

We are very grateful you are part of our team at **Winning Wheels** and by being one of our teammates we want you to learn about the valuable benefits we offer you through the Ware Group.

Ware Group provides insurance carriers called Assurity and American Public Life (APL). Assurity and APL benefits are voluntary benefits meaning they are employee paid and there are three important times you may enroll in these plans: during your new hire eligibility period, during a qualifying life event, and during your annual open enrollment period. Below you will find a link to an employee education video, a link to your brochures, summary of the plans, enrollment form, and contact info for your agent and their claims team.

Assurity and APL provides these benefits to our team: Accident Expense, Critical Illness, and Supplemental Term Life Insurance. Please review this URL link below or the QR code to watch and listen to an education video on these plans: <http://bit.ly/winningwheelssupplementalbenefits>



All these plans pay cash benefits directly to you depending on the plan you have chosen and what you or a dependent may be going through. The cash benefits you receive you may use how you see fit whether for health insurance deductibles, out of pocket maximums, copays, everyday living expenses, childcare, traveling expenses, etc.... Please review your brochures for more details and contact your agent if you have questions. Your brochures can be found by going to this link: <http://bit.ly/winningwheelssupplementalbrochures>

Accident Expense: you may cover yourself and your dependents in this valuable plan that pays a cash benefit for all the treatments one goes through associated with an injury.

Critical Illness: you may cover yourself and your dependents in this valuable plan that pays a cash benefit when someone is diagnosed with a listed critical illness. This plan covers illnesses such as cancer, heart attack, stroke, organ failure, and much more.

Supplemental Life Insurance: you may cover yourself and your dependents in this valuable plan which pays a death benefit if something unfortunate happens to you or a loved one. The benefits could be helpful in covering final expenses to help financially protect your loved ones and much more.

For questions please contact these people below:

Coverage questions please contact: Matt Rednour 563-265-0122 or Matt@waregroupga.com

To file claims please contact: Jade Schweighart 855-535-4231 ext 210 or Jade@waregroupga.com



Group Accident Expense Insurance

for Winning Wheels

Even with a good health insurance plan, a trip to the doctor or hospital can be expensive. Many people find themselves paying more out of their own pocket each year. If you or someone in your family are hurt in an accident, the last thing you want to think about is how you are going to pay for medical care.

Accident expense insurance provides peace of mind and gives you additional cash to help pay your health insurance deductible and other expenses.

Group Accident Expense insurance **pays a benefit directly to you** when you receive treatment from a physician for a covered accident.

Key Features

- ☑ **Helps with out-of-pocket expenses** associated with covered accidents
- ☑ **No deductibles**, copays, coinsurance or networks - see any doctor
- ☑ **Guaranteed issue** - no medical exams or tests
- ☑ **Portable** - coverage continues if you retire or change jobs, as long as you pay the premiums

**Know you
and your family
are protected.**

It's easy —
sign up today



Not available to residents of New York.

Flexible/Flexible - 232422

Group Accident Expense Benefits - Off-the-Job

Forms G H1708/G H1708C (HSA Compatible)

Plan includes the benefits listed in the schedule below for a covered accident. Coverage is Off-the-Job. All treatment must be provided or prescribed by a physician and is payable only once per insured per accident unless otherwise noted. In most states, the term physician

Emergency Care

Payable within 60 days of accident unless otherwise noted

	Plan 1	Plan 2
Initial Accident Treatment One physician's office, urgent care or emergency room visit per accident within 60 days of accident for doctor's office and urgent care; within 30 days of accident for emergency room	\$150 - Dr Office \$150 - Urgent Care \$300 - ER	\$200 - Dr Office \$200 - Urgent Care \$400 - ER
Telemedicine Treatment	\$60	\$80
Ambulance Transport to or from hospital; pays one of the following	\$300 - Ground \$900 - Air	\$400 - Ground \$1,200 - Air
X-Rays	\$300	\$400
Diagnostic Exams CT, CAT, MRI or EEG	\$150	\$200
Blood, Plasma or Platelets Processing or transfusion	\$900	\$1,200
Emergency Room Observation Unit Held in hospital, without admission, after ER treatment	\$75 - 4-20 hrs. \$150 - 20+ hrs.	\$100 - 4-20 hrs. \$200 - 20+ hrs.

Supportive Care

Benefits in this category only payable if Initial Accident Treatment or Telemedicine Treatment benefit was paid for same injury.

Follow-Up Treatment Benefit paid per visit, up to 2 visits per accident	\$100	\$200
Physical, Occupational or Speech Therapy Benefit paid per visit, up to 6 visits per accident	\$60	\$120
Chiropractic/Acupuncture Treatment Benefit paid per visit, up to 6 visits per accident	\$60	\$120
Epidural Pain Management	\$100	\$200
Prescription Medication Other than while confined in hospital or nursing home; up to two per accident; up to six times per calendar year	\$10	\$20
Medical Supplies Over-the-counter; once per accident; up to three per calendar year	\$10	\$20
Appliances Rented or purchased, such as crutches or wheelchair	\$250	\$500
Prosthetic Devices Not including hearing or dental aids, eyeglasses or cosmetic devices	\$1,000 - One device \$2,000 - Multi. devices	\$2,000 - One device \$4,000 - Multi. devices
Residence/Vehicle Modification	\$1,000	\$2,000
Transportation For physician treatment 50+ miles from residence; up to three round trips per accident	\$200 - Ground \$500 - Air	\$400 - Ground \$1,000 - Air
Lodging For companion accompanying an insured traveling 100+ miles from residence for treatment; up to 30 days per accident	\$200 per day	\$400 per day

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GROUP ACCIDENT EXPENSE INSURANCE PROVIDES LIMITED BENEFIT COVERAGE AND MAY CONTAIN REDUCTIONS OF BENEFITS, LIMITATIONS AND EXCLUSIONS. The description of benefits is intended only to highlight the insured employee's benefits and should not be relied upon to fully determine coverage. If this description conflicts in any way with the terms of the policy/certificate, the terms of the policy/ certificate prevail. For complete benefits descriptions and conditions, see the policy/certificate.

Group Accident Expense Benefits - Off-the-Job

Forms G H1708/G H1708C (HSA Compatible)

Specific Injury Care	Plan 1	Plan 2
Burns Pays a percentage of the burn benefit, where the percentage payable is based on degree of burn and percentage of body affected. Burns – Skin Graft - Pays 50 percent of the burn benefit.	\$1,125	\$2,000
Child Organized Sport Pays 10 percent of all other payable benefits resulting from injury of dependent child during amateur organized athletic competition or supervised practice for such	up to \$1,000 maximum.	up to \$1,000 maximum.
Coma Not medically induced or the result of drug or alcohol use	\$22,500	\$40,000
Concussion Not payable if traumatic brain injury benefit is paid	\$56.25	\$100
Dental Emergency Natural tooth treatment provided by a dentist	\$225 - Crown \$67.50 - Extraction	\$400 - Crown \$120 - Extraction
Dislocation Pays a percentage of the benefit for open reduction or closed reduction; where the percentage payable is based on the joint or bone affected and degree of dislocation	\$4,500 - Open reduction \$2,250 - Closed reduction	\$8,000 - Open reduction \$4,000 - Closed reduction
Ear Injury Resulting in hearing loss greater than 60 percent	\$225 once per lifetime	\$400 once per lifetime
Eye Injury Requiring surgery or removal of foreign object	\$225	\$400
Fracture Pays a percentage of the benefit for open reduction or for closed reduction, where the percentage payable is based on the joint or bone affected	\$4,500 - Open fracture \$2,250 - Closed fracture	\$8,000 - Open fracture \$4,000 - Closed fracture
Gunshot Wound Requiring hospitalization and surgery	\$1,125	\$2,000
Lacerations Pays a percentage of the benefit where the percentage payable is based on the length of laceration	\$112.50	\$200
Paralysis Lasting 90 or more days and diagnosed to be permanent; one paralysis benefit payable per lifetime	\$16,875 - Paraplegia \$33,750 - Quadriplegia	\$30,000 - Paraplegia \$60,000 - Quadriplegia
Poisoning	\$56.25	\$100
Post Traumatic Stress Disorder	\$450	\$800
Traumatic Brain Injury Diagnosed by CT, CAT, MRI, EEG, PET or X-Ray	\$675	\$1,200

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Group Accident Expense Benefits - Off-the-Job

Forms G H1708/G H1708C (HSA Compatible)

Hospital Care

Daily benefit paid within 180 days of accident

	Plan 1	Plan 2
Hospital Admission Pays once per calendar year	\$1,000	\$2,000
Hospital Confinement Daily benefit paid up to 365 days per accident	\$200	\$400
Intensive Care Daily benefit paid up to 30 days per accident	\$400	\$800
Sub-Acute Intensive Care Daily benefit, paid up to 30 days per accident	\$300	\$600
Rehabilitation Unit Daily benefit paid up to 30 days per accident, 60 days per calendar year	\$200	\$400
Child Care during Hospital Confinement Daily benefit paid for the care of all dependent children by licensed provider while insured is confined to hospital; up to 30 days per accident	\$40	\$80

Surgical Care

Paid within 180 days of accident

Open Abdominal, Thoracic or Cranial Surgery Not including hernia	\$1,500	\$4,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	\$750	\$2,000
Ruptured Disc Surgery	\$750	\$2,000
Hernia Surgery	\$375	\$1,000
Exploratory Surgery Diagnostic arthroscopic or laparoscopic, not payable if any other surgery benefit is paid	\$375	\$1,000
Miscellaneous Outpatient Surgery Must require anesthesia; not payable if any other surgery benefit is paid	\$150	\$400
Anesthesia Administered for a payable surgery benefit	\$150	\$400

Accidental Death and Dismemberment Rider

Form R G1712C

Accidental Death Benefit Not payable if Accidental Death-Common Carrier benefit is paid	\$40,000 - Employee \$20,000 - Spouse \$10,000 - Child	\$80,000 - Employee \$40,000 - Spouse \$20,000 - Child
Accidental Death Seatbelt Benefit Additional death benefit if seatbelt in use	\$10,000 - Employee \$5,000 - Spouse \$2,500 - Child	\$20,000 - Employee \$10,000 - Spouse \$5,000 - Child
Accidental Death - Common Carrier Benefit If fare-paying passenger on common carrier	\$100,000 - Employee \$50,000 - Spouse \$25,000 - Child	\$200,000 - Employee \$100,000 - Spouse \$50,000 - Child
Accidental Death - Children Education Benefit Additional benefit for dependent children enrolled in post-secondary educational institution	Pays \$1,000 per accidental death, per qualifying dependent	Pays \$2,000 per accidental death, per qualifying dependent
Accidental Dismemberment Benefit Pays a percentage where the percentage varies by body part	\$40,000 - Employee \$20,000 - Spouse \$10,000 - Child	\$80,000 - Employee \$40,000 - Spouse \$20,000 - Child

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Group Accident Expense Semi-Monthly Premiums - Off-the-Job - Illinois

Forms G H1708/G H1708C (HSA Compatible)

Plan 1

	Employee	Employee & Spouse	Employee & Children	Family
All Ages	\$5.38	\$9.31	\$10.20	\$15.30

Plan 2

	Employee	Employee & Spouse	Employee & Children	Family
All Ages	\$9.51	\$16.39	\$17.59	\$26.40

*Premium rates shown are for the combined group Accident Expense policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

Group Accident Expense - Illinois

Forms G H1708/G H1708C

Limitations, Conditions and Exclusions

The following represents some policy limitations, conditions and exclusions. For complete details of the coverage, please contact your agent, Assurity or ask to review the policy. Provisions may vary by state.

Limitations

GROUP ACCIDENT EXPENSE INSURANCE PROVIDES LIMITED BENEFIT COVERAGE.

This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA).

Availability of this product, and its benefits and premiums as presented, is subject to the approval of Assurity. Some applicants with pre-existing conditions may not be eligible for coverage. Product availability, features and rates may vary by state. All benefits, premiums, conditions, exclusions and limitations are governed by the actual contract as provided by Assurity, not this proposal.

Coverage Conditions

Actively Employed – The employee must be actively employed to be eligible for coverage.

Right to Cancel – The contract contains a 30-day free look period.

Termination – Coverage will terminate the earliest of the following: the date policy terminates for any reason; the date employee is no longer an employee (portability available); when premiums are not paid by the end of the grace period; the date Assurity receives written notice to terminate; when the employee establishes residence in a foreign country; or upon the employee's death.

Exclusions

Assurity will not pay benefits for losses caused by or the result of any Insured Person(s):

- operating, learning to operate, or serving as a crew member of any aircraft;
- having a sickness independent of the Covered Accident, including physical or mental infirmity (sickness means any illness, inflection, disease or any other abnormal physical condition which is not caused by an 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, except during active duty training of less than 60 days;
- suffering from a Mental and Nervous Disorder (except for Post-Traumatic Stress Disorder as described in the policy/certificate);
- having a substance abuse disorder;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having an inguinal, ventral, femoral, umbilical, epigastric, hiatal or congenital hernia, except as paid by the Hernia Surgery Benefit;
- commission of or attempting to commit a felony;
- being incarcerated in a penal institution or government detention facility;
- participating in a riot, insurrection or rebellion;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.

No benefits, except the Initial Accident Treatment benefit, will be payable for services provided outside of the United States.



Group Critical Illness Insurance

for Winning Wheels

More people are surviving life threatening illnesses than ever before. Unfortunately the cost of critical illness care is high and medical bills can follow survivors long after they've proven victorious in their fight.

Critical illness insurance provides peace of mind and gives you additional cash to help pay your health insurance deductible and other out-of-pocket expenses.

Group Critical Illness insurance **pays a lump-sum benefit directly to you** if you are diagnosed with stroke, heart attack or a number of other covered conditions.

Key Features

- ☑ **Pays a lump sum directly to you**
- ☑ The **return of premium benefit** pays you back **100% of the premiums paid for the policy and riders** if you die from a cause other than a covered critical illness
- ☑ **Guaranteed issue** – no medical exams or tests
- ☑ **Portable** – coverage continues if you retire or change jobs, as long as you pay the premiums

**Know you
and your family
are protected.**

It's easy –
sign up today



Not available to residents of New York.

Tier 2 - 232422

Group Critical Illness Benefits - Illinois

Forms G H1715/G H1715C, R G1716C (HSA Compatible)

Group Critical Illness Policy and Additional Critical Illness Rider

Assurity's Group Critical Illness insurance pays a lump sum benefit upon diagnosis of certain specified illnesses, conditions and procedures. The amount payable is equal to the policy benefit amount times the applicable percentage or the specified dollar amount as shown below for the specified covered condition..

Heart Attack	100%
Coronary Artery Bypass Surgery	25%
Sudden Cardiac Arrest	25%
Angioplasty	10%
Stroke	100%
Invasive Cancer (30-day waiting period)	100%
Non-Invasive Cancer (30-day waiting period)	25%
Skin Cancer (30-day waiting period)	\$250/calendar year
Kidney (Renal) Failure	100%
Major Organ Transplant	100%
Advanced Alzheimer's Disease	100%
Loss of Independent Living (30-day waiting period)	25%
Coma	100%
Paralysis	100%
Loss of Sight	100%
Loss of Speech	100%
Loss of Hearing	100%
Advanced Parkinson's Disease	100%
Benign Brain Tumor	100%
Occupational HIV	100%
Advanced ALS	100%
Severe Burns	100%
Bone Marrow Transplant	100%
Multiple Sclerosis	50%
Schizophrenia	10%
Transient Ischemic Attack (TIA)	10%

Other Features

Additional Diagnosis Benefit

Once benefits have been paid for a covered critical illness, benefits are payable for each additional critical illness when the date of diagnosis is at least 30 days apart, and if the subsequent critical illness is not caused or contributed to by a critical illness for which benefits were paid.

Reoccurrence Diagnosis Benefit

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness up to one time per insured person per lifetime, if the insured person is symptom and treatment-free for a period of 12 consecutive months, and if the subsequent critical illness is not caused or contributed to by a critical illness for which benefits were paid.

Waiver of Premium Benefit

Waives the premium for coverage after 90 consecutive days of total disability of the covered employee, for as long as total disability continues, if the disability is due to a critical illness for which benefits were paid.

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GROUP CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFIT COVERAGE, IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE, AND MAY NOT BE APPROPRIATE FOR MEDICAID RECIPIENTS. It may contain reductions of benefits, limitations and exclusions. The description of benefits is intended only to highlight the insured employee's benefits and should not be relied upon to fully determine coverage. If this description conflicts in any way with the terms of the policy/certificate, the terms of the policy/certificate prevail. For complete benefits descriptions and conditions, see the policy/certificate.

Group Critical Illness Benefits - Illinois

Forms G H1715/G H1715C, R G1716C (HSA Compatible)

Return of Premium for Non-CI Death

Returns 100% of all premiums paid for the policy and riders minus any benefits paid under the policy and riders, if the covered employee dies from a cause other than a covered critical illness.

Cardiopulmonary Rider

(Form R G1717C)

Pays a lump sum benefit upon diagnosis of the additional covered cardiopulmonary illnesses, conditions or procedures listed below. The amount payable is equal to the policy benefit amount times the applicable percentage shown below.

Open Heart Category (50% all procedures below)

Mitral Valve Replacement or Repair Surgical Treatment of Abdominal Aortic Aneurysm
Aortic Valve Replacement or Repair

Pulmonary Category (25% all procedures below)

Pulmonary Embolism Idiopathic Pulmonary Fibrosis

Invasive Procedure Category (10% all procedures below)

AngioJet Clot Busting Automatic Implantable Cardioverter Defibrillator
Atherectomy Pacemaker Placement
Stent Implementation Valvuloplasty
Cardiac Catheterization

Childhood Critical Illness Rider

(Form R G1718C)

Pays a lump sum benefit upon diagnosis of a dependent child with a covered childhood critical illness listed below. The amount payable is equal to the policy benefit amount.

Cystic Fibrosis Cleft Lip or Palate
Phenylalanine Hydroxylase Deficiency Type I Diabetes
Cerebral Palsy Down Syndrome
Spina Bifida Complex Congenital Heart Disease

Group Critical Illness Semi-Monthly Premiums - Illinois

Forms G H1715/G H1715C, R G1716C (HSA Compatible)

Employee or Employee & Children (rates based on employee's age; benefit amounts over \$30,000 require underwriting of all covered persons)

Child benefit is equal to 25% of employee benefit.

Attained Age	Employee Benefit Amount		
	\$10,000	\$20,000	\$30,000
18-24	\$2.18	\$4.36	\$6.53
25-29	\$2.56	\$5.10	\$7.62
30-34	\$3.11	\$6.21	\$9.29
35-39	\$3.91	\$7.80	\$11.67
40-44	\$4.96	\$9.89	\$14.80
45-49	\$6.81	\$13.54	\$20.24
50-54	\$10.09	\$20.05	\$30.00
55-59	\$15.72	\$31.24	\$46.76
60-64	\$19.93	\$39.62	\$59.31
65-69	\$27.15	\$54.05	\$80.95
70+	\$77.34	\$154.13	\$230.91

Employee & Spouse or Family (rates based on employee's age; benefit amounts over \$30,000 require underwriting of all covered persons)

Spouse benefit is equal to 50% of employee benefit.

Child benefit is equal to 25% of employee benefit.

Attained Age	Employee Benefit Amount		
	\$10,000	\$20,000	\$30,000
18-24	\$2.80	\$5.60	\$8.37
25-29	\$3.32	\$6.60	\$9.90
30-34	\$4.17	\$8.29	\$12.40
35-39	\$5.38	\$10.68	\$15.97
40-44	\$6.97	\$13.83	\$20.69
45-49	\$9.77	\$19.34	\$28.93
50-54	\$14.72	\$29.16	\$43.60
55-59	\$23.22	\$46.03	\$68.84
60-64	\$29.53	\$58.60	\$87.69
65-69	\$40.35	\$80.23	\$120.09
70+	\$115.73	\$230.34	\$344.95

*Premium rates shown are for the combined group Critical Illness policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

Group Critical Illness - Illinois

Forms G H1715/G H1715C

Limitations, Conditions and Exclusions

The following represents some policy limitations, conditions and exclusions. For complete details of the coverage, please contact your agent, Assurity or ask to review the policy. Provisions may vary by state.

Limitations

GROUP CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFIT COVERAGE.

This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA).

Availability of this product, and its benefits and premiums as presented, is subject to the approval of Assurity. Some applicants with pre-existing conditions may not be eligible for coverage. Product availability, features and rates may vary by state. All benefits, premiums, conditions, exclusions and limitations are governed by the actual contract as provided by Assurity, not this proposal.

Pre-existing conditions: Assurity will not pay benefits for a specified critical illness that is caused by a pre-existing condition unless the specified critical illness starts after coverage has been in force for 12 months from the issue date. Pre-existing condition means a sickness or physical condition for which, during the 12 months before the issue date, the insured person had symptoms which would cause an ordinary prudent person to seek diagnosis, care or treatment, or received medical consultation, advice or treatment from a physician or had taken prescribed medication.

Waiting period: The benefits payable for Loss of Independent Living, Invasive Cancer, Non-Invasive Cancer, and Skin Cancer have a waiting period. There is no coverage for Loss of Independent Living, Invasive Cancer, Non-Invasive Cancer, or Skin Cancer, if an insured person initially incurred or was diagnosed with any of these conditions before the end of the waiting period.

Elimination period: The benefit payable for Loss of Independent Living has an elimination period. Assurity will not pay benefits during the elimination period.

Special Endorsement

The pre-existing condition clause will be waived during the initial enrollment and for new hires. Late entrant employees enrolling during the annual re-enrollment will be subject to the normal pre-existing condition clause.

Coverage Conditions

Actively Employed – The employee must be actively employed to be eligible for coverage.

Right to Cancel – The contract contains a 30-day free look period.

Termination – Coverage will terminate the earliest of the following: the date policy terminates for any reason; the date employee is no longer an employee (portability available); when premiums are not paid by the end of the grace period; the date Assurity receives written notice to terminate; when the employee establishes residence in a foreign country; or upon the employee's death.

Exclusions

Assurity will not pay benefits for losses caused by or the result of any Insured Person(s):

- 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, except during active duty training of less than 60 days;
- having a substance use disorder;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- attempting to commit a felony or participating in the commission of a felony;
- being incarcerated in a penal institution or government detention facility;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.

Everyday Life from APL

Portable Term Life Insurance



Will your loved ones be afforded the same lifestyle and opportunities after you're gone? Whether you've never had life insurance or simply want more coverage, you can help protect your family's future with APL's Portable Term Life Insurance.

Your acceptance is guaranteed during initial enrollment* and rates are based on your current age. Plus, you can take your coverage with you should you ever change jobs or retire. It's competitive coverage that helps provide the financial security your loved ones will need.

Top 3 Reasons for Owning Life Insurance¹



Cover **burial** and final expenses



Help replace **lost wages** of a wage earner



Leave an **inheritance**



41% of households believe they do not have enough life insurance.²



Almost **90% of households** believe a family's primary wage earner needs to own life insurance.³

Help Provide Peace of Mind at Every Stage of Life

Simply choose the period of time ("term") that best suits your current stage of life and the amount of coverage you need. **It's simple and portable coverage for you and your family.** For example:

Age 20s



Recent Grads, First Job

Out of school, in your first "real" job and wanting budget-friendly coverage you can take with you should you ever change jobs.

Age 30s



New Parents, First Home

Parents with young children, paying a mortgage and wanting to lock in rates at your current age for the term period.

Age 40s



Parents of Teens, Caregivers to Aging Parents

Married, planning for kids in college and/or taking care of aging parents and wanting to help ensure your family's future is financially secure.

Age 60s



Nearing Retirement

Empty Nesters, preparing for a fixed income during retirement and wanting enough coverage to help bridge your working years and retirement.

Coverage for Your Family

Insure your family with added coverage for your spouse and/or child(ren).

Spouse Life Benefit

- Benefit amount equals 50% of the amount you selected
- Term (period of time) is the same length as yours
- No health questions or exams at initial enrollment*

Child Life Benefit

- \$10,000 benefit
- Children ages 14 days to 26 years old
- One rate insures all eligible children in your household

Additional Features of Every Policy

• Portable Coverage

You can take your coverage with you, through the end of the term, if you change jobs or retire.

• Waiver of Premium Rider

Premiums can be waived and your coverage will remain in force upon diagnosis of a qualifying disability occurring before age 65. This benefit is included if coverage is issued before age 61.

• Guaranteed to Issue at Initial Enrollment*

No health questions, appointments or exams required (Group must meet participation requirements and benefit amount limits apply)

*Guarantee issue is subject to the group meeting participation requirements, benefit amount limits and applying during initial enrollment. Initial enrollment means the first time you and/or your eligible dependents are offered coverage. Guarantee issue is not available for late enrollees.

1. LIMRA: The Facts of Life and Annuities; 2018 Update, P8. 2, 3. LIMRA: The Facts of Life and Annuities; 2018 Update, P5.

Everyday Life from APL

Portable Term Life Insurance

Eligible Dependent(s) means your lawful spouse or any other person lawfully defined as the spouse; and/or your child (natural, step, adopted or placed for adoption, and any other child lawfully defined as a child) who is at least 14 days old and under 26 years of age. Lawfully means as defined under the civil union, domestic partnership, marriage or other family or domestic relations laws, including case law, of the state where the policy is delivered or issued for delivery. You must be actively at work on the effective date or coverage will be deferred until you return to work. Dependent coverage will not become effective while the dependent is confined at home under a physician's care, receiving or applying to receive disability benefits from any source, or hospitalized.

Limitations

If a covered person commits suicide, while sane or insane, within two years from the covered person's certificate effective date, we will not pay the benefits. Instead, our liability will be limited to a return to the beneficiary of all premiums paid by you and a return to the policyholder of all premiums paid by the policyholder, less any indebtedness.

Portability

If your coverage terminates for reasons other than non-payment of premium, you may be eligible to continue coverage under the portability section in your certificate. The benefits, terms and conditions of the portability coverage will be the same as those under the policy immediately prior to the date the portability option was elected, inclusive of any additional benefits. No changes may be made to benefit amounts, terms or conditions after portability has been elected. Portability coverage may include any eligible dependent(s) who were covered under the policy at the time of termination, inclusive of any additional benefits, if any. No eligible dependent(s) may be added to the portability coverage. Eligible dependent(s) may be removed at any time. Premiums will be adjusted accordingly.

Portability coverage will be effective on the day after coverage ends under the policy, if elected. You are responsible for payment of all premiums for the portability coverage.

Waiver of Premium Rider

If you become totally disabled, as defined in the rider, APL will waive the premium due on your certificate and any attached riders, including those for your spouse and/or child, if applicable, as defined in the rider. Premiums for the certificate and any attached riders must continue to be paid until we receive written notice of your claim for waiver of premium. Once we review your claim, any premium paid that is eligible to be waived will be refunded. Upon claim approval, waiver of premium takes effect and remains in effect until the total disability has ceased. No benefits will be payable under this rider if total disability results directly or indirectly from war or any act caused by war while the covered person is in military service (the term "war" includes declared or undeclared war or any conflict between the armed forces of any country or countries), intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane, participating in a riot, insurrection or terrorist activity, voluntarily taking any drug (unless administered by a physician and taken according to the physician's instructions or an over the counter drug taken in accordance with instructions), poison, gas or fumes, unless a direct result of an occupational accident or committing or attempting to commit an illegal act, which would constitute a felony.



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Underwritten by American Public Life Insurance Company. All Riders are subject to all the Provisions, Conditions, Limitations and Exclusions of the Policy to which it is attached, which are not in conflict with those of the Rider. For complete benefits and other provisions, please refer to the policy/certificate/rider. | Policy Form GTL19 Series | All States Except CA, FL, ND, NY, SD | Group Term Life Insurance | (11/19)

APSB-22520(Multi)
with Waiver of Premium Rider

Portable Term Life Insurance Rates

with Waiver of Premium Rider



20 YR Term					20 YR Term					20 YR Term				
Employee Benefit Amount = \$50,000					Employee Benefit Amount = \$100,000					Employee Benefit Amount = \$150,000				
Benefit Amount, if coverage is selected					Benefit Amount, if coverage is selected					Benefit Amount, if coverage is selected				
Spouse = \$25,000 Child(ren) = \$10,000					Spouse = \$50,000 Child(ren) = \$10,000					Spouse = \$75,000 Child(ren) = \$10,000				
Semi-Monthly		Premiums			Semi-Monthly		Premiums			Semi-Monthly		Premiums		
Issue Age	EE Only	EE + SP	EE + CH	Family	Issue Age	EE Only	EE + SP	EE + CH	Family	Issue Age	EE Only	EE + SP	EE + CH	Family
17 - 22	\$5.62	\$7.64	\$8.19	\$10.21	17 - 22	\$9.10	\$13.14	\$11.66	\$15.71	17 - 22	\$12.57	\$18.64	\$15.14	\$21.21
23	\$5.62	\$7.64	\$8.19	\$10.21	23	\$9.10	\$13.14	\$11.66	\$15.71	23	\$12.57	\$18.64	\$15.14	\$21.21
24	\$5.62	\$7.67	\$8.19	\$10.24	24	\$9.10	\$13.20	\$11.66	\$15.77	24	\$12.57	\$18.74	\$15.14	\$21.30
25	\$5.62	\$7.67	\$8.19	\$10.24	25	\$9.10	\$13.20	\$11.66	\$15.77	25	\$12.57	\$18.74	\$15.14	\$21.30
26	\$5.67	\$7.73	\$8.24	\$10.29	26	\$9.20	\$13.31	\$11.77	\$15.88	26	\$12.73	\$18.90	\$15.30	\$21.46
27	\$5.67	\$7.73	\$8.24	\$10.29	27	\$9.20	\$13.31	\$11.77	\$15.88	27	\$12.73	\$18.90	\$15.30	\$21.46
28	\$5.67	\$7.76	\$8.24	\$10.33	28	\$9.20	\$13.38	\$11.77	\$15.94	28	\$12.73	\$18.99	\$15.30	\$21.56
29	\$5.67	\$7.91	\$8.24	\$10.48	29	\$9.20	\$13.69	\$11.77	\$16.25	29	\$12.73	\$19.46	\$15.30	\$22.03
30	\$5.72	\$8.03	\$8.29	\$10.60	30	\$9.31	\$13.92	\$11.88	\$16.49	30	\$12.89	\$19.81	\$15.46	\$22.38
31	\$5.99	\$8.45	\$8.56	\$11.02	31	\$9.84	\$14.77	\$12.41	\$17.33	31	\$13.70	\$21.08	\$16.26	\$23.65
32	\$6.10	\$8.75	\$8.67	\$11.32	32	\$10.06	\$15.35	\$12.63	\$17.92	32	\$14.02	\$21.96	\$16.59	\$24.53
33	\$6.37	\$9.20	\$8.93	\$11.77	33	\$10.59	\$16.26	\$13.16	\$18.83	33	\$14.82	\$23.33	\$17.39	\$25.89
34	\$6.69	\$9.71	\$9.26	\$12.28	34	\$11.24	\$17.28	\$13.80	\$19.85	34	\$15.78	\$24.85	\$18.35	\$27.42
35	\$7.01	\$10.25	\$9.58	\$12.82	35	\$11.88	\$18.36	\$14.45	\$20.93	35	\$16.75	\$26.47	\$19.31	\$29.04
36	\$7.33	\$10.91	\$9.90	\$13.48	36	\$12.52	\$19.69	\$15.09	\$22.26	36	\$17.71	\$28.46	\$20.28	\$31.03
37	\$7.70	\$11.63	\$10.27	\$14.20	37	\$13.27	\$21.12	\$15.84	\$23.69	37	\$18.83	\$30.61	\$21.40	\$33.18
38	\$8.29	\$12.47	\$10.86	\$15.04	38	\$14.45	\$22.80	\$17.01	\$25.37	38	\$20.60	\$33.13	\$23.17	\$35.70
39	\$8.88	\$13.59	\$11.45	\$16.16	39	\$15.62	\$25.04	\$18.19	\$27.61	39	\$22.36	\$36.49	\$24.93	\$39.06
40	\$9.31	\$14.42	\$11.88	\$16.99	40	\$16.48	\$26.71	\$19.05	\$29.28	40	\$23.65	\$38.99	\$26.22	\$41.56
41	\$10.22	\$15.89	\$12.79	\$18.46	41	\$18.30	\$29.65	\$20.87	\$32.22	41	\$26.38	\$43.40	\$28.94	\$45.97
42	\$10.91	\$17.18	\$13.48	\$19.75	42	\$19.69	\$32.23	\$22.26	\$34.80	42	\$28.46	\$47.27	\$31.03	\$49.84
43	\$11.88	\$18.86	\$14.45	\$21.43	43	\$21.61	\$35.59	\$24.18	\$38.16	43	\$31.35	\$52.31	\$33.92	\$54.88
44	\$12.89	\$20.47	\$15.46	\$23.04	44	\$23.65	\$38.81	\$26.22	\$41.38	44	\$34.40	\$57.14	\$36.97	\$59.71
45	\$14.12	\$22.42	\$16.69	\$24.99	45	\$26.11	\$42.70	\$28.68	\$45.27	45	\$38.09	\$62.99	\$40.66	\$65.55
46	\$15.14	\$24.19	\$17.71	\$26.76	46	\$28.14	\$46.23	\$30.71	\$48.80	46	\$41.14	\$68.28	\$43.71	\$70.85
47	\$16.37	\$26.17	\$18.94	\$28.73	47	\$30.60	\$50.19	\$33.17	\$52.76	47	\$44.83	\$74.22	\$47.40	\$76.79
48	\$17.66	\$28.39	\$20.22	\$30.96	48	\$33.17	\$54.63	\$35.74	\$57.20	48	\$48.69	\$80.88	\$51.25	\$83.45
49	\$18.94	\$30.54	\$21.51	\$33.11	49	\$35.74	\$58.95	\$38.31	\$61.51	49	\$52.54	\$87.35	\$55.11	\$89.92
50	\$20.54	\$33.08	\$23.11	\$35.65	50	\$38.95	\$64.03	\$41.52	\$66.60	50	\$57.35	\$94.97	\$59.92	\$97.54
51	\$22.04	\$35.64	\$24.61	\$38.21	51	\$41.94	\$69.14	\$44.51	\$71.71	51	\$61.85	\$102.65	\$64.41	\$105.21
52	\$23.65	\$38.31	\$26.22	\$40.87	52	\$45.15	\$74.47	\$47.72	\$77.04	52	\$66.66	\$110.64	\$69.23	\$113.21
53	\$25.47	\$41.37	\$28.03	\$43.94	53	\$48.79	\$80.60	\$51.36	\$83.17	53	\$72.12	\$119.83	\$74.69	\$122.40
54	\$27.29	\$44.62	\$29.85	\$47.19	54	\$52.43	\$87.11	\$55.00	\$89.68	54	\$77.58	\$129.59	\$80.14	\$132.16
55	\$29.43	\$48.32	\$31.99	\$50.89	55	\$56.71	\$94.50	\$59.28	\$97.07	55	\$84.00	\$140.68	\$86.56	\$143.25
56	\$31.89	\$52.53	\$34.45	\$55.09	56	\$61.63	\$102.91	\$64.20	\$105.48	56	\$91.38	\$153.30	\$93.95	\$155.87
57	\$34.56	\$57.22	\$37.13	\$59.79	57	\$66.98	\$112.31	\$69.55	\$114.88	57	\$99.40	\$167.39	\$101.97	\$169.96
58	\$37.56	\$62.31	\$40.13	\$64.87	58	\$72.97	\$122.47	\$75.54	\$125.04	58	\$108.39	\$182.64	\$110.96	\$185.21
59	\$41.03	\$68.43	\$43.60	\$70.99	59	\$79.93	\$134.71	\$82.50	\$137.28	59	\$118.82	\$201.00	\$121.39	\$203.57
60	\$44.62	\$74.87	\$47.19	\$77.44	60	\$87.10	\$147.61	\$89.67	\$150.17	60	\$129.58	\$220.34	\$132.15	\$222.91
61	\$45.95	\$77.28	\$48.35	\$79.68	61	\$89.90	\$152.55	\$92.30	\$154.95	61	\$133.85	\$227.83	\$136.25	\$230.23
62	\$50.55	\$85.25	\$52.95	\$87.65	62	\$99.10	\$168.49	\$101.50	\$170.89	62	\$147.65	\$251.74	\$150.05	\$254.14
63	\$55.80	\$94.27	\$58.20	\$96.67	63	\$109.60	\$186.54	\$112.00	\$188.94	63	\$163.40	\$278.81	\$165.80	\$281.21
64	\$61.60	\$103.82	\$64.00	\$106.22	64	\$121.20	\$205.63	\$123.60	\$208.03	64	\$180.80	\$307.45	\$183.20	\$309.85
65	\$68.10	\$114.47	\$70.50	\$116.87	65	\$134.20	\$226.93	\$136.60	\$229.33	65	\$200.30	\$339.40	\$202.70	\$341.80
66	\$74.55	\$125.36	\$76.95	\$127.76	66	\$147.10	\$248.71	\$149.50	\$251.11	66	\$219.65	\$372.07	\$222.05	\$374.47
67	\$81.70	\$137.50	\$84.10	\$139.90	67	\$161.40	\$272.99	\$163.80	\$275.39	67	\$241.10	\$408.49	\$243.50	\$410.89
68	\$89.35	\$150.69	\$91.75	\$153.09	68	\$176.70	\$299.37	\$179.10	\$301.77	68	\$264.05	\$448.06	\$266.45	\$450.46
69	\$97.95	\$165.23	\$100.35	\$167.63	69	\$193.90	\$328.46	\$196.30	\$330.86	69	\$289.85	\$491.69	\$292.25	\$494.09
70	\$107.50	\$181.31	\$109.90	\$183.71	70	\$213.00	\$360.61	\$215.40	\$363.01	70	\$318.50	\$539.92	\$320.90	\$542.32

EE = Employee SP = Spouse CH = Child(ren)

Underwritten by American Public Life Insurance Company. Must be used in conjunction with APSB-22520 series and/or APSB-22525 series. Rates are guaranteed not to increase during the initial term period.

APSB-22526 3 Plans

Winning Wheels Voluntary Benefit Election Form Semi-Monthly Rates Page 1 of 1.

This form must be completed in full. The below is for your accident and critical illness plans with Assurity and your life insurance with American Public Life (APL). If you have any questions regarding these plans please contact your representative, Matt Rednour, at 563-265-0122 or Matt@waregroupga.com

(Employee) Print Name (First, MI, Last) : _____ **Phone:** _____

If you have elected any coverage on a spouse or child please complete the below in full. If you need additional space please add an additional form

Name (First, MI, Last)	Relationship to you (spouse or dependent child)	Gender	Date of Birth
1			
2			
3			
4			
5			

Please select only one of the accident plans boxes below or if you intend to decline both please check the decline both accident plans box.

Election Type	Accident Expense Plan 1	Election Type	Accident Expense Plan 2
Employee Only	<input type="checkbox"/> \$5.38	Employee Only	<input type="checkbox"/> \$9.51
Employee + Spouse	<input type="checkbox"/> \$9.31	Employee + Spouse	<input type="checkbox"/> \$16.39
Employee + Children	<input type="checkbox"/> \$10.20	Employee + Children	<input type="checkbox"/> \$17.59
Family	<input type="checkbox"/> \$15.30	Family	<input type="checkbox"/> \$26.40
		I Decline Both Accident Plans	<input type="checkbox"/>

Critical Illness

Children are no additional cost to be added. If children are insured they will be covered at 25% of the listed benefit, if spouse are insured they will be covered at 50% of the listed benefit. Choose one of the below boxes or check the decline box.

Employee Only and Employee with Children Rates				Employee with Spouse and Employee with Family Rates			
Employee Attained Age	\$10,000	\$20,000	\$30,000	Employee Attained Age	\$10,000	\$20,000	\$30,000
18-24	<input type="checkbox"/> \$2.18	<input type="checkbox"/> \$4.36	<input type="checkbox"/> \$6.53	18-24	<input type="checkbox"/> \$2.80	<input type="checkbox"/> \$5.60	<input type="checkbox"/> \$8.37
25-29	<input type="checkbox"/> \$2.56	<input type="checkbox"/> \$5.10	<input type="checkbox"/> \$7.62	25-29	<input type="checkbox"/> \$3.32	<input type="checkbox"/> \$6.60	<input type="checkbox"/> \$9.90
30-34	<input type="checkbox"/> \$3.11	<input type="checkbox"/> \$6.21	<input type="checkbox"/> \$9.29	30-34	<input type="checkbox"/> \$4.17	<input type="checkbox"/> \$8.29	<input type="checkbox"/> \$12.40
35-39	<input type="checkbox"/> \$3.91	<input type="checkbox"/> \$7.80	<input type="checkbox"/> \$11.67	35-39	<input type="checkbox"/> \$5.38	<input type="checkbox"/> \$10.68	<input type="checkbox"/> \$15.97
40-44	<input type="checkbox"/> \$4.96	<input type="checkbox"/> \$9.89	<input type="checkbox"/> \$14.80	40-44	<input type="checkbox"/> \$6.97	<input type="checkbox"/> \$13.83	<input type="checkbox"/> \$20.69
45-49	<input type="checkbox"/> \$6.81	<input type="checkbox"/> \$13.54	<input type="checkbox"/> \$20.24	45-49	<input type="checkbox"/> \$9.77	<input type="checkbox"/> \$19.34	<input type="checkbox"/> \$28.93
50-54	<input type="checkbox"/> \$10.09	<input type="checkbox"/> \$20.05	<input type="checkbox"/> \$30.00	50-54	<input type="checkbox"/> \$14.72	<input type="checkbox"/> \$29.16	<input type="checkbox"/> \$43.60
55-59	<input type="checkbox"/> \$15.72	<input type="checkbox"/> \$31.24	<input type="checkbox"/> \$46.76	55-59	<input type="checkbox"/> \$23.22	<input type="checkbox"/> \$46.03	<input type="checkbox"/> \$68.84
60-64	<input type="checkbox"/> \$19.93	<input type="checkbox"/> \$39.62	<input type="checkbox"/> \$59.31	60-64	<input type="checkbox"/> \$29.53	<input type="checkbox"/> \$58.60	<input type="checkbox"/> \$87.69
65-69	<input type="checkbox"/> \$27.15	<input type="checkbox"/> \$54.05	<input type="checkbox"/> \$80.95	65-69	<input type="checkbox"/> \$40.35	<input type="checkbox"/> \$80.23	<input type="checkbox"/> \$120.09
70+	<input type="checkbox"/> \$77.34	<input type="checkbox"/> \$154.13	<input type="checkbox"/> \$230.91	70+	<input type="checkbox"/> \$115.73	<input type="checkbox"/> \$230.34	<input type="checkbox"/> \$344.95
I Decline Critical Illness <input type="checkbox"/>							

20 Year Term Life Insurance

Choose how much life insurance you want for yourself in the employee volume on the left then on the right choose who is all to be covered in the coverage type. If you cover your spouse they will be 50% of the amount you select for yourself and if you cover your children they will be at \$10,000. If you are declining life insurance please check the decline box. The rates for this plan can be located in the life insurance brochure.

Employee Volume	Coverage Type
\$50,000 <input type="checkbox"/>	Employee Only <input type="checkbox"/>
\$100,000 <input type="checkbox"/>	Employee + Spouse <input type="checkbox"/>
\$150,000 <input type="checkbox"/>	Employee + Children <input type="checkbox"/>
I Decline Life Insurance <input type="checkbox"/>	Family <input type="checkbox"/>

If you have elected life insurance above please be sure to complete the beneficiary section below. If this section is left blank your beneficiary will be listed as being designated to your estate.

Beneficiary (First Name and Last Name)	Relationship to you	Percent of benefit paid to beneficiary. Must equal 100%
1		
2		
3		
Contingent Beneficiary (First Name and Last Name)	Relationship to you	Percent of benefit paid to beneficiary. Must equal 100%
1		
2		
3		

*You are electing or waiving coverage for which you are eligible or may become and, if enrolling, authorize your employer to deduct premiums via payroll deduction. The coverage requested on this election form will not be effective until approved by the carriers. If any discrepancies, the policy will control. Coverage is subject to terms, conditions, limitations, and exclusions. Exact premium will be determined at time of issue. You understand that changes may only take place during qualifying life events or during future open enrollments.

Signature: _____

Date: _____

Print Name (First, MI, Last): _____