covered person.

Ambulance Benefit

Aflac will pay \$150 for ground ambulance transportation or \$1,000 for air ambulance transportation if a covered person requires ambulance transportation to a hospital or emergency center for injuries sustained in a covered accident. A licensed professional ambulance company must provide the transportation within 72 hours of the covered accident.

Transportation Benefit

Aflac will pay \$400 per round trip to a hospital if a covered person requires special treatment and hospital confinement* for injuries sustained in a covered accident. The hospital must be more than 100 miles from the covered person's residence or site of the accident. This benefit will be paid for only the covered person for whom the treatment is prescribed, or if the treatment is for a dependent child and commercial travel is necessary, one of the dependent child's parents or legal guardians who travels with the child will also receive this benefit. The local attending physician must prescribe the treatment, and the treatment must not

be available locally. This benefit is payable for up to three round trips per calendar year, per covered person. This benefit is not payable for transportation by ambulance or air ambulance to the hospital.

Family Lodging Benefit

Aflac will pay \$100 per night for one motel/hotel room for a member of the immediate family to accompany the covered person if treatment of injuries sustained in a covered accident requires hospital confinement. The hospital and motel/hotel must be more than 100 miles from the covered person's residence. This benefit is payable up to 30 days per covered accident and only during the time the covered person is confined in the hospital.*

Accidental-Death and -Dismemberment Benefits

Aflac will pay the following benefit for death if it is the result of injuries sustained in a covered accident:

	Insured/Spouse	Child
Common-Carrier Accidents	\$100,000	\$15,000

A covered person must be a passenger at the time of the common-carrier accident, and a proper authority must have licensed the vehicle to transport passengers for a fee. Common-carrier vehicles are limited to airplanes, trains, buses, trolleys, and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis are not included.

	Insured/Spouse	Child
Other Accidents	\$25,000	\$7,500

(Other Accidents are accidents that are not classified as common-carrier accidents and that are not specifically excluded in the limitations and exclusions of the policy.)

Aflac will pay the following benefit for dismemberment resulting from injuries sustained in a covered accident:

	Insured/Spouse	Child
Both arms and both legs	\$25,000	\$7,500
Two eyes, feet, hands, arms, or legs	\$25,000	\$7,500
One eye, foot, hand, arm, or leg	\$ 6,250	\$1,875
One or more fingers and/or one or more toes	\$ 1,250	\$ 500

Death or dismemberment must be independent of disease, bodily infirmity, or any other cause other than a covered accident and must occur within 90 days of the accident. Only the highest single benefit per covered person will be paid for accidental dismemberment. Benefits will be paid only once for any covered

accident. If death and dismemberment result from the same accident, only the Accidental-Death Benefit will be paid. Loss of use does not constitute dismemberment, except for eye injuries resulting in permanent loss of vision such that central visual acuity cannot be corrected to better than 20/200.

Wellness Benefit

After the policy has been in force for 12 months, Aflac will pay \$60 if you or any one family member undergoes routine examinations or other preventive testing during the following policy year. Eligible family members are your spouse and the dependent children of you or your spouse. Services covered are annual physical examinations, dental exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, prostate-specific antigen tests (PSAs), ultrasounds, and blood screenings. This benefit will become available following each anniversary of the policy's effective date for service received during the following policy year and is payable only once per policy each 12-month period following the policy anniversary date. Service must be under the supervision of or recommended by a physician and received while your policy is in force, and a charge must be incurred.

Continuation of Coverage Benefit

Aflac will waive all monthly premiums due for the policy for up to two months if you meet all of the following conditions: (1) Your policy has been in force for at least six months; (2) We have received premiums for at least six consecutive months; (3) Your premiums have been paid through payroll deduction and you leave your employer for any reason; (4) You or your employer notifies us in writing within 30 days of the date your premium payments cease because of your leaving employment; and (5) You re-establish premium payments, either through your new employer's payroll deduction process or direct payment to Aflac. You will again become eligible for this benefit after you re-establish your premium payments through payroll deduction for a period of at least six months, and we receive premiums for at least six consecutive months. (*Payroll deduction* means your premium is remitted to Aflac for you by your employer through a payroll deduction process.)

Guaranteed-Renewable

The policy is guaranteed-renewable for your lifetime, subject to Aflac's right to change premiums by class upon any renewal date.

Effective Date

The effective date of the policy is the date shown in the Policy Schedule, not the date the application is signed. The policy is available through age 64. The payroll rate may be retained after one month's premium payment on payroll deduction.

Refer to the policy for complete details, limitations, and exclusions.

This information is for illustration purposes only.

What Is Not Covered

We will not pay benefits for services rendered by a member of the immediate family of a covered person or for an accident that occurs while coverage is not in force.

We will not pay benefits for an accident or sickness that is caused by or occurs as a result of a covered person's:

- Participating in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a physician and 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);
- Driving any taxi for wage, compensation, or profit;
- Mountaineering using ropes and/or other equipment, parachuting, or hang gliding;
- Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not (felony is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any type penal institution;
- Intentionally self-inflicting bodily injury or attempting suicide, while sane or insane;
- Having cosmetic surgery or other elective procedures that are not medically necessary, or having dental treatment except as a result of injury;
- Being exposed to war or any act of war, declared or undeclared;
- Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve;
- Participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger-carrying aircraft;
- Participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching, or racing any type vehicle in an organized event.

Hospital does not include any institution or part thereof used as a rehabilitation unit; a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

Family Coverage

Family coverage includes the insured; spouse; and dependent, unmarried children to age 19 (23 if full-time students). Newborn children are automatically insured from the moment of birth. One-parent family coverage includes the insured and all unmarried, dependent children to age 19 (23 if full-time students). A dependent child must be under the age of 19 at the time of application to be eligible for coverage.

Accidents Happen

- Unintentional injuries are the fifth leading cause of death overall and first among persons in age groups from 1 to 44.
- On the average, there are 14 unintentional-injury deaths and about 2,990 disabling injuries every hour during the year.
- A disabling injury occurs in the home every three seconds.
- In 2005, about 36% of all hospital emergency department visits in the United States were injury-related.

Injury Facts, 2008 Edition, National Safety Council.

Personal Accident Indemnity Plan Accident-Only Insurance – Level 1

14-Day Biweekly (26-pay) Premium Rates

Individual	\$ 9.14
Named Insured/Spouse Only	\$12.23
One-Parent Family	\$13.25
Two-Parent Family	\$16.43

The rates do not imply coverage.

Refer to the policy for complete details, limitations, and exclusions.

American Family Life Assurance Company of Columbus (Aflac)

Worldwide Headquarters

1932 Wynnton Road

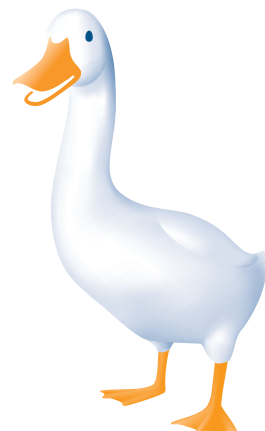
Columbus, Georgia 31999

1.800.99.AFLAC (1.800.992.3522)

En español:

1.800.SI.AFLAC (1.800.742.3522)

Visit our Web site at aflac.com.



Short-Term Disability Plan

Plan Highlights

- *Selection of:*
 - *monthly benefit amount*
 - *benefit period*
- *Benefits paid regardless of any other insurance*

Standard Life & Casualty's Short-Term Disability plan benefits provide a source of income while you concentrate on getting better.



Disability is a Fact of Life . . .

- *27,000,000 Americans are currently on disability.*
- *6.85 out of 10 people between the ages of 20 and 35 will suffer a disability that lasts 3 months or longer.*
- *If a disability lasts longer than 3 months, its average duration is 2.9 years at age 30, 3.9 years at age 40, and 4.5 years at age 50.*
- *48% of all home foreclosures done in this country today are a result of disabilities, only 3% are due to premature death.*
- *Death rates are down; disability rates are up.*
- *At ages 35-40, your chances of being disabled are twice as great as those of dying.*
- *Worker's Compensation rates recently rose again. Analysts attribute this in part to the inclusion of stress on the job as a possible claim.*
- *Each year, the statistics average as follows:*
 - *1 in 106 people dies*
 - *1 in 88 homes catch fire*
 - *1 in 70 cars is involved in a serious accident*
 - *1 in 8 people are disabled*

Source: Commissioners Disability Trade, US Government Housing/Finance,
Society of Actuaries

***You have life insurance, home insurance, and automobile insurance.
But is your income insured?***

Why Income Protection?

If you are suddenly unable to work because of a disability, how will you continue to meet your financial obligations without a paycheck?

Counting on Social Security to provide disability benefits?

Social Security's definition of disability requires that the impairment must be expected to result in death or to last at least 12 months, or must have lasted at least 12 months. Also, Social Security disability benefits usually have a five-month waiting period.

Covered by workers' compensation?

Workers' compensation provides benefits only for occupational-related injuries or illnesses. About two-thirds of the disabling injuries suffered by American workers in 2002 occurred off the job.*

Think your savings will get you through a disability?

Experts recommend a minimum savings of three months' salary to prepare for a sudden loss of income. However, most people simply aren't saving enough money to last more than a few weeks without a regular income. For some, the financial impact of even one missed paycheck can be devastating.

Will you have to turn to family or friends to help support you?

Chances are, if you are not saving enough, your loved ones are not either.

Plan Features

- ***Payable in addition to sick leave***
- ***Benefits payable regardless of other insurance***
- ***Weekends and holidays are covered***
- ***Benefits are paid directly to you***
- ***Benefits are tax free***
- ***Disability resulting from pregnancy is covered as any other sickness***
- ***No change in premium due to age***
- ***You may continue coverage if you leave your Employer, provided you maintain continuous employment. Your new occupation must meet Standard's income and occupational underwriting guidelines.***

Accident & Sickness protection

On or off the job, 24 hour a day coverage. Income is provided when you are disabled due to a sickness or as a result of an accident. Benefits begin on the first day if you are disabled due to an accident. Benefits begin on the eighth day if you are disabled due to sickness.

You can choose to insure up to 70% of your gross monthly income, up to a maximum of \$2,000.00 per month. Income will be provided for the benefit period you choose up to 365 days.

Eligibility

These benefit plans are optional and all full-time employees under 65 years of age may apply. The disability benefit is for employees only. Applications for new participants will be underwritten.

POLICY FEATURES

Pre-existing Conditions

If you received medical advice for treatment of a health condition within twelve months prior to the effective date of insurance, there will be no coverage for that condition until twelve consecutive months beyond the effective date.

Disability Due to Pregnancy

Benefits are covered provided conception occurs after the effective date of the policy.

Portability

When an employee leaves the employment of Town of Boone, they may continue the short-term disability coverage, subject to the renewability provision, provided they maintain continuous employment. Their new occupation must meet Standard's income and occupational underwriting guidelines.

Limits and Exclusions

Benefits will not be paid for any total disability which:

- 1) Occurs while the policy is not in force;
- 2) Does not require the regular care of a physician;
- 3) Is due to the use of intoxicants or narcotics, except on the advice of a physician;
- 4) Is on account of intentional self-inflicted injury;
- 5) Is a result of mental or nervous disorders;
- 6) Results from armed conflicts;
- 7) Arises out of aviation, except scheduled passengers on commercial airlines;
- 8) Results from traveling more than forty miles outside the US;
- 9) Results from the participation in a felony or working at an illegal job.
- 10) Results from a pre-existing condition, as defined in the policy.

Standard Life Short-Term Disability

Bi-Weekly Rates

Benefit Duration: 90 Days		Benefit Duration: 180 Days		Benefit Duration: 365 Days	
Monthly Benefit	26 Pay Premium	Monthly Benefit	26 Pay Premium	Monthly Benefit	26 Pay Premium
\$500	\$5.19	\$500	\$8.08	\$500	\$10.38
\$600	\$6.23	\$600	\$9.69	\$600	\$12.46
\$700	\$7.27	\$700	\$11.31	\$700	\$14.54
\$800	\$8.31	\$800	\$12.92	\$800	\$16.62
\$900	\$9.35	\$900	\$14.54	\$900	\$18.69
\$1,000	\$10.38	\$1,000	\$16.15	\$1,000	\$20.77
\$1,100	\$11.42	\$1,100	\$17.77	\$1,100	\$22.85
\$1,200	\$12.46	\$1,200	\$19.38	\$1,200	\$24.92
\$1,300	\$13.50	\$1,300	\$21.00	\$1,300	\$27.00
\$1,400	\$14.54	\$1,400	\$22.62	\$1,400	\$29.08
\$1,500	\$15.58	\$1,500	\$24.23	\$1,500	\$31.15
\$1,600	\$16.62	\$1,600	\$25.85	\$1,600	\$33.23
\$1,700	\$17.65	\$1,700	\$27.46	\$1,700	\$35.31
\$1,800	\$18.69	\$1,800	\$29.08	\$1,800	\$37.38
\$1,900	\$19.73	\$1,900	\$30.69	\$1,900	\$39.46
\$2,000	\$20.77	\$2,000	\$32.31	\$2,000	\$41.54

This is a brief description of the important features of your policy. This is not an insurance contract; therefore, it is important that you read your policy carefully.

Standard Life and Casualty
Claims Toll-Free Number (800)227-0251
Customer Service (800) 327-0695



Group Term Life Plan

Plan Benefits

- *Employer-Paid Basic Coverage for employees and their dependents*
- *Optional coverage available for yourself, spouse, and children*
- *Coverage is Portable*

This insurance is underwritten by:



TheStandard™

Program Basics

- ***In addition to the basic life insurance that Town of Boone is providing to employees, eligible employees can purchase coverage by enrolling in an Additional Term Life and Accidental Death and Dismemberment (AD&D) insurance program.***
- ***This Additional Life coverage is portable. If you change jobs or retire, you can keep your coverage if you meet the requirements within the certificate.***
- ***In addition to the Basic Employee Life and AD&D, the Town of Boone also provides the following Basic Dependent Life Insurance at no cost to you:***

Spouse \$2,000

Children \$2,000 (age 14 days to 19 years; age 25 if a full-time student)

Coverage terminates when the respective employee is no longer employed by the Town of Boone.

Coverage Available

For You:

- ***Apply for Additional Life coverage in amounts of \$10,000 to a maximum of \$500,000, in \$10,000 increments.***
- ***New Hires are guaranteed coverage up to \$100,000. If you apply for more than \$100,000 of coverage, proof of good health satisfactory to The Standard must be provided.***
- ***Employees who elect coverage outside their initial 31-day period or are increasing their coverage, must provide proof of good health satisfactory to the carrier.***
- ***Accidental Death and Dismemberment coverage is in amounts equal to Additional Life coverage, up to \$500,000.***

For Your Spouse:

- ***Your spouse may apply for Additional Life coverage if you have elected employee additional life coverage. He/She may elect amounts of \$5,000, \$10,000, 15,000 or \$20,000.***
- ***Your spouse is guaranteed coverage up to and including \$20,000 if you apply within 31 days of becoming eligible for spouse coverage.***
- ***Employees who elect spouse coverage outside their initial 31-day eligibility period or are increasing their coverage, must provide proof of good health satisfactory to The Standard. Spouse benefit amount cannot exceed 100% of employee's additional life election amount.***

For Your Children:

- ***If you are covered for Additional Life, you may apply for Additional Life coverage for your children in amounts of \$2,500, \$5,000 or \$10,000.***
- ***Proof of good health satisfactory to the carrier must be provided if you***

PLAN FEATURES

Accelerated Life Benefit

Allows employees to receive a portion of their life insurance if he or she is diagnosed with a terminal illness or physical condition which is reasonably expected to result in death within 12 months. The Accelerated Life Benefit can be up to 75% of your life insurance with a minimum of \$5,000 or 10% which ever is greater of your insurance, the maximum is \$500,000.

Accidental Death & Dismemberment

Matching AD&D and **Seat Belt Benefit** is included with this plan. The **Seat Belt Benefit** allows an employee and his or her dependents to receive additional coverage, equal to the AD&D benefit, if death occurs in an automobile accident while wearing a seat belt.

Benefit Reduction Schedule

Benefits will begin reducing as follows:

Age when reduction occurs:	70	75	80	85	90
Percent amounts reduce:	55%	70%	80%	85%	90%
Percent of amounts after reduction:	45%	30%	20%	15%	10%

Guaranteed Increase in Benefit

Allows eligible employee to request an **additional limited amount of coverage** at each Standard Insurance Company approved re-enrollment **without Evidence of Insurability** up to the Guaranteed Issue amount of \$100,000.

Waiver of Premium

Waives the premium for life and AD&D coverage if the employee is totally disabled before age 60. Optional dependent waiver of premium is included which waives the dependent's premium if the employee's premium is waived.

Limitations/Exclusions

Additional Life

If the employee or his dependent(s), if Dependent coverage is in force, commits suicide, while sane or insane: 1) within two years from the effective date of Personal Insurance or Dependent Insurance, the benefits payable will be limited to the premiums paid; or 2) two or more years after the effective date of Personal Insurance or Dependent Insurance, but within two years of the effective date of an increase in the amount of coverage previously obtained, the benefits payable will be limited to the coverage obtained prior to the effective date of the increase, if any, plus the premiums paid for the increased coverage.

Accidental Death and Dismemberment**

The insurance does not cover any loss resulting directly or indirectly from: 1) suicide or attempted suicide, whether sane or insane; 2) air travel as a crew member; 3) participation in a riot or from war or any act of war, whether declared or undeclared; 4) commission of an assault or felony; 5) the voluntary taking of a) a prescription drug in a manner other than prescribed by a physician; b) any other federally or state controlled substance in an unlawful manner; c) non-prescription medicine, in a manner other than indicated in the printed instructions; or d) poison; 6) the voluntary inhaling of gas (unless due to occupational accident); 7) sickness other than infection occurring as a result of accidental injury; and for Voluntary ADD coverage only 8) participation in hang gliding, bungee jumping, automobile racing, motorcycle racing; skydiving, rock climbing or mountain climbing.

Seat Belt Benefit, Career Adjustment Benefit, Child Care Benefit, Higher Education Benefit**

These benefits are not payable unless the Accidental Death and Dismemberment Insurance is payable. In addition, the Seat Belt Benefit does not cover any loss if, while operating the Automobile, you, or your dependent if dependent coverage is elected, were legally intoxicated as defined by applicable laws, violating traffic laws, racing, stunt driving, or engaging in other similar activity during the accident.

***wording may vary by state.*

MONTHLY RATES

ADDITIONAL EMPLOYEE LIFE AND AD&D RATE CHART							
Employee Coverage Options							
Premium Rates							
Age of Employee	Rates per \$1,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$100,000
Less than 30	\$0.14	\$1.40	\$2.80	\$4.20	\$5.60	\$7.00	\$14.00
30 – 34	\$0.16	\$1.60	\$3.20	\$4.80	\$6.40	\$8.00	\$16.00
35 – 39	\$0.19	\$1.90	\$3.80	\$5.70	\$7.60	\$9.50	\$19.00
40 – 44	\$0.27	\$2.70	\$5.40	\$8.10	\$10.80	\$13.50	\$27.00
45 - 49	\$0.44	\$4.40	\$8.80	\$13.20	\$17.60	\$22.00	\$44.00
50 - 54	\$0.73	\$7.30	\$14.60	\$21.90	\$29.20	\$36.50	\$73.00
55 - 59	\$1.38	\$13.80	\$27.60	\$41.40	\$55.20	\$69.00	\$138.00
60 - 64	\$1.79	\$17.90	\$35.80	\$53.70	\$71.60	\$89.50	\$179.00
65 - 69	\$2.97	\$29.70	\$59.40	\$89.10	\$118.80	\$148.50	\$297.00
70+	\$7.91	\$79.10	\$158.20	\$237.30	\$316.40	\$395.50	\$791.00

ADDITIONAL LIFE RATE CHART					
Spouse Coverage Options					
Premium Rate					
Age of Employee	Rate per \$1,000	\$5,000	\$10,000	\$15,000	\$20,000
Less than 30	\$0.14	\$0.70	\$1.40	\$2.10	\$2.80
30 – 34	\$0.16	\$0.80	\$1.60	\$2.40	\$3.20
35 – 39	\$0.19	\$0.95	\$1.90	\$2.85	\$3.80
40 – 44	\$0.27	\$1.35	\$2.70	\$4.05	\$5.40
45 - 49	\$0.44	\$2.20	\$4.40	\$6.60	\$8.80
50 - 54	\$0.73	\$3.65	\$7.30	\$10.95	\$14.60
55 - 59	\$1.38	\$6.90	\$13.80	\$20.70	\$27.60
60 - 64	\$1.79	\$8.95	\$17.90	\$26.85	\$35.80
65 - 69	\$2.97	\$14.85	\$29.70	\$44.55	\$59.40
70+	\$7.91	\$39.55	\$79.10	\$118.65	\$158.20

ADDITIONAL LIFE RATE CHART	
Child(ren) Coverage Options	
Coverage Amount	Premium Rate
\$2,500	\$0.57
\$5,000	\$1.14
\$10,000	\$2.28



TheStandard™

Continuing Your Benefits

Upon Termination of Employment

You may continue your insurance policies by having the premiums currently being deducted from your paycheck either drafted from your bank account or billed directly to your home. For more information contact:

Assurity

1-888-358-8808

Aflac

1-800-992-3522

Standard Life & Casualty (Disability)

1-800-327-0695

Contact Information for Questions and Claims

Superior Vision Services

11101 White Rock Rd, Suite 150

Rancho Cordova, CA 95670

1-800-507-3800

www.superiorvision.com

Non-Network Claims Submission:

PO Box 967

Rancho Cordova, CA 95741

Assurity Life

PO Box 82533

Lincoln, NE 68501

1-866-289-7337

Wellness Claims:

1-888-358-8808 x23

American Family Life Assurance Company of Columbus (Aflac)

Worldwide Headquarters

1932 Wynnton Rd

Columbus, GA 31999

1-800-99-AFLAC (1-800-992-3522)

En español:

1-800-SI-AFLAC (1-800-742-3522)

www.aflac.com

Standard Life & Casualty

Claims Toll-Free Number

1-800-227-0251

Customer Service

1-800-327-0695

Mark III Brokerage

114 E. Unaka Ave.

Johnson City, TN 37601

423-929-2051

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