

Help Secure Future
and Peace of Mind!



The "5-in-1 Financial Protection Series" Plan

Critical Illness • Supplemental Disability • Accident • Supplemental Hospital • Life

Insured and Underwritten By:



Gerber Life
Insurance Company

Administrative & Underwriting
Services Provided By:

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UNDERWRITERS AGENCY, INC

Offered Exclusively By:



The “5-in-1 Financial Protection Series” Plan

What is 5-in-1?

The 5-in-1 plan is a unique insurance offering that combines 5 different types of benefits into one policy. This single multi-risk policy offers protection for the following:

- Critical Illness Insurance
- Supplemental Hospital Indemnity Insurance
- Supplemental Disability Insurance
- Life Insurance, and
- Accident Insurance

A common dilemma many employees face when purchasing conventional voluntary insurance products through payroll deduction is deciding which products to purchase. Usually, each type of coverage is offered under separate policies. Since many people cannot afford to purchase every type of coverage offered, employees typically select only the coverage they believe most likely needed. The 5-in-1 Financial Protection Series plan takes some of the guesswork out of insurance coverage selection by combining five areas of risk into one policy.

A patent is pending with the United States Patent Office for the 5-in-1 Financial Protection Product.

How this plan works

Each employee selects their amount of coverage (the “Plan Benefit”), and the level of coverage they desire (i.e., Employee Only; Employee & Spouse; Employee & Child(ren); or Employee, Spouse & Child(ren)):

	Plan Benefit
Employee	Available in increments of \$5,000, up to a maximum of \$75,000
Spouse	50% of the employee’s Plan Benefit amount
Each Child	25% of the employee’s Plan Benefit amount

Each time a covered person makes a claim for a benefit under the plan, the amount paid on the claim reduces the amount of the Plan Benefit available for that person. Any benefit amount paid is subject to the remaining amount of Plan Benefit applicable to that person. When a covered person’s Plan Benefit amount is exhausted, no further benefits are payable under the plan, and the coverage ends for such person.

Plan Details

Who is eligible for this coverage?

Coverage is available to active employees who work a minimum of 24 hours per week. An eligible employee may also apply for coverage for their spouse and child(ren). Children must be

- under age 23,
- unmarried, and
- dependent on the employee for principal support and maintenance.

When does coverage begin?

An employee’s coverage will begin on the first day of the month following the required waiting period, provided

- the employee’s enrollment is complete,
- the employee is on Active Service as of such date, and
- the first premium payment for the employee is remitted to, and received by, the Company.

Coverage for dependents will begin on the same date as the employee (unless dependent coverage is added at a later date); however, if a dependent is totally disabled on the effective date, coverage will be deferred until the first of the month following the date the dependent ceases to be disabled.

When does coverage end?

Coverage will end when

- the employee no longer qualifies as an eligible insured,
- his/her premium payments are discontinued,
- the employee’s Plan Benefit is exhausted, or
- the group plan ends, whichever comes first.

Coverage on a dependent will end on the earliest of

- the date the dependent no longer meets the definition of a dependent,
- the date the dependent’s Plan Benefit is exhausted,
- the date the employee’s coverage terminates, or
- the date that dependent coverage is terminated.

Are there any options for coverage after an employee leaves the group, or otherwise becomes ineligible?

If an employee’s coverage under the Policy ceases because of termination of employment or because they are no longer eligible for coverage, and the employee’s Plan Benefit has not yet been exhausted, the employee may convert his or her remaining Life Insurance Plan Benefit to an individual policy of life insurance offered by the company. This conversion privilege may also be available to dependents who cease to be eligible.

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	Coverage Highlights	Benefit Payable
CRITICAL ILLNESS INSURANCE	<p>Covers the following listed illnesses and surgeries upon initial diagnosis or occurrence:</p> <ul style="list-style-type: none"> • Internal Cancer • Heart Attack • Stroke • Renal Failure • Lou Gehrig’s Disease • Any other Terminal Condition, as defined in the group policy • Organ Transplant (heart, liver, lungs only) • Open Heart Surgery • Multiple Sclerosis • Parkinson’s Disease • Alzheimer’s Disease 	Lump sum payment of the remaining Plan Benefit amount for all listed conditions/ procedures.
SUPPLEMENTAL DISABILITY INSURANCE <i>(applicable only to employee)</i>	<p>Payment of benefit is triggered by a minimum hospital stay of 72 hours, due to a covered Accident or Sickness. During the first 6 months, the employee must be unable to perform any gainful occupation for which he or she is suited by training, education, or experience. Thereafter, such employee must be unable to perform 2 or more of the following activities of daily living: feeding, continence, toileting, dressing, transferring, mobility. Please note: this is not intended to be a primary disability plan but rather a supplemental coverage.</p>	50% of the employee’s monthly compensation, up to a maximum monthly payment of \$1,500 (subject to reduction due to prior Plan Benefits paid). Benefits are payable for up to 2 years.
ACCIDENT INSURANCE	<p>Covers the following listed occurrences:</p> <ul style="list-style-type: none"> • Dismemberment (loss of hand, arm, foot, leg, or eye [“member”]) • Paralysis (quadriplegia; or paraplegia) • Accident 	<p>Dismemberment - Lump sum payment of 50% of remaining Plan Benefit for loss of one member; lump sum payment of remaining Plan Benefit for loss of two or more members.</p> <p>Paralysis - Lump sum payment of 50% of remaining Plan Benefit for paraplegia; lump sum payment of remaining Plan Benefit for quadriplegia.</p> <p>Accident - Lump sum payment of \$500 available (subject to reduction of prior Plan Benefits paid).</p>
SUPPLEMENTAL HOSPITAL INDEMNITY INSURANCE	Provides a daily benefit amount for each day of covered hospital confinement.	A daily benefit of \$150 per confinement, for up to 30 days per confinement. The daily benefit amount for each day of confinement in an intensive care unit is \$300. Benefits are subject to the remaining amount of Plan Benefit.
LIFE INSURANCE	Covers death due to any occurrence, except suicide or self-inflicted injury or sickness. <i>(See details in the Exclusions for Life Insurance section.)</i>	Lump sum payment of the remaining Plan Benefit amount.

Enrollment Information

What is required to set up this plan for my employees?

- There must be a minimum of 10 enrolled and accepted employees in order to issue or renew a group plan. Since this coverage is individually medically underwritten, not everyone who enrolls for coverage will be accepted.

Is this coverage medically underwritten?

Yes. Medical questions are included in the enrollment process for both the employees and dependents. No coverage is issued if the employee fails to meet the underwriting criteria. If the employee is accepted for coverage, but one or more dependents are declined coverage, the employee may be offered a different level of coverage than elected (i.e., Employee Only, Employee & Spouse, or Employee & Child(ren)).

Am I required to contribute towards the cost of my employees' insurance?

No premium contribution is required, but plan participation can increase substantially when some or all of an employee's portion of the premium is paid by their employer.

How is the plan enrolled?

Enrollment is conducted via a secure internet web site. Eligible employees will be provided information on how to access and login to the website.

When should the enrollment begin and end?

Ideally, open enrollments are conducted over a 30-day period beginning at least 60 days prior to the group effective date. Enrollment data should be received by the plan administrator no later than two weeks prior to the group effective date. Enrollments of newly-hired employees should be conducted throughout the year, within the 30-day period immediately prior to the end of the employee's waiting period.

What happens after enrollment?

A clean and orderly enrollment enables the plan administrator to issue and mail the employees' Identification Cards and Certificates of Insurance within a timely fashion. An Employer Administrative Kit will be issued and mailed at the same time to the group contact on record. Identification cards will be issued separately, but mailed to employees with their Certificate of Insurance.

Can an employee sign up for coverage at any time?

No. If an employee does not enroll during their initial eligibility period, they will be unable to enroll until their employer's next annual benefit enrollment period. The employee may add dependent coverage when enrolling, during an annual enrollment period, or within 31 days of a family status change.

Can an employee cancel coverage at any time?

As payroll deductions for premium payment are being made through a Section 125 Plan, the timing of the change must comply with Section 125 guidelines.

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Exclusions

Exclusions for Life Insurance

With respect to Life Insurance, no benefits will be payable as the result of:

- suicide or any attempt thereat, while sane or insane; or
- any intentionally self-inflicted injury or sickness, unless the Covered Person has been continuously insured under the Policy for two years.

General Exclusions for Critical Illness Insurance, Supplemental Disability Insurance, Supplemental Hospital Indemnity Insurance, and Accident Insurance

No benefits will be payable for any loss resulting from or caused by:

- attempted suicide, while sane or insane, or any intentionally self-inflicted injury or Sickness; or
- an act of war, whether declared or undeclared, while serving as a member of any military or naval organization or any auxiliary unit thereto. This exclusion includes any Accident sustained or Sickness contracted while in the service of any military, naval or air force of any country engaged in war. The Company will refund the pro rata unearned premium for any such period the insured is not covered; or
- participation in, or attempting to participate in, a riot, insurrection, rebellion, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority; or
- committing, attempting to commit, or taking part in a felony or assault, or engaging in an illegal occupation. A felony is as defined by the law of the jurisdiction in which the activity takes place; or
- participation in any sport for pay or profit; or
- taking part in a contest of speed involving motor vehicles or boats; bungee jumping; parachuting; parasailing; ultralites; hang gliding; rappelling or mountain climbing; or
- air travel, except:
 - (1) as a fare-paying passenger on a commercial airline on a regularly scheduled route; or
 - (2) as a passenger for transportation only and not as a pilot or crew member; or
- alcoholism; or
- any Accident occurring while the insured is intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the geographical area where the Accident took place); or
- being under the influence of any narcotic, unless such narcotic was administered by a Physician or taken according to the Physician’s instructions.

Additional Exclusions for Critical Illness Insurance

In addition to the General Exclusions stated above, no benefits will be payable for any loss resulting from or caused, by:

- a Critical Illness first manifested prior to the Covered Person’s Effective Date of coverage; or
- Mental Illness (except Alzheimer’s Disease); or
- bodily injury sustained during a period of time of incarceration in any type of penal institution; or
- any condition or occurrence that is not specifically listed as covered.

Additional Exclusions for Supplemental Disability Insurance

In addition to the General Exclusions stated above, no benefits will be payable for any loss resulting from or caused by:

- cosmetic surgery or care, or treatment solely for cosmetic purposes, or complications therefrom; or
- voluntary abortion, except where the insured’s life would be endangered if the fetus were carried to term, or where medical complications have arisen from an abortion; or
- elective surgery, including complications of elective surgery; or
- treatment of exogenous obesity or weight control; or gastric bypass procedure, or any other surgical procedure for control of weight; or
- Mental Illness, as defined in the group policy.

Exclusions (con't)

Additionally, no Monthly Disability Benefit will be paid:

- for any period in which the insured is not under the Regular and Appropriate Care of a Physician; or
- if the insured should fail to follow the medical treatment advice of his or her Physician as it pertains to his or her disabling condition; or
- during any period in which the insured is incarcerated; or
- for any period of Disability that begins during the first 12 months of the insured's coverage, if the Disability is the result of a Pre-Existing Condition.

Additional Exclusions for Hospital Supplemental Indemnity Insurance

In addition to the General Exclusions stated above, no benefits will be payable for any loss resulting from or caused by:

- outpatient treatment; or
- a stay in a Hospital observation unit or Hospital emergency room; or
- voluntary abortion, except where the Covered Person's life would be endangered if the fetus were carried to term, or where medical complications have arisen from an abortion; or
- dental care or dental procedures, unless due to a covered Accident; or
- treatment received in a Hospital for a newborn child that is not due to such newborn child's Sickness or Injury; or
- pregnancy of a covered Child, including services rendered to her and her child after birth;
- Mental Illness as defined in the group policy; or
- cosmetic surgery or care or treatment solely for cosmetic purposes, including complications of cosmetic surgery, when such surgery, care, or treatment is not Medically Necessary. Correction of congenital birth defects or anomalies of a child, or reconstructive surgery related to a covered Sickness or Injury is not included in this exclusion; or
- elective surgery, including complications of elective surgery; or
- medical treatment received outside the United States or its territories; or
- for any period of Hospital Confinement that begins during the first 12 months of the insured's coverage, if the Hospital Confinement is the result of a Pre-Existing Condition.

Additionally, no Hospital Indemnity Benefit will be paid for any period in which the Covered Person is not under the Regular and Appropriate Care of a Physician.

Additional Exclusions for Accident Insurance

In addition to the General Exclusions stated above, no benefits will be payable for any loss resulting from or caused by:

- treatment received during a period of time that coverage is not in force with respect to the Covered Person; or
- treatment that is not medically necessary, unless excepted elsewhere in the Policy; or
- Repetitive Strain Injury; or
- any injury received prior to the Covered Person's Effective Date of coverage that is aggravated or re-injured by any event that occurs after the Effective Date of coverage.

Definitions Used In This Brochure

Active Service - the insured is doing, in the usual manner, all of the regular duties of his or her employment on a scheduled work day, and these duties are being done at one of the places of business where the insured normally does such duties, or at some location to which his or her employment sends him or her.

The insured will be deemed in Active Service on each day he or she is actually performing services for the Policyholder, and on each day of regular paid vacation or on a regular non-working day, provided he or she was actively at work on the last preceding regular work day.

Dismemberment (or Loss of Use) - the actual severance of (with or without reattachment), or degree of loss of use of:

- an arm, above the elbow; or
- a leg, above the knee; or
- a hand, at or above the wrist; or
- a foot, at or above the ankle joint; or
- a finger, at the joint where it is attached to the hand (the joint closest to the first interphalangeal joint); or
- a toe, at the joint where it is attached to the foot (the joint closest to the first interphalangeal joint); or
- an eye, either complete loss of eye, or permanent loss of at least 80% of total vision.

Gainful Occupation - an occupation that can provide, or can be expected to provide, the insured with an income of at least their monthly disability benefit.

Monthly Compensation - an average of the insured's earnings during the three months immediately prior to becoming disabled. It excludes any additional compensation including, but not limited to, overtime pay or bonuses. If the insured becomes disabled while on a covered layoff or leave of absence, the insured's gross monthly compensation in effect just prior to the date the absence began will be used.

Pre-Existing Condition - a disease, injury, or physical, mental or nervous condition for which a Covered Person:

- had treatment; or
- incurred expense; or
- took medication; or
- received a diagnosis or advice from a Physician,

at any time during the 12-month period immediately before the Effective Date of his or her coverage; or, with respect to an increase in coverage, immediately before the Effective Date of such increase. The term Pre-Existing Condition will also include conditions which are related to such disease, injury, or physical, mental or nervous condition.



Insured and Underwritten By:

**Gerber Life
Insurance Company**

Since 1967, Gerber Life Insurance Company has provided quality life insurance, especially for young families on a limited budget. As an affiliate of the Gerber Products Company, "the baby food people," the two companies share a common goal: to help parents raise happy, healthy children.

At Gerber Life, we have an additional goal. It is our mission to be the brand parents trust to help them achieve financial security and protection for their families. By providing affordable, industry-leading juvenile life insurance and other financial products, we strive to give our customers the comfort and peace of mind they deserve.

Today Gerber Life is licensed to provide life insurance throughout the United States, Canada and Puerto Rico. We have more than \$33 billion of life insurance in force, and help provide financial security to over 2.9 million policies. Gerber Life has insurance products available for people at every stage of life. (Source: Gerber Life 2007 Annual Statement, December 2007.)

For the third straight year, Gerber Life was named one of the Top 50 Performing Life & Health Companies in the U.S. in 2008 by the Ward Group, an operational consulting firm and leading provider of benchmarking services to the insurance industry. This special recognition reflects Ward's analysis showing that Gerber Life passed all safety and consistency screens and achieved superior performance during the five years analyzed.

We know our customers want a strong company that will be there now and in the future. That's why Gerber Life is conservatively managed to ensure long-term growth and financial stability. This approach has resulted in assets under management of more than \$1.3 billion with 100% of our portfolio in safe, high-quality investments. (Source: Gerber Life 2007 Annual Statement, December 2007.)

Further, A.M. Best - the impartial reporting firm that rates insurance companies on financial stability, management and integrity has awarded Gerber Life an "A" (Excellent) rating. Our current rating was granted on May 15, 2008. The rating refers only to the overall status of the Company and is not a recommendation of specific policy provisions, rates or practices of the Company.

Administrative & Underwriting Services Provided By:



Since 1989, Excess Re has provided professional underwriting and administrative services to the insurance industry nationwide. With full underwriting, claims and administrative authority, Excess Re is able to provide its clients with the stability of a large insurance company and the superior service of a more personalized organization.

Offered Exclusively By:



Benefits Technologies is one of the largest and fastest growing Benefit Enrollment Solutions Specialists in the country. We employ approximately 100 full time insurance professionals and maintain contracts with nearly 200 other highly qualified benefit counselors across the nation whom we can integrate into our team approach at a moments notice.

Our entrepreneurial approach to enrollments, as well as our cutting edge use of technology (including our own proprietary enrollment platform) affords us the capability to create custom approaches to each employer's unique logistics. We have a nationwide presence, with offices coast to coast, and enrollment centers located in Oklahoma and Pennsylvania.