

**Group Long Term Disability
Insurance Certificate**

Park Hill School District

IMPORTANT NOTICES

If you reside in one of the following states, please read the important notices below:

Arizona, Florida and Maryland residents:

The group policy is issued in the state of Missouri and will be governed by its laws. If you reside in a state other than Missouri, this certificate of insurance may not provide all of the benefits and protections provided by the laws of your state. PLEASE READ YOUR CERTIFICATE CAREFULLY.

Texas residents:

IMPORTANT NOTICE: To obtain information or make a complaint:

You may call Life Insurance Company of North America toll free telephone number for information or to make a complaint at:

1-800-547-5515

You may also write to Life Insurance Company of North America at:

ATT: Charlene Bush
1601 Chestnut Street, TL16D
Philadelphia, PA 19192

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance:

P.O. Box 149104
Austin, TX 78714-9104
Fax (512) 475-1771
Web: <http://www.tdi.state.tx.us>
Email: ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim you should contact Life Insurance Company of North America first. If the dispute is not resolved, you may contact the Texas Department of Insurance

AVISO IMPORTANTE: Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de Connecticut General Life Insurance Company's para informacion o para someter una queja al: **1-800-547-5515**

Usted tambien puede escribir a Life Insurance Company of North America at:

ATT: Charlene Bush
1601 Chestnut Street, TL16D
Philadelphia, PA 19192

Puede comunicarse con el Departamento de Seguros de Teas para obtener informacion acerca de companies, coverturas, derechos o quejas al:
1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

P.O. Box 149104
Austin, TX 78714-9104
Fax (512) 475-1771
Web: <http://www.tdi.state.tx.us>
Email: ConsumerProtection@tdi.state.tx.us

DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el Life Insurance Company of North America primero. Si no resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

FOREWORD

Disability insurance provides individuals and their families with financial protection. The Disability Insurance Benefit described in this booklet will help secure your family's financial security in the event of your disability.

The need for disability insurance protection depends on individual circumstances and financial situations. Your Employer is offering you the opportunity to purchase this insurance to make your benefit program more comprehensive and responsive to your needs.

The following pages describe the main provisions of the group disability insurance plan available to you.

Any insurance benefit described in the following pages will apply to you only if you have elected that benefit and have authorized payroll deduction for the required premium.

LIFE INSURANCE COMPANY OF NORTH AMERICA
1601 CHESTNUT STREET
PHILADELPHIA, PA 19192-2235
(800) 732-1603 TDD (800) 336-2485
A STOCK INSURANCE COMPANY

**GROUP INSURANCE
CERTIFICATE**

We, the LIFE INSURANCE COMPANY OF NORTH AMERICA, certify that we have issued a Group Policy, VDT-961236, to Park Hill School District.

We certify that we insure all eligible persons, who are enrolled according to the terms of the Policy. Your coverage will begin and end according to the terms set forth in this certificate.

This certificate describes the benefits and basic provisions of your coverage. You should read it with care so you will understand your coverage.

This is not the insurance contract. It does not waive or alter any of the terms of the Policy. If questions arise, the Policy will govern. You may examine the Policy at the office of the Policyholder or the Administrator.

This certificate replaces any and all certificates which may have been issued to you in the past under the Policy.



Matthew G. Manders, President

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SCHEDULE OF BENEFITS

Policy Effective Date: January 1, 2013
Certificate Effective Date: January 1, 2016
Policy Anniversary Date: January 1
Policy Number: VDT-961236

Eligible Class Definition:

All active, Full-time Employees of the Employer regularly working a minimum of 30 hours per week, excluding Employees classified as Administrators, Custodians and Maintenance.

Eligibility Waiting Period

If you were hired on or before the Policy Effective Date: The first of the month following the date of hire

If you were hired after the Policy Effective Date: The first of the month following the date of hire

Elimination Period-Option 1 90 days

Elimination Period-Option 2 180 days

Gross Disability Benefit

The lesser of 60% of your monthly Covered Earnings rounded to the nearest dollar or your Maximum Disability Benefit.

Maximum Disability Benefit \$3,000 per month.

Minimum Disability Benefit

The greater of \$100 or 15% of your Monthly Benefit prior to any reductions for Other Income Benefits.

Disability Benefit Calculation

The Disability Benefit payable to you is figured using the Gross Disability Benefit, Other Income Benefits and the Return to Work Incentive. Monthly Benefits are based on a 30-day month. The Disability Benefit will be prorated if payable for any period less than a month.

During any month you have no Disability Earnings, the monthly benefit payable is the Gross Disability Benefit less Other Income Benefits. During any month you have Disability Earnings, benefits are determined under the Return to Work Incentive. Benefits will not be less than the minimum benefit shown in the Schedule of Benefits except as provided under the section Minimum Benefit.

"Other Income Benefits" means any benefits listed in the Other Income Benefits provision that you receive on your own behalf or for your dependents, or which your dependents receive because of your entitlement to Other Income Benefits.

Return to Work Incentive

During any month you have Disability Earnings, your benefits will be calculated as follows.

Your monthly benefit payable will be calculated as follows during the first 24 months disability benefits are payable and you have Disability Earnings:

1. Add your Gross Disability Benefit and Disability Earnings.
2. Compare the sum from 1. to your Indexed Earnings.
3. If the sum from 1. exceeds 100% of your Indexed Earnings, then subtract the Indexed Earnings from the sum in 1.
4. Your Gross Disability Benefit will be reduced by the difference from 3., as well as by Other Income Benefits.
5. If the sum from 1. does not exceed 100% of your Indexed Earnings, your Gross Disability Benefit will be reduced by Other Income Benefits.

After disability benefits are payable for 24 months, the monthly benefit payable is the Gross Disability Benefit reduced by Other Income Benefits and 50% of Disability Earnings.

No Disability Benefits will be paid, and insurance will end if we determine you are able to work under a modified work arrangement and you refuse to do so without Good Cause.

Maximum Benefit Period

The later of your SSNRA* or the Maximum Benefit Period listed below.

Age When Disability Begins

Age 62 or under

Age 63

Age 64

Age 65

Age 66

Age 67

Age 68

Age 69 or older

Maximum Benefit Period

Your 65th birthday or

the date the 42nd Monthly Benefit is payable, if later.

The date the 36th Monthly Benefit is payable.

The date the 30th Monthly Benefit is payable.

The date the 24th Monthly Benefit is payable.

The date the 21st Monthly Benefit is payable.

The date the 18th Monthly Benefit is payable.

The date the 15th Monthly Benefit is payable.

The date the 12th Monthly Benefit is payable.

*SSNRA means the Social Security Normal Retirement Age in effect under the Social Security Act on the Policy Effective Date.

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WHO IS ELIGIBLE

If you qualify under the Class Definition shown in the Schedule of Benefits you are eligible for coverage under the Policy on the Policy Effective Date, or the day after you complete the Eligibility Waiting Period, if later. The Eligibility Waiting Period is the period of time you must be in Active Service to be eligible for coverage. Your Eligibility Waiting Period will be extended by the number of days you are not in Active Service.

Except as noted in the Reinstatement Provision, if you terminate your coverage and later wish to reapply, or if you are a former Employee who is rehired, you must satisfy a new Eligibility Waiting Period. You are not required to satisfy a new Eligibility Waiting Period if your insurance ends because you no longer qualify under your Class Definition, but you continue to be employed, and within one year you qualify again.

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WHEN COVERAGE BEGINS

If you are required to contribute to the cost of your insurance you may elect to be insured only by authorizing payroll deduction in a form approved by the Employer and us. The effective date of your insurance depends on the date coverage is elected.

If you elect coverage within 31 days after you become eligible, your insurance is effective on the latest of the following dates.

1. The Policy Effective Date.
2. The date you authorized payroll deduction.
3. The date the completed enrollment form is received by the Employer or us.

If your enrollment form is received more than 31 days after you are eligible for insurance, you must satisfy the Insurability Requirement before your insurance is effective. If approved, your insurance is effective on the date we agree in writing to insure you.

If you are not in Active Service on the date your insurance would otherwise be effective, it will be effective on the date you return to any occupation for your Employer on a Full-time basis.

TL-005114

WHEN COVERAGE ENDS

Your coverage ends on the earliest of the following dates:

1. the date you are eligible for coverage under a plan intended to replace this coverage;
2. the date the Policy is terminated;
3. the date you are no longer in an eligible class;
4. the day after the end of the period for which premiums are paid;
5. the date you are no longer in Active Service;
6. the date benefits end because you did not comply with the terms and conditions of the insurance coverage.

If you are entitled to receive Disability Benefits when the Policy terminates, Disability Benefits will be payable to you if you remain disabled and meet the requirements for the insurance. Any later period of Disability, regardless of cause, that begins when you are eligible under another disability coverage provided by any employer, will not be covered.

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WHEN COVERAGE CONTINUES

This provision modifies the When Coverage Ends provision to allow insurance to continue under certain circumstances if you are no longer in Active Service. Insurance that is continued under this provision is subject to all other terms of the When Coverage Ends provisions.

Your Disability Insurance will continue if your Active Service ends because of a Disability for which benefits under the Policy are or may become payable. Your premiums will be waived while Disability Benefits are payable. If you do not return to Active Service, this insurance ends when your Disability ends or when benefits are no longer payable, whichever occurs first.

If your Active Service ends due to an approved leave pursuant to the Family and Medical Leave Act (FMLA), insurance will continue up to the later of the period of your approved FMLA leave or the leave period required by law in the state in which you are employed. Premiums are required for this coverage.

If your Active Service ends due to any other leave of absence approved in writing by the Employer prior to the date you cease work, insurance will continue for you for up to 12 months. Premiums are required for this coverage. An approved leave of absence does not include Furlough, Temporary Layoff or termination of employment.

If your Active Service ends due to any other excused short term absence from work that is reported to the Employer timely in accordance with the Employer's reporting requirements for such short term absence, your insurance will continue until the earlier of:

- a. the date your employment relationship with the Employer terminates;
- b. the date premiums are not paid when due;
- c. the end of the 30 day period that begins with the first day of such excused absence;
- d. the end of the period for which such short term absence is excused by the Employer.

Notwithstanding any other provision of this policy, if your Active Service ends due to layoff, termination of employment or any other termination of the employment relationship, insurance will terminate and continuation of insurance under this provision will not apply.

If your insurance is continued pursuant to this When Coverage Continues provision, and you become Disabled during such period of continuation, Disability Benefits will not begin until the later of the date the Elimination Period is satisfied or the date you are scheduled to return to Active Service.

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TAKEOVER PROVISION

This provision applies to you only if you are eligible under this Policy and were covered for long term disability coverage on the day prior to the effective date of this Policy under the Prior Plan provided by the Policyholder or by an entity that has been acquired by the Policyholder.

- A. This section A applies to you if you are not in Active Service on the day prior to the effective date of this Policy due to a reason for which the Prior Plan and this Policy both provide for continuation of insurance. If required premium is paid when due, we will insure an Employee to which this section applies against a disability that occurs after the effective date of this Policy for the affected employee group. This coverage will be provided until the earlier of the date: (a) you return to Active Service, (b) continuation of insurance under the Prior Plan would end but for termination of that plan; or (c) the date continuation of insurance under this Policy would end if computed from the first day you were not in Active Service. The Policy will provide this coverage as follows:
1. If benefits for a disability are covered under the Prior Plan, no benefits are payable under this Plan.
 2. If the disability is not a covered disability under the Prior Plan solely because the plan terminated, benefits payable under this Policy for that disability will be the lesser of: (a) the disability benefits that would have been payable under the Prior Plan; and (b) those provided by this Policy. Credit will be given for partial completion under the Prior Plan of Elimination Periods and partial satisfaction of pre-existing condition limitations.
- B. The Elimination Period under this Policy will be waived for a Disability which begins while you are insured under this Policy if all of the following conditions are met:
1. The Disability results from the same or related causes as a Disability for which monthly benefits were payable under the Prior Plan;
 2. Benefits are not payable for the Disability under the Prior Plan solely because it is not in effect;
 3. An Elimination Period would not apply to the Disability if the Prior Plan had not ended;
 4. The Disability begins within 6 months of your return to Active Service and your insurance under this Policy is continuous from this Policy's Effective Date.
- C. Except for any amount of benefit in excess of a Prior Plan's benefits, the Pre-existing Condition Limitation will not apply if you were covered under a Prior Plan and satisfied the pre-existing condition limitation, if any, under that plan. If you did not fully satisfy the pre-existing condition limitation of that plan, credit will be given for any time that was satisfied under the Prior Plan's pre-existing condition limitation.

Benefits will be determined based on the lesser of: (1) the amount of the gross disability benefit under the Prior Plan and any applicable maximums; and (2) those provided by this Policy.

If benefits are payable under the Prior Plan for the Disability, no benefits are payable under this Policy.

DESCRIPTION OF BENEFITS WHAT IS COVERED

Disability Benefits

We will pay Disability Benefits if you become Disabled while covered under this Policy. You must satisfy the Elimination Period, be under the Appropriate Care of a Physician for those disabilities for which it is required to be under such care, and meet all the other terms and conditions of the Policy. You must provide to us, at your own expense, satisfactory proof of Disability before benefits will be paid. The Disability Benefit is shown in the Schedule of Benefits.

We will require continued proof of your Disability for benefits to continue.

Elimination Period

The Elimination Period is the period of time you must be continuously Disabled before Disability Benefits are payable. The Elimination Period is shown in the Schedule of Benefits.

A period of Disability is not continuous if separate periods of Disability result from unrelated causes.

Disability Benefit Calculation

The Disability Benefit Calculation is shown in the Schedule of Benefits. Monthly Disability Benefits are based on a 30 day period. They will be prorated if payable for any period less than a month. If you are working while Disabled, the Disability Benefit Calculation will be the Return to Work Incentive.

Return to Work Incentive

The Return to Work Incentive is shown in the Schedule of Benefits. You may work for wage or profit while Disabled. In any month in which you work and a Disability Benefit is payable, the Return to Work Incentive applies.

We will, from time to time, review your status and will require satisfactory proof of earnings and continued Disability.

Minimum Benefit

We will pay the Minimum Benefit shown in the Schedule of Benefits despite any reductions made for Other Income Benefits. The Minimum Benefit will not apply if benefits are being withheld to recover an overpayment of benefits.

Other Income Benefits

If Disability Benefits are payable to you under this Policy, you may be eligible for benefits from Other Income Benefits. If so, we may reduce the Disability Benefits by the amount of such Other Income Benefits.

Other Income Benefits include:

1. any amounts received (or assumed to be received*) by you or your dependents under:
 - the Canada and Quebec Pension Plans;
 - the Railroad Retirement Act;
 - any local, state, provincial or federal government disability or retirement plan or law payable for Injury or Sickness provided as a result of employment with the Employer;
 - any sick leave or salary continuation plan of the Employer;
 - any work loss provision in mandatory "No-Fault" auto insurance.
2. any Social Security disability or retirement benefits you or any third party receive (or are assumed to receive*) on your own behalf or for your dependents; or which your dependents receive (or are assumed to receive*) because of your entitlement to such benefits.
3. any Retirement Plan benefits funded by the Employer. "Retirement Plan" means any defined benefit or defined contribution plan sponsored or funded by the Employer. It does not include an individual deferred compensation agreement; a profit sharing or any other retirement or savings plan maintained in addition to a defined benefit or other defined contribution pension plan, or any employee savings plan including a thrift, stock option or stock bonus plan, individual retirement account or 401(k) plan.
4. any disability income proceeds payable under any franchise or group insurance or similar plan. If other insurance applies to the same claim for Disability, and contains the same or similar provision for reduction because of other insurance, we will pay for our pro rata share of the total claim. "Pro rata share" means the proportion of the total benefit that the amount payable under one policy, without other insurance, bears to the total benefits under all such policies.
5. any amounts received (or assumed to be received*) by you or your dependents under any workers' compensation, occupational disease, unemployment compensation law or similar state or federal law payable for Injury or Sickness arising out of work with the Employer, including all permanent and temporary disability benefits. This includes any damages, compromises or settlement paid in place of such benefits, whether or not liability is admitted.

Dependents include any person who receives (or is assumed to receive*) benefits under any applicable law because of your entitlement to benefits.

*See the Assumed Receipt of Benefits provision.

Increases in Other Income Benefits

Any increase in Other Income Benefits during a period of Disability due to a cost of living adjustment will not be considered in calculating your Disability Benefits after the first reduction is made for any Other Income Benefits. This section does not apply to any cost of living adjustment for Disability Earnings.

Lump Sum Payments

Other Income Benefits or earnings paid in a lump sum will be prorated over the period for which the sum is given. If no time is stated, the lump sum will be prorated over five years.

If no specific allocation of a lump sum payment is made, then the total payment will be an Other Income Benefit.

Assumed Receipt of Benefits

We will assume you (and your dependents, if applicable) are receiving benefits for which you are eligible from Other Income Benefits. We will reduce your Disability Benefits by the amount from Other Income Benefits we estimate are payable to you and your dependents.

We will waive Assumed Receipt of Benefits, except for Disability Earnings for work you perform while Disability Benefits are payable, if you:

1. provide satisfactory proof of application for Other Income Benefits;
2. sign a Reimbursement Agreement;
3. provide satisfactory proof that all appeals for Other Income Benefits have been made unless we determine that further appeals are not likely to succeed; and
4. submit satisfactory proof that Other Income Benefits were denied.

We will not assume receipt of any pension or retirement benefits that are actuarially reduced according to applicable law, until you actually receive them.

Social Security Assistance

We may help you in applying for Social Security Disability Income (SSDI) Benefits, and may require you to file an appeal if we believe a reversal of a prior decision is possible.

We will reduce Disability Benefits by the amount we estimate you will receive, if you refuse to cooperate with or participate in the Social Security Assistance Program.

Recovery of Overpayment

We have the right to recover any benefits we have overpaid. We may use any or all of the following to recover an overpayment:

1. request a lump sum payment of the overpaid amount;
2. reduce any amounts payable under this Policy; and/or
3. take any appropriate collection activity available to us.

The Minimum Benefit amount will not apply when Disability Benefits are reduced in order to recover any overpayment.

If an overpayment is due when you die, any benefits payable under the Policy will be reduced to recover the overpayment.

Successive Periods of Disability

A separate period of Disability will be considered continuous:

1. if it results from the same or related causes as a prior Disability for which benefits were payable; and
2. if, after receiving Disability Benefits, you return to work in your Regular Occupation for less than 6 consecutive months; and
3. if you earn less than the percentage of Indexed Earnings that would still qualify you to meet the definition of Disability/Disabled during at least one month.

Any later period of Disability, regardless of cause, that begins when you are eligible for coverage under another group disability plan provided by any employer will not be considered a continuous period of Disability.

For any separate period of disability which is not considered continuous, you must satisfy a new Elimination Period.

LIMITATIONS

Limited Benefit Periods for Mental or Nervous Disorders

We will pay Disability Benefits on a limited basis during your lifetime for a Disability caused by, or contributed to by, any one or more of the following conditions. Once 24 monthly Disability Benefits have been paid, no further benefits will be payable for any of the following conditions.

- 1) Anxiety disorders
- 2) Delusional (paranoid) disorders
- 3) Depressive disorders
- 4) Eating disorders
- 5) Mental illness
- 6) Somatoform disorders (psychosomatic illness)

If, before reaching your lifetime maximum benefit, you are confined in a hospital for more than 14 consecutive days, that period of confinement will not count against your lifetime limit. The confinement must be for the Appropriate Care of any of the conditions listed above.

Limited Benefit Periods for Alcoholism and Drug Addiction or Abuse

We will pay Disability Benefits on a limited basis during your lifetime for a Disability caused by, or contributed to by, any one or more of the following conditions. Once 24 monthly Disability Benefits have been paid, no further benefits will be payable for any of the following conditions.

- 1) Alcoholism
- 2) Drug addiction or abuse

If, before reaching your lifetime maximum benefit, you are confined in a hospital for more than 14 consecutive days, that period of confinement will not count against your lifetime limit. The confinement must be for the Appropriate Care of any of the conditions listed above.

Pre-Existing Condition Limitation

We will not pay benefits for any period of Disability caused or contributed to by, or resulting from, a Pre-existing Condition. A "Pre-existing Condition" means any Injury or Sickness for which you incurred expenses, received medical treatment, care or services including diagnostic measures, or took prescribed drugs or medicines within 12 months before your most recent effective date of insurance.

The Pre-existing Condition Limitation will apply to any added benefits or increases in benefits. This limitation will not apply to a period of Disability that begins after the earlier of an Employee is covered for at least 12 months after his or her most recent effective date of insurance, or the effective date of any added or increased benefits. The Pre-existing Condition Limitation will not apply if your coverage terminates when the school year ends and later becomes effective at the beginning of the next school year. If you did not fully satisfy the Pre-existing Condition prior to the date his or her coverage ends, credit will be given for any time that was satisfied.

ADDITIONAL BENEFITS

Rehabilitation During a Period of Disability

If we determine that you are a suitable candidate for rehabilitation, we may require you to participate in a Rehabilitation Plan and assessment at our expense. During the first 12 months of your Disability, any required participation in a Rehabilitation Plan may only be for your Regular Occupation. After the first 12 months of your Disability, you may be required to participate in a Rehabilitation Program for any occupation based upon your education, training, experience and income at the time you became disabled. You may voluntarily participate in any other plan recommended or approved by us. We have the sole discretion to approve your participation in a Rehabilitation Plan and to approve a program as a Rehabilitation Plan. We will work with you, the Employer and your Physician and others, as appropriate, to perform the assessment, develop a Rehabilitation Plan, and discuss return to work opportunities.

The Rehabilitation Plan may, at our discretion, allow for payment of your medical expense, education expense, moving expense, accommodation expense or family care expense while you participate in the program.

If you fail to fully cooperate in all required phases of the Rehabilitation Plan and assessment without Good Cause, no Disability Benefits will be paid, and insurance will end.

TL-007501.26

Conversion Privilege for Disability Insurance Benefits

If an Employee's insurance ends because employment with the Employer ends, or an Employee is laid off or on an uninsured leave of absence, he or she may be eligible for conversion insurance.

To be eligible, an Employee must have been insured for Disability Benefits and actively at work for at least 12 straight months. An Employee must apply for conversion insurance within 62 days after insurance under this Policy ends or within 31 days of the date notice is given to apply for a converted policy or certificate, whichever is later. In no event will the conversion period be extended beyond 105 days from the date insurance ends.

The benefits of the conversion plan will be those benefits offered at the time the Employee applies. The premium will be based on the rates in effect for conversion plans at that time.

Conversion insurance is not available if any of the following conditions apply:

1. the Employee is retired or age 70 or older;
2. the Employee is not in Active Service because of Disability;
3. the Policy is canceled for any reason;
4. the Employee is no longer in a Class of Eligible Employees, but is still employed by the Employer.

TL-009961.26

Survivor Benefit

We will pay a Survivor Benefit if you die while Disability Benefits are payable to you for a continuous period of Disability. The Survivor Benefit will equal 100% of the sum of the last full Disability Benefit payable to you plus the amount of any Disability Earnings by which the benefit had been reduced for that month. A single lump sum payment equal to 3 monthly Survivor Benefits will be payable.

We will pay the Survivor Benefit to your Spouse. If you do not have a Spouse, we will pay your surviving Children in equal shares. If you do not have a Spouse or any Children, we will pay your estate.

"Spouse" means your lawful spouse. "Children" means your unmarried children under age 21 who are chiefly dependent upon you for support and maintenance. The term includes a stepchild living with you at the time of your death.

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TERMINATION OF DISABILITY BENEFITS

Benefits will end on the earliest of the following dates:

1. the date you earn from any occupation, more than the percentage of Indexed Earnings set forth in the definition of Disability applicable to you at that time;
2. the date we determine you are not Disabled;
3. the end of the Maximum Benefit Period;
4. the date you die;
5. the date you refuse, without Good Cause, to fully cooperate in all required phases of the Rehabilitation Plan and assessment;
6. the date you are no longer receiving Appropriate Care;
7. the date you fail to cooperate with us in the administration of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due;
8. the date you are able to work at your Regular Occupation the lesser of eight hours per day and forty hours per week, or, the number of hours per day and per week defined by the Employer as the full-time requirement for that occupation.

Benefits may be resumed if you begin to cooperate fully in the Rehabilitation Plan within 30 days of the date benefits terminated.

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WHAT IS NOT COVERED

We will not pay any Disability Benefits for a Disability that results directly from:

1. suicide, attempted suicide, or intentionally self-inflicted injury while sane.
2. war or any act of war, whether or not declared.
3. active participation in a riot.
4. commission of a felony.
5. the revocation, restriction or non-renewal of your license, permit or certification necessary to perform the duties of your occupation unless due solely to Injury or Sickness otherwise covered by the Policy.

In addition, we will not pay Disability Benefits for any period of Disability during which you are incarcerated in a penal or corrections institution.

TL-007503.26

CLAIM PROVISIONS

Notice of Claim

Written notice of claim, or notice by any other electronic/telephonic means authorized by us, must be given to us within 31 days after a covered loss occurs or begins or as soon as reasonably possible. If written notice, or notice by any other electronic/telephonic means authorized by us, is not given in that time, the claim will not be invalidated or reduced if it is shown that notice was given as soon as was reasonably possible. Notice can be given at our home office in Philadelphia, Pennsylvania or to our agent. Notice should include the Employer's name, the Policy Number and the claimant's name and address.

Claim Forms

When we receive notice of claim, we will send claim forms for filing proof of loss. If we do not send claim forms within 15 days after notice is received by us, the proof requirements will be met by submitting, within the time required under the "Proof of Loss" section, written proof, or proof by any other electronic/telephonic means authorized by us, of the nature and extent of the loss.

Claimant Cooperation Provision

If you fail to cooperate with us in our administration of your claim, we may terminate the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Insurance Data

The Employer is required to cooperate with us in the review of claims and applications for coverage. Any information we provide to the Employer in these areas is confidential and may not be used or released by the Employer if not permitted by applicable privacy laws.

Proof of Loss

You must provide written proof of loss to us, or proof by any other electronic/telephonic means authorized by us, within 90 days after the date of the loss for which a claim is made. If written proof of loss, or proof by any other electronic/telephonic means authorized by us, is not given in that 90 day period, the claim will not be invalidated nor reduced if it is shown that it was given as soon as was reasonably possible. In any case, written proof of loss, or proof by any other electronic/telephonic means authorized by us, must be given not more than one year after the 90 day period. If written proof of loss, or proof by any other electronic/telephonic means authorized by us, is provided outside of these time limits, the claim will be denied. These time limits will not apply due to lack of legal capacity.

Written proof that the loss continues, or proof by any other electronic/telephonic means authorized by us, must be furnished to us at intervals we require. Within 30 days of a request, written proof of continued Disability and Appropriate Care by a Physician must be given to us.

Time of Payment

Disability Benefits will be paid at regular intervals of not less frequently than once a month. Any balance, unpaid at the end of any period for which we are liable, will be paid at that time.

To Whom Payable

Disability Benefits will be paid to you. If any person to whom benefits are payable is a minor or, in our opinion is not able to give a valid receipt, such payment will be made to his or her legal guardian. However, if no request for payment has been made by the legal guardian, we may, at our option, make payment to the person or institution appearing to have assumed custody and support.

If you die while any Disability Benefits remain unpaid, we may, at our option, make direct payment to any of your following living relatives: your spouse, your mother, your father, your children, your brothers or sisters; or to the executors or administrators of your estate. We may reduce the amount payable by any indebtedness due.

Payment in the manner described above will release us from all liability for any payment made.

Physical Examination and Autopsy

We may, at our expense, exercise the right to examine any person for whom a claim is pending as often as we may reasonably require. Also, we may, at our expense, require an autopsy unless prohibited by law.

Legal Actions

No action at law or in equity may be brought to recover benefits under the Policy less than 60 days after written proof of loss, or proof by any other electronic/telephonic means authorized by us, has been furnished as required by the Policy. No such action shall be brought more than 3 years after the time satisfactory proof of loss is required to be furnished.

Time Limitations

If any time limit stated in the Policy for giving notice of claim or proof of loss, or for bringing any action at law or in equity, is less than that permitted by the law of the state in which you live when the Policy is issued, then the time limit provided in the Policy is extended to agree with the minimum permitted by the law of that state.

Physician/Patient Relationship

You have the right to choose any Physician who is practicing legally. We will in no way disturb the Physician/patient relationship.

TL-005123

ADMINISTRATIVE PROVISIONS

Premiums

The premiums for this Policy will be based on the rates currently in force, the plan and the amount of insurance in effect.

Your Grace Period

If your required premium is not paid on the Premium Due Date, there is a 31 day grace period after each premium due date after the first. If the required premium is not paid during the grace period, insurance will end on the last day for which premium was paid.

Reinstatement of Insurance

Your insurance may be reinstated if it ends because you are on an unpaid leave of absence. If your Active Service ended due to an approved leave pursuant to the Family and Medical Leave Act (FMLA) and Continuation of Insurance is not applicable, your insurance may be reinstated at the conclusion of the FMLA leave.

If your Active Service ends due to an Employer approved unpaid leave of absence, other than an approved FMLA leave, insurance may be reinstated only:

1. If the reinstatement occurs within 12 weeks from the date insurance ends, or
2. When returning from military service pursuant to the Uniformed Services Employment Act of 1994 (USERRA).

For insurance to be reinstated the following conditions must be met:

1. You must be in a Class of Eligible Employees.
2. The required premium must be paid.
3. We must receive a written request for reinstatement within 31 days from the date you return to Active Service.

Reinstated insurance will be effective on the date you return to Active Service. If you did not fully satisfy the Eligibility Waiting Period or the Pre-Existing Condition Limitation (if any) before insurance ended due to an unpaid leave of absence, credit will be given for any time that was satisfied.

TL-009960.26

GENERAL PROVISIONS

Incontestability

All statements made by the Employer or by an Insured are representations not warranties. No statement will be used to deny or reduce benefits or as a defense to a claim, unless a copy of the instrument containing the statement has been furnished to the claimant. In the event of death or legal incapacity, the beneficiary or representative must receive the copy.

After two years from an Insured's effective date of insurance, or from the effective date of any added or increased benefits, no such statement will cause insurance to be contested except for fraud or eligibility for insurance.

Misstatement of Age

If an Insured's age has been misstated, we will adjust all benefits to the amounts that would have been purchased for the correct age.

Workers' Compensation Insurance

The Policy is not in lieu of and does not affect any requirements for insurance under any Workers' Compensation Insurance Law.

Assignment of Benefits

We will not be affected by the assignment of your certificate until the original assignment or a certified copy of the assignment is filed with us. We will not be responsible for the validity or sufficiency of an assignment. An assignment of benefits will operate so long as the assignment remains in force provided insurance under the Policy is in effect. This insurance may not be levied on, attached, garnisheed, or otherwise taken for a person's debts. This prohibition does not apply where contrary to law.

Clerical Error

A person's insurance will not be affected by error or delay in keeping records of insurance under the Policy. If such an error is found, the premium will be adjusted fairly.

Ownership of Records

All records maintained by the Insurance Company are, and shall remain, the property of the Insurance Company.

TL-005125

DEFINITIONS

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout this document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits.

Active Service

If you are an Employee, you are in Active Service on a day which is one of the Employer's scheduled work days if either of the following conditions are met.

1. You are performing your regular occupation for the Employer on a full-time basis. You must be working at one of the Employer's usual places of business or at some location to which the Employer's business requires you to travel.
2. The day is a scheduled holiday or vacation day and you were performing your regular occupation on the preceding scheduled work day.

You are in Active Service on a day which is not one of the Employer's scheduled work days only if you were in Active Service on the preceding scheduled work day.

Appropriate Care

Appropriate Care means you:

1. Have received treatment, care and advice from a Physician who is qualified and experienced in the diagnosis and treatment of the conditions causing Disability. If the condition is of a nature or severity that it is customarily treated by a recognized medical specialty, the Physician is a practitioner in that specialty.
2. Continue to receive such treatment, care or advice as often as is required for treatment of the conditions causing Disability.
3. Adhere to the treatment plan prescribed by the Physician, including the taking of medications.

Consumer Price Index (CPI-W)

The Consumer Price Index for Urban Wage Earners and Clerical Workers published by the U.S. Department of Labor. If the index is discontinued or changed, another nationally published index that is comparable to the CPI-W will be used.

Covered Earnings

Covered Earnings means your wage or salary as reported by the Employer for work performed for the Employer as in effect just prior to the date your Disability begins. Covered Earnings are determined initially on the date an Employee applies for coverage. A change in the amount of Covered Earnings is effective on the date of the change, if the Employer gives us written notice of the change and the required premium is paid.

It does not include any amounts received as bonus, commissions, overtime pay or other extra compensation.

Any increase in your Covered Earnings will not be effective during a period of continuous Disability.

Disability/Disabled

You are considered Disabled if, solely because of Injury or Sickness, you are:

1. unable to perform the material and substantial duties of your Regular Occupation; and
2. unable to earn 80% or more of your Indexed Earnings from working in your Regular Occupation.

After Disability Benefits have been payable for 24 months, you are considered Disabled if, solely due to Injury or Sickness, you are:

1. unable to perform the material and substantial duties of any occupation for which you are, or become qualified based on education, training or experience; and
2. unable to earn 80% or more of your Indexed Earnings.

We will require proof of earnings and continued Disability.

Disability Earnings

Any wage or salary for any work performed for any employer during your Disability, including commissions, bonus, overtime pay or other extra compensation.

Employee

For eligibility purposes, you are an Employee if you work for the Employer and are in one of the "Classes of Eligible Employees." Otherwise, you are an Employee if you are an employee of the Employer who is insured under the Policy.

Employer

The Policyholder and any affiliates or subsidiaries covered under the Policy. The Employer is acting as your agent for transactions relating to this insurance. You shall not consider any actions of the Employer as actions of the Insurance Company.

Full-time

Full-time means the number of hours set by the Employer as a regular work day for Employees in your eligibility class.

Furlough

Furlough means a temporary suspension or alteration of Active Service initiated by the Employer, for a period of time specified in advance not to exceed 30 days at a time.

Good Cause

A medical reason preventing participation in the Rehabilitation Plan. Satisfactory proof of Good Cause must be provided to us.

Indexed Earnings

For the first 12 months Monthly Benefits are payable, your Indexed Earnings are equal to your Covered Earnings. After 12 Monthly Benefits are payable, your Indexed Earnings are your Covered Earnings plus an increase applied on each anniversary of the date Monthly Benefits became payable. The amount of each increase will be the lesser of:

1. 10% of your Indexed Earnings during your preceding year of Disability; or
2. the rate of increase in the Consumer Price Index (CPI-W) during the preceding calendar year.

Injury

Any accidental loss or bodily harm that results directly and independently from all other causes from an Accident.

Insurability Requirement

An eligible person satisfies the Insurability Requirement for an amount of coverage on the day we agree in writing to accept you as insured for that amount. To determine a person's acceptability for coverage, we will require you to provide evidence of good health and may require it be provided at your expense.

Insurance Company

The Insurance Company underwriting the Policy is named on your certificate cover page. References to the Insurance Company have been changed to "we", "our", "ours", and "us" throughout the certificate.

Insured

You are an Insured if you are eligible for insurance under the Policy, insurance is elected for you, the required premium is paid and your coverage is in force under the Policy.

Physician

Physician means a licensed doctor practicing within the scope of his or her license and rendering care and treatment to an Insured that is appropriate for the condition and locality. The term does not include you, your spouse, your immediate family (including parents, children, siblings, or spouses of any of the foregoing, whether the relationship derives from blood or marriage), or a person living in your household.

Prior Plan

The Prior Plan refers to the plan of insurance providing similar benefits to you, sponsored by the Employer and in effect directly prior to the Policy Effective Date. A Prior Plan will include the plan of a company in effect on the day prior to that company's addition to this Policy after the Policy Effective Date.

Regular Occupation

The occupation you routinely perform at the time the Disability begins. In evaluating the Disability, we will consider the duties of the occupation as it is normally performed in the general labor market in the national economy. It is not work tasks that are performed for a specific employer or at a specific location.

Rehabilitation Plan

A written plan designed to enable you to return to work. The Rehabilitation Plan will consist of one or more of the following phases:

1. rehabilitation, under which we may provide, arrange or authorize education, vocational or physical rehabilitation or other appropriate services;
2. work, which may include modified work and work on a part-time basis.

Sickness

The term Sickness means a physical or mental illness.

Temporary Layoff

Temporary Layoff means a temporary suspension of Active Service for a period of time determined in advance by the Employer, other than a Furlough as defined. Temporary Layoff does not include the permanent termination of Active Service (including but not limited to a job elimination), which shall be treated as termination of employment.

TL-007500.26 as modified by TL-009980

IMPORTANT CHANGES FOR STATE REQUIREMENTS

If you reside in one of the following states, please read the important changes below. The provisions of your certificate are modified for residents of the following states. The modifications listed apply only to residents of that state, and only when the underlying provision is included in the certificate.

Louisiana residents:

The percentage of Indexed Earnings, if any, that qualifies an insured to meet the definition of Disability/Disabled may not be less than 80%.

Massachusetts residents:

Continuation of Insurance after leaving the group

If you leave the group covered under the Policy, insurance for you will be continued until the earliest of the following dates:

1. 31 days from the date you leave the group;
2. The date you become eligible for similar benefits.

Continuation of Insurance due to a Plant Closing or Partial Closing

If you leave the group due to termination of employment resulting from a Plant Closing or Partial Closing, insurance for you will be continued until the earliest of the following dates:

1. 90 days from the date of the Plant Closing or Partial Closing;
2. The date you become eligible for similar benefits.

Definitions : For purposes of this provision:

Plant Closing means a permanent cessation or reduction of business at a facility which results or will result as determined by the director in the permanent separation of at least 90% of the employees of said facility within a period of six months prior to the date of certification or with such other period as the director shall prescribe, provided that such period shall fall within the six month period prior to the date of certification.

Partial Closing means a permanent cessation of a major discrete portion of the business conducted at a facility which results in the termination of a significant number of the employees of said facility and which affects workers and communities in a manner similar to that of Plant Closings.

Minnesota residents:

The Pre-existing Condition Limitation, if any, may not be longer than 24 months from the insured's most recent effective date of insurance.

Texas residents:

Any provision offsetting or otherwise reducing any benefit by an amount payable under an individual or franchise policy will not apply.

Washington residents:

The following definition of "Children" as stated under the Survivor Benefit is applicable to Washington residents.

"Children" means as Employee's children under age 26 who are chiefly dependent upon the Employee for support and maintenance.

**UNDERWRITTEN BY:
LIFE INSURANCE COMPANY OF NORTH AMERICA
a Cigna company**

Class 1
02/2016

**Group Long Term Disability
Insurance Certificate**

Park Hill School District

IMPORTANT NOTICES

If you reside in one of the following states, please read the important notices below:

Arizona, Florida and Maryland residents:

The group policy is issued in the state of Missouri and will be governed by its laws. If you reside in a state other than Missouri, this certificate of insurance may not provide all of the benefits and protections provided by the laws of your state. PLEASE READ YOUR CERTIFICATE CAREFULLY.

Texas residents:

IMPORTANT NOTICE: To obtain information or make a complaint:

You may call Life Insurance Company of North America toll free telephone number for information or to make a complaint at:

1-800-547-5515

You may also write to Life Insurance Company of North America at:

ATT: Charlene Bush
1601 Chestnut Street, TL16D
Philadelphia, PA 19192

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance:

P.O. Box 149104
Austin, TX 78714-9104
Fax (512) 475-1771
Web: <http://www.tdi.state.tx.us>
Email: ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim you should contact Life Insurance Company of North America first. If the dispute is not resolved, you may contact the Texas Department of Insurance

AVISO IMPORTANTE: Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de Connecticut General Life Insurance Company's para informacion o para someter una queja al: **1-800-547-5515**

Usted tambien puede escribir a Life Insurance Company of North America at:

ATT: Charlene Bush
1601 Chestnut Street, TL16D
Philadelphia, PA 19192

Puede comunicarse con el Departamento de Seguros de Teas para obtener informacion acerca de companies, coverturas, derechos o quejas al:
1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

P.O. Box 149104
Austin, TX 78714-9104
Fax (512) 475-1771
Web: <http://www.tdi.state.tx.us>
Email: ConsumerProtection@tdi.state.tx.us

DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el Life Insurance Company of North America primero. Si no resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

FOREWORD

Disability insurance provides individuals and their families with financial protection. The Disability Insurance Benefit described in this booklet will help secure your family's financial security in the event of your disability.

The need for disability insurance protection depends on individual circumstances and financial situations. A portion of the cost of this coverage is provided by your Employer. You may need to contribute to the remaining cost of coverage through payroll deduction so that your benefit program is more comprehensive and responsive to your needs.

The following pages describe the main provisions of the disability insurance plan available to you.

Insurance benefits described in the following pages will apply to you if your Employer has made this coverage available to you at no cost or you have elected the benefit and authorized payroll deduction for the required premium.

LIFE INSURANCE COMPANY OF NORTH AMERICA
1601 CHESTNUT STREET
PHILADELPHIA, PA 19192-2235
(800) 732-1603 TDD (800) 336-2485
A STOCK INSURANCE COMPANY

**GROUP INSURANCE
CERTIFICATE**

We, the LIFE INSURANCE COMPANY OF NORTH AMERICA, certify that we have issued a Group Policy, VDT-961236, to Park Hill School District.

We certify that we insure all eligible persons, who are enrolled according to the terms of the Policy. Your coverage will begin and end according to the terms set forth in this certificate.

This certificate describes the benefits and basic provisions of your coverage. You should read it with care so you will understand your coverage.

This is not the insurance contract. It does not waive or alter any of the terms of the Policy. If questions arise, the Policy will govern. You may examine the Policy at the office of the Policyholder or the Administrator.

This certificate replaces any and all certificates which may have been issued to you in the past under the Policy.



Matthew G. Manders, President

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SCHEDULE OF BENEFITS

Policy Effective Date: January 1, 2013

Certificate Effective Date: January 1, 2016

Policy Anniversary Date: January 1

Policy Number: VDT-961236

Eligible Class Definition:

All active, Full-time and part-time Employees of the Employer classified as Custodians and Maintenance.

Eligibility Waiting Period

If you were hired on or before the Policy Effective Date: The first of the month following the date of hire

If you were hired after the Policy Effective Date: The first of the month following the date of hire

Elimination Period

Core Benefit: 180 days

Optional Benefit: 90 days

Gross Disability Benefit

Core Benefit: 60%

Optional Benefit: 60%

The lesser of the percent of your monthly Covered Earnings listed above, rounded to the nearest dollar, or the Maximum Disability Benefit.

Maximum Disability Benefit

Core Benefit: \$5,000 per month

Optional Benefit: \$3,000 per month

Minimum Disability Benefit

Core Benefit: The greater of \$100 or 15% of your Monthly Benefit prior to any reductions for Other Income Benefits.

Optional Benefit: The greater of \$100 or 15% of your Monthly Benefit prior to any reductions for Other Income Benefits.

Disability Benefit Calculation

The Disability Benefit payable to you is figured using the Gross Disability Benefit, Other Income Benefits and the Return to Work Incentive. Monthly Benefits are based on a 30-day month. The Disability Benefit will be prorated if payable for any period less than a month.

During any month you have no Disability Earnings, the monthly benefit payable is the Gross Disability Benefit less Other Income Benefits. During any month you have Disability Earnings, benefits are determined under the Return to Work Incentive. Benefits will not be less than the minimum benefit shown in the Schedule of Benefits except as provided under the section Minimum Benefit.

"Other Income Benefits" means any benefits listed in the Other Income Benefits provision that you receive on your own behalf or for your dependents, or which your dependents receive because of your entitlement to Other Income Benefits.

Return to Work Incentive

During any month you have Disability Earnings, your benefits will be calculated as follows.

Your monthly benefit payable will be calculated as follows during the first 24 months disability benefits are payable and you have Disability Earnings:

1. Add your Gross Disability Benefit and Disability Earnings.
2. Compare the sum from 1. to your Indexed Earnings.
3. If the sum from 1. exceeds 100% of your Indexed Earnings, then subtract the Indexed Earnings from the sum in 1.
4. Your Gross Disability Benefit will be reduced by the difference from 3., as well as by Other Income Benefits.
5. If the sum from 1. does not exceed 100% of your Indexed Earnings, your Gross Disability Benefit will be reduced by Other Income Benefits.

After disability benefits are payable for 24 months, the monthly benefit payable is the Gross Disability Benefit reduced by Other Income Benefits and 50% of Disability Earnings.

No Disability Benefits will be paid, and insurance will end if we determine you are able to work under a modified work arrangement and you refuse to do so without Good Cause.

Maximum Benefit Period

The later of your SSNRA* or the Maximum Benefit Period listed below.

Age When Disability Begins

Age 62 or under

Age 63

Age 64

Age 65

Age 66

Age 67

Age 68

Age 69 or older

Maximum Benefit Period

Your 65th birthday or

the date the 42nd Monthly Benefit is payable, if later.

The date the 36th Monthly Benefit is payable.

The date the 30th Monthly Benefit is payable.

The date the 24th Monthly Benefit is payable.

The date the 21st Monthly Benefit is payable.

The date the 18th Monthly Benefit is payable.

The date the 15th Monthly Benefit is payable.

The date the 12th Monthly Benefit is payable.

*SSNRA means the Social Security Normal Retirement Age in effect under the Social Security Act on the Policy Effective Date.

WHO IS ELIGIBLE

If you qualify under the Class Definition shown in the Schedule of Benefits you are eligible for coverage under the Policy on the Policy Effective Date, or the day after you complete the Eligibility Waiting Period, if later. The Eligibility Waiting Period is the period of time you must be in Active Service to be eligible for coverage. Your Eligibility Waiting Period will be extended by the number of days you are not in Active Service.

Except as noted in the Reinstatement Provision, if you terminate your coverage and later wish to reapply, or if you are a former Employee who is rehired, you must satisfy a new Eligibility Waiting Period. You are not required to satisfy a new Eligibility Waiting Period if your insurance ends because you no longer qualify under your Class Definition, but you continue to be employed, and within one year you qualify again.

TL-005113

WHEN COVERAGE BEGINS

You will be insured on the date you become eligible, if you are not required to contribute to the cost of this insurance.

If you are required to contribute to the cost of your insurance you may elect to be insured only by authorizing payroll deduction in a form approved by the Employer and us. The effective date of your insurance depends on the date coverage is elected.

If you elect coverage within 31 days after you become eligible, your insurance is effective on the latest of the following dates.

1. The Policy Effective Date.
2. The date you authorized payroll deduction.
3. The date the completed enrollment form is received by the Employer or us.

If your enrollment form is received more than 31 days after you are eligible for insurance, you must satisfy the Insurability Requirement before your insurance is effective. If approved, your insurance is effective on the date we agree in writing to insure you.

If you are not in Active Service on the date your insurance would otherwise be effective, it will be effective on the date you return to any occupation for your Employer on a Full-time basis.

TL-005114

WHEN COVERAGE ENDS

Your coverage ends on the earliest of the following dates:

1. the date you are eligible for coverage under a plan intended to replace this coverage;
2. the date the Policy is terminated;
3. the date you are no longer in an eligible class;
4. the day after the end of the period for which premiums are paid;
5. the date you are no longer in Active Service;
6. the date benefits end because you did not comply with the terms and conditions of the insurance coverage.

If you are entitled to receive Disability Benefits when the Policy terminates, Disability Benefits will be payable to you if you remain disabled and meet the requirements for the insurance. Any later period of Disability, regardless of cause, that begins when you are eligible under another disability coverage provided by any employer, will not be covered.

TL-007505.00

WHEN COVERAGE CONTINUES

This provision modifies the When Coverage Ends provision to allow insurance to continue under certain circumstances if you are no longer in Active Service. Insurance that is continued under this provision is subject to all other terms of the When Coverage Ends provisions.

Your Disability Insurance will continue if your Active Service ends because of a Disability for which benefits under the Policy are or may become payable. Your premiums will be waived while Disability Benefits are payable. If you do not return to Active Service, this insurance ends when your Disability ends or when benefits are no longer payable, whichever occurs first.

If your Active Service ends due to an approved leave pursuant to the Family and Medical Leave Act (FMLA), insurance will continue up to the later of the period of your approved FMLA leave or the leave period required by law in the state in which you are employed. Premiums are required for this coverage.

If your Active Service ends due to any other leave of absence approved in writing by the Employer prior to the date you cease work, insurance will continue for you for up to 12 months. Premiums are required for this coverage. An approved leave of absence does not include Furlough, Temporary Layoff or termination of employment.

If your Active Service ends due to any other excused short term absence from work that is reported to the Employer timely in accordance with the Employer's reporting requirements for such short term absence, your insurance will continue until the earlier of:

- a. the date your employment relationship with the Employer terminates;
- b. the date premiums are not paid when due;
- c. the end of the 30 day period that begins with the first day of such excused absence;
- d. the end of the period for which such short term absence is excused by the Employer.

Notwithstanding any other provision of this policy, if your Active Service ends due to layoff, termination of employment or any other termination of the employment relationship, insurance will terminate and continuation of insurance under this provision will not apply.

If your insurance is continued pursuant to this When Coverage Continues provision, and you become Disabled during such period of continuation, Disability Benefits will not begin until the later of the date the Elimination Period is satisfied or the date you are scheduled to return to Active Service.

TL-009970.26

TAKEOVER PROVISION

This provision applies to you only if you are eligible under this Policy and were covered for long term disability coverage on the day prior to the effective date of this Policy under the Prior Plan provided by the Policyholder or by an entity that has been acquired by the Policyholder.

- A. This section A applies to you if you are not in Active Service on the day prior to the effective date of this Policy due to a reason for which the Prior Plan and this Policy both provide for continuation of insurance. If required premium is paid when due, we will insure an Employee to which this section applies against a disability that occurs after the effective date of this Policy for the affected employee group. This coverage will be provided until the earlier of the date: (a) you return to Active Service, (b) continuation of insurance under the Prior Plan would end but for termination of that plan; or (c) the date continuation of insurance under this Policy would end if computed from the first day you were not in Active Service. The Policy will provide this coverage as follows:
1. If benefits for a disability are covered under the Prior Plan, no benefits are payable under this Plan.
 2. If the disability is not a covered disability under the Prior Plan solely because the plan terminated, benefits payable under this Policy for that disability will be the lesser of: (a) the disability benefits that would have been payable under the Prior Plan; and (b) those provided by this Policy. Credit will be given for partial completion under the Prior Plan of Elimination Periods and partial satisfaction of pre-existing condition limitations.
- B. The Elimination Period under this Policy will be waived for a Disability which begins while you are insured under this Policy if all of the following conditions are met:
1. The Disability results from the same or related causes as a Disability for which monthly benefits were payable under the Prior Plan;
 2. Benefits are not payable for the Disability under the Prior Plan solely because it is not in effect;
 3. An Elimination Period would not apply to the Disability if the Prior Plan had not ended;
 4. The Disability begins within 6 months of your return to Active Service and your insurance under this Policy is continuous from this Policy's Effective Date.
- C. Except for any amount of benefit in excess of a Prior Plan's benefits, the Pre-existing Condition Limitation will not apply if you were covered under a Prior Plan and satisfied the pre-existing condition limitation, if any, under that plan. If you did not fully satisfy the pre-existing condition limitation of that plan, credit will be given for any time that was satisfied under the Prior Plan's pre-existing condition limitation.

Benefits will be determined based on the lesser of: (1) the amount of the gross disability benefit under the Prior Plan and any applicable maximums; and (2) those provided by this Policy.

If benefits are payable under the Prior Plan for the Disability, no benefits are payable under this Policy.

DESCRIPTION OF BENEFITS WHAT IS COVERED

Disability Benefits

We will pay Disability Benefits if you become Disabled while covered under this Policy. You must satisfy the Elimination Period, be under the Appropriate Care of a Physician for those disabilities for which it is required to be under such care, and meet all the other terms and conditions of the Policy. You must provide to us, at your own expense, satisfactory proof of Disability before benefits will be paid. The Disability Benefit is shown in the Schedule of Benefits.

We will require continued proof of your Disability for benefits to continue.

Elimination Period

The Elimination Period is the period of time you must be continuously Disabled before Disability Benefits are payable. The Elimination Period is shown in the Schedule of Benefits.

A period of Disability is not continuous if separate periods of Disability result from unrelated causes.

Disability Benefit Calculation

The Disability Benefit Calculation is shown in the Schedule of Benefits. Monthly Disability Benefits are based on a 30 day period. They will be prorated if payable for any period less than a month. If you are working while Disabled, the Disability Benefit Calculation will be the Return to Work Incentive.

Return to Work Incentive

The Return to Work Incentive is shown in the Schedule of Benefits. You may work for wage or profit while Disabled. In any month in which you work and a Disability Benefit is payable, the Return to Work Incentive applies.

We will, from time to time, review your status and will require satisfactory proof of earnings and continued Disability.

Minimum Benefit

We will pay the Minimum Benefit shown in the Schedule of Benefits despite any reductions made for Other Income Benefits. The Minimum Benefit will not apply if benefits are being withheld to recover an overpayment of benefits.

Other Income Benefits

If Disability Benefits are payable to you under this Policy, you may be eligible for benefits from Other Income Benefits. If so, we may reduce the Disability Benefits by the amount of such Other Income Benefits.

Other Income Benefits include:

1. any amounts received (or assumed to be received*) by you or your dependents under:
 - the Canada and Quebec Pension Plans;
 - the Railroad Retirement Act;
 - any local, state, provincial or federal government disability or retirement plan or law payable for Injury or Sickness provided as a result of employment with the Employer;
 - any sick leave or salary continuation plan of the Employer;
 - any work loss provision in mandatory "No-Fault" auto insurance.
2. any Social Security disability or retirement benefits you or any third party receive (or are assumed to receive*) on your own behalf or for your dependents; or which your dependents receive (or are assumed to receive*) because of your entitlement to such benefits.
3. any Retirement Plan benefits funded by the Employer. "Retirement Plan" means any defined benefit or defined contribution plan sponsored or funded by the Employer. It does not include an individual deferred compensation agreement; a profit sharing or any other retirement or savings plan maintained in addition to a defined benefit or other defined contribution pension plan, or any employee savings plan including a thrift, stock option or stock bonus plan, individual retirement account or 401(k) plan.
4. any disability income proceeds payable under any franchise or group insurance or similar plan. If other insurance applies to the same claim for Disability, and contains the same or similar provision for reduction because of other insurance, we will pay for our pro rata share of the total claim. "Pro rata share" means the proportion of the total benefit that the amount payable under one policy, without other insurance, bears to the total benefits under all such policies.
5. any amounts received (or assumed to be received*) by you or your dependents under any workers' compensation, occupational disease, unemployment compensation law or similar state or federal law payable for Injury or Sickness arising out of work with the Employer, including all permanent and temporary disability benefits. This includes any damages, compromises or settlement paid in place of such benefits, whether or not liability is admitted.

Dependents include any person who receives (or is assumed to receive*) benefits under any applicable law because of your entitlement to benefits.

*See the Assumed Receipt of Benefits provision.

Increases in Other Income Benefits

Any increase in Other Income Benefits during a period of Disability due to a cost of living adjustment will not be considered in calculating your Disability Benefits after the first reduction is made for any Other Income Benefits. This section does not apply to any cost of living adjustment for Disability Earnings.

Lump Sum Payments

Other Income Benefits or earnings paid in a lump sum will be prorated over the period for which the sum is given. If no time is stated, the lump sum will be prorated over five years.

If no specific allocation of a lump sum payment is made, then the total payment will be an Other Income Benefit.

Assumed Receipt of Benefits

We will assume you (and your dependents, if applicable) are receiving benefits for which you are eligible from Other Income Benefits. We will reduce your Disability Benefits by the amount from Other Income Benefits we estimate are payable to you and your dependents.

We will waive Assumed Receipt of Benefits, except for Disability Earnings for work you perform while Disability Benefits are payable, if you:

1. provide satisfactory proof of application for Other Income Benefits;
2. sign a Reimbursement Agreement;
3. provide satisfactory proof that all appeals for Other Income Benefits have been made unless we determine that further appeals are not likely to succeed; and
4. submit satisfactory proof that Other Income Benefits were denied.

We will not assume receipt of any pension or retirement benefits that are actuarially reduced according to applicable law, until you actually receive them.

Social Security Assistance

We may help you in applying for Social Security Disability Income (SSDI) Benefits, and may require you to file an appeal if we believe a reversal of a prior decision is possible.

We will reduce Disability Benefits by the amount we estimate you will receive, if you refuse to cooperate with or participate in the Social Security Assistance Program.

Recovery of Overpayment

We have the right to recover any benefits we have overpaid. We may use any or all of the following to recover an overpayment:

1. request a lump sum payment of the overpaid amount;
2. reduce any amounts payable under this Policy; and/or
3. take any appropriate collection activity available to us.

The Minimum Benefit amount will not apply when Disability Benefits are reduced in order to recover any overpayment.

If an overpayment is due when you die, any benefits payable under the Policy will be reduced to recover the overpayment.

Successive Periods of Disability

A separate period of Disability will be considered continuous:

1. if it results from the same or related causes as a prior Disability for which benefits were payable; and
2. if, after receiving Disability Benefits, you return to work in your Regular Occupation for less than 6 consecutive months; and
3. if you earn less than the percentage of Indexed Earnings that would still qualify you to meet the definition of Disability/Disabled during at least one month.

Any later period of Disability, regardless of cause, that begins when you are eligible for coverage under another group disability plan provided by any employer will not be considered a continuous period of Disability.

For any separate period of disability which is not considered continuous, you must satisfy a new Elimination Period.

LIMITATIONS

Limited Benefit Periods for Mental or Nervous Disorders

We will pay Disability Benefits on a limited basis during your lifetime for a Disability caused by, or contributed to by, any one or more of the following conditions. Once 24 monthly Disability Benefits have been paid, no further benefits will be payable for any of the following conditions.

- 1) Anxiety disorders
- 2) Delusional (paranoid) disorders
- 3) Depressive disorders
- 4) Eating disorders
- 5) Mental illness
- 6) Somatoform disorders (psychosomatic illness)

If, before reaching your lifetime maximum benefit, you are confined in a hospital for more than 14 consecutive days, that period of confinement will not count against your lifetime limit. The confinement must be for the Appropriate Care of any of the conditions listed above.

Limited Benefit Periods for Alcoholism and Drug Addiction or Abuse

We will pay Disability Benefits on a limited basis during your lifetime for a Disability caused by, or contributed to by, any one or more of the following conditions. Once 24 monthly Disability Benefits have been paid, no further benefits will be payable for any of the following conditions.

- 1) Alcoholism
- 2) Drug addiction or abuse

If, before reaching your lifetime maximum benefit, you are confined in a hospital for more than 14 consecutive days, that period of confinement will not count against your lifetime limit. The confinement must be for the Appropriate Care of any of the conditions listed above.

Pre-Existing Condition Limitation

We will not pay benefits for any period of Disability caused or contributed to by, or resulting from, a Pre-existing Condition. A "Pre-existing Condition" means any Injury or Sickness for which you incurred expenses, received medical treatment, care or services including diagnostic measures, or took prescribed drugs or medicines within 12 months before your most recent effective date of insurance.

The Pre-existing Condition Limitation will apply to any added benefits or increases in benefits. This limitation will not apply to a period of Disability that begins after the earlier of an Employee is covered for at least 12 months after his or her most recent effective date of insurance, or the effective date of any added or increased benefits. The Pre-existing Condition Limitation will not apply if your coverage terminates when the school year ends and later becomes effective at the beginning of the next school year. If you did not fully satisfy the Pre-existing Condition prior to the date his or her coverage ends, credit will be given for any time that was satisfied.

ADDITIONAL BENEFITS

Rehabilitation During a Period of Disability

If we determine that you are a suitable candidate for rehabilitation, we may require you to participate in a Rehabilitation Plan and assessment at our expense. During the first 12 months of your Disability, any required participation in a Rehabilitation Plan may only be for your Regular Occupation. After the first 12 months of your Disability, you may be required to participate in a Rehabilitation Program for any occupation based upon your education, training, experience and income at the time you became disabled. You may voluntarily participate in any other plan recommended or approved by us. We have the sole discretion to approve your participation in a Rehabilitation Plan and to approve a program as a Rehabilitation Plan. We will work with you, the Employer and your Physician and others, as appropriate, to perform the assessment, develop a Rehabilitation Plan, and discuss return to work opportunities.

The Rehabilitation Plan may, at our discretion, allow for payment of your medical expense, education expense, moving expense, accommodation expense or family care expense while you participate in the program.

If you fail to fully cooperate in all required phases of the Rehabilitation Plan and assessment without Good Cause, no Disability Benefits will be paid, and insurance will end.

TL-007501.26

Conversion Privilege for Disability Insurance Benefits

If an Employee's insurance ends because employment with the Employer ends, or an Employee is laid off or on an uninsured leave of absence, he or she may be eligible for conversion insurance.

To be eligible, an Employee must have been insured for Disability Benefits and actively at work for at least 12 straight months. An Employee must apply for conversion insurance within 62 days after insurance under this Policy ends or within 31 days of the date notice is given to apply for a converted policy or certificate, whichever is later. In no event will the conversion period be extended beyond 105 days from the date insurance ends.

The benefits of the conversion plan will be those benefits offered at the time the Employee applies. The premium will be based on the rates in effect for conversion plans at that time.

Conversion insurance is not available if any of the following conditions apply:

1. the Employee is retired or age 70 or older;
2. the Employee is not in Active Service because of Disability;
3. the Policy is canceled for any reason;
4. the Employee is no longer in a Class of Eligible Employees, but is still employed by the Employer.

TL-009961.26

Survivor Benefit

We will pay a Survivor Benefit if you die while Disability Benefits are payable to you for a continuous period of Disability. The Survivor Benefit will equal 100% of the sum of the last full Disability Benefit payable to you plus the amount of any Disability Earnings by which the benefit had been reduced for that month. A single lump sum payment equal to 3 monthly Survivor Benefits will be payable.

We will pay the Survivor Benefit to your Spouse. If you do not have a Spouse, we will pay your surviving Children in equal shares. If you do not have a Spouse or any Children, we will pay your estate.

"Spouse" means your lawful spouse. "Children" means your unmarried children under age 21 who are chiefly dependent upon you for support and maintenance. The term includes a stepchild living with you at the time of your death.

TL-005107

TERMINATION OF DISABILITY BENEFITS

Benefits will end on the earliest of the following dates:

1. the date you earn from any occupation, more than the percentage of Indexed Earnings set forth in the definition of Disability applicable to you at that time;
2. the date we determine you are not Disabled;
3. the end of the Maximum Benefit Period;
4. the date you die;
5. the date you refuse, without Good Cause, to fully cooperate in all required phases of the Rehabilitation Plan and assessment;
6. the date you are no longer receiving Appropriate Care;
7. the date you fail to cooperate with us in the administration of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due;
8. the date you are able to work at your Regular Occupation the lesser of eight hours per day and forty hours per week, or, the number of hours per day and per week defined by the Employer as the full-time requirement for that occupation.

Benefits may be resumed if you begin to cooperate fully in the Rehabilitation Plan within 30 days of the date benefits terminated.

TL-007502.00

WHAT IS NOT COVERED

We will not pay any Disability Benefits for a Disability that results directly from:

1. suicide, attempted suicide, or intentionally self-inflicted injury while sane.
2. war or any act of war, whether or not declared.
3. active participation in a riot.
4. commission of a felony.
5. the revocation, restriction or non-renewal of your license, permit or certification necessary to perform the duties of your occupation unless due solely to Injury or Sickness otherwise covered by the Policy.

In addition, we will not pay Disability Benefits for any period of Disability during which you are incarcerated in a penal or corrections institution.

TL-007503.26

CLAIM PROVISIONS

Notice of Claim

Written notice of claim, or notice by any other electronic/telephonic means authorized by us, must be given to us within 31 days after a covered loss occurs or begins or as soon as reasonably possible. If written notice, or notice by any other electronic/telephonic means authorized by us, is not given in that time, the claim will not be invalidated or reduced if it is shown that notice was given as soon as was reasonably possible. Notice can be given at our home office in Philadelphia, Pennsylvania or to our agent. Notice should include the Employer's name, the Policy Number and the claimant's name and address.

Claim Forms

When we receive notice of claim, we will send claim forms for filing proof of loss. If we do not send claim forms within 15 days after notice is received by us, the proof requirements will be met by submitting, within the time required under the "Proof of Loss" section, written proof, or proof by any other electronic/telephonic means authorized by us, of the nature and extent of the loss.

Claimant Cooperation Provision

If you fail to cooperate with us in our administration of your claim, we may terminate the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Insurance Data

The Employer is required to cooperate with us in the review of claims and applications for coverage. Any information we provide to the Employer in these areas is confidential and may not be used or released by the Employer if not permitted by applicable privacy laws.

Proof of Loss

You must provide written proof of loss to us, or proof by any other electronic/telephonic means authorized by us, within 90 days after the date of the loss for which a claim is made. If written proof of loss, or proof by any other electronic/telephonic means authorized by us, is not given in that 90 day period, the claim will not be invalidated nor reduced if it is shown that it was given as soon as was reasonably possible. In any case, written proof of loss, or proof by any other electronic/telephonic means authorized by us, must be given not more than one year after the 90 day period. If written proof of loss, or proof by any other electronic/telephonic means authorized by us, is provided outside of these time limits, the claim will be denied. These time limits will not apply due to lack of legal capacity.

Written proof that the loss continues, or proof by any other electronic/telephonic means authorized by us, must be furnished to us at intervals we require. Within 30 days of a request, written proof of continued Disability and Appropriate Care by a Physician must be given to us.

Time of Payment

Disability Benefits will be paid at regular intervals of not less frequently than once a month. Any balance, unpaid at the end of any period for which we are liable, will be paid at that time.

To Whom Payable

Disability Benefits will be paid to you. If any person to whom benefits are payable is a minor or, in our opinion is not able to give a valid receipt, such payment will be made to his or her legal guardian. However, if no request for payment has been made by the legal guardian, we may, at our option, make payment to the person or institution appearing to have assumed custody and support.

If you die while any Disability Benefits remain unpaid, we may, at our option, make direct payment to any of your following living relatives: your spouse, your mother, your father, your children, your brothers or sisters; or to the executors or administrators of your estate. We may reduce the amount payable by any indebtedness due.

Payment in the manner described above will release us from all liability for any payment made.

Physical Examination and Autopsy

We may, at our expense, exercise the right to examine any person for whom a claim is pending as often as we may reasonably require. Also, we may, at our expense, require an autopsy unless prohibited by law.

Legal Actions

No action at law or in equity may be brought to recover benefits under the Policy less than 60 days after written proof of loss, or proof by any other electronic/telephonic means authorized by us, has been furnished as required by the Policy. No such action shall be brought more than 3 years after the time satisfactory proof of loss is required to be furnished.

Time Limitations

If any time limit stated in the Policy for giving notice of claim or proof of loss, or for bringing any action at law or in equity, is less than that permitted by the law of the state in which you live when the Policy is issued, then the time limit provided in the Policy is extended to agree with the minimum permitted by the law of that state.

Physician/Patient Relationship

You have the right to choose any Physician who is practicing legally. We will in no way disturb the Physician/patient relationship.

TL-005123

ADMINISTRATIVE PROVISIONS

Premiums

The premiums for this Policy will be based on the rates currently in force, the plan and the amount of insurance in effect.

Your Grace Period

If your required premium is not paid on the Premium Due Date, there is a 31 day grace period after each premium due date after the first. If the required premium is not paid during the grace period, insurance will end on the last day for which premium was paid.

Reinstatement of Insurance

Your insurance may be reinstated if it ends because you are on an unpaid leave of absence. If your Active Service ended due to an approved leave pursuant to the Family and Medical Leave Act (FMLA) and Continuation of Insurance is not applicable, your insurance may be reinstated at the conclusion of the FMLA leave.

If your Active Service ends due to an Employer approved unpaid leave of absence, other than an approved FMLA leave, insurance may be reinstated only:

1. If the reinstatement occurs within 12 weeks from the date insurance ends, or
2. When returning from military service pursuant to the Uniformed Services Employment Act of 1994 (USERRA).

For insurance to be reinstated the following conditions must be met:

1. You must be in a Class of Eligible Employees.
2. The required premium must be paid.
3. We must receive a written request for reinstatement within 31 days from the date you return to Active Service.

Reinstated insurance will be effective on the date you return to Active Service. If you did not fully satisfy the Eligibility Waiting Period or the Pre-Existing Condition Limitation (if any) before insurance ended due to an unpaid leave of absence, credit will be given for any time that was satisfied.

TL-009960.26

GENERAL PROVISIONS

Incontestability

All statements made by the Employer or by an Insured are representations not warranties. No statement will be used to deny or reduce benefits or as a defense to a claim, unless a copy of the instrument containing the statement has been furnished to the claimant. In the event of death or legal incapacity, the beneficiary or representative must receive the copy.

After two years from an Insured's effective date of insurance, or from the effective date of any added or increased benefits, no such statement will cause insurance to be contested except for fraud or eligibility for insurance.

Misstatement of Age

If an Insured's age has been misstated, we will adjust all benefits to the amounts that would have been purchased for the correct age.

Workers' Compensation Insurance

The Policy is not in lieu of and does not affect any requirements for insurance under any Workers' Compensation Insurance Law.

Assignment of Benefits

We will not be affected by the assignment of your certificate until the original assignment or a certified copy of the assignment is filed with us. We will not be responsible for the validity or sufficiency of an assignment. An assignment of benefits will operate so long as the assignment remains in force provided insurance under the Policy is in effect. This insurance may not be levied on, attached, garnished, or otherwise taken for a person's debts. This prohibition does not apply where contrary to law.

Clerical Error

A person's insurance will not be affected by error or delay in keeping records of insurance under the Policy. If such an error is found, the premium will be adjusted fairly.

Ownership of Records

All records maintained by the Insurance Company are, and shall remain, the property of the Insurance Company.

TL-005125

DEFINITIONS

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout this document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits.

Active Service

If you are an Employee, you are in Active Service on a day which is one of the Employer's scheduled work days if either of the following conditions are met.

1. You are performing your regular occupation for the Employer on a full-time basis. You must be working at one of the Employer's usual places of business or at some location to which the Employer's business requires you to travel.
2. The day is a scheduled holiday or vacation day and you were performing your regular occupation on the preceding scheduled work day.

You are in Active Service on a day which is not one of the Employer's scheduled work days only if you were in Active Service on the preceding scheduled work day.

Appropriate Care

Appropriate Care means you:

1. Have received treatment, care and advice from a Physician who is qualified and experienced in the diagnosis and treatment of the conditions causing Disability. If the condition is of a nature or severity that it is customarily treated by a recognized medical specialty, the Physician is a practitioner in that specialty.
2. Continue to receive such treatment, care or advice as often as is required for treatment of the conditions causing Disability.
3. Adhere to the treatment plan prescribed by the Physician, including the taking of medications.

Consumer Price Index (CPI-W)

The Consumer Price Index for Urban Wage Earners and Clerical Workers published by the U.S. Department of Labor. If the index is discontinued or changed, another nationally published index that is comparable to the CPI-W will be used.

Covered Earnings

Covered Earnings means your wage or salary as reported by the Employer for work performed for the Employer as in effect just prior to the date your Disability begins. Covered Earnings are determined initially on the date an Employee applies for coverage. A change in the amount of Covered Earnings is effective on the date of the change, if the Employer gives us written notice of the change and the required premium is paid.

It does not include any amounts received as bonus, commissions, overtime pay or other extra compensation.

Any increase in your Covered Earnings will not be effective during a period of continuous Disability.

Disability/Disabled-Core Benefit

You are considered Disabled if, solely because of Injury or Sickness, you are:

1. unable to perform the material and substantial duties of your Regular Occupation; and
2. unable to earn 80% or more of your Indexed Earnings from working in your Regular Occupation.

After Disability Benefits have been payable for 36 months, you are considered Disabled if, solely due to Injury or Sickness, you are:

1. unable to perform the material and substantial duties of any occupation for which you are, or become qualified based on education, training or experience; and
2. unable to earn 80% or more of your Indexed Earnings.

We will require proof of earnings and continued Disability.

Disability/Disabled-Optional Benefit

You are considered Disabled if, solely because of Injury or Sickness, you are:

1. unable to perform the material and substantial duties of your Regular Occupation; and
2. unable to earn 80% or more of your Indexed Earnings from working in your Regular Occupation.

After Disability Benefits have been payable for 24 months, you are considered Disabled if, solely due to Injury or Sickness, you are:

1. unable to perform the material and substantial duties of any occupation for which you are, or become qualified based on education, training or experience; and
2. unable to earn 80% or more of your Indexed Earnings.

We will require proof of earnings and continued Disability.

Disability Earnings

Any wage or salary for any work performed for any employer during your Disability, including commissions, bonus, overtime pay or other extra compensation.

Employee

For eligibility purposes, you are an Employee if you work for the Employer and are in one of the "Classes of Eligible Employees." Otherwise, you are an Employee if you are an employee of the Employer who is insured under the Policy.

Employer

The Policyholder and any affiliates or subsidiaries covered under the Policy. The Employer is acting as your agent for transactions relating to this insurance. You shall not consider any actions of the Employer as actions of the Insurance Company.

Full-time

Full-time means the number of hours set by the Employer as a regular work day for Employees in your eligibility class.

Furlough

Furlough means a temporary suspension or alteration of Active Service initiated by the Employer, for a period of time specified in advance not to exceed 30 days at a time.

Good Cause

A medical reason preventing participation in the Rehabilitation Plan. Satisfactory proof of Good Cause must be provided to us.

Indexed Earnings

For the first 12 months Monthly Benefits are payable, your Indexed Earnings are equal to your Covered Earnings. After 12 Monthly Benefits are payable, your Indexed Earnings are your Covered Earnings plus an increase applied on each anniversary of the date Monthly Benefits became payable. The amount of each increase will be the lesser of:

1. 10% of your Indexed Earnings during your preceding year of Disability; or
2. the rate of increase in the Consumer Price Index (CPI-W) during the preceding calendar year.

Injury

Any accidental loss or bodily harm that results directly and independently from all other causes from an Accident.

Insurability Requirement

An eligible person satisfies the Insurability Requirement for an amount of coverage on the day we agree in writing to accept you as insured for that amount. To determine a person's acceptability for coverage, we will require you to provide evidence of good health and may require it be provided at your expense.

Insurance Company

The Insurance Company underwriting the Policy is named on your certificate cover page. References to the Insurance Company have been changed to "we", "our", "ours", and "us" throughout the certificate.

Insured

You are an Insured if you are eligible for insurance under the Policy, insurance is elected for you, the required premium is paid and your coverage is in force under the Policy.

Physician

Physician means a licensed doctor practicing within the scope of his or her license and rendering care and treatment to an Insured that is appropriate for the condition and locality. The term does not include you, your spouse, your immediate family (including parents, children, siblings, or spouses of any of the foregoing, whether the relationship derives from blood or marriage), or a person living in your household.

Prior Plan

The Prior Plan refers to the plan of insurance providing similar benefits to you, sponsored by the Employer and in effect directly prior to the Policy Effective Date. A Prior Plan will include the plan of a company in effect on the day prior to that company's addition to this Policy after the Policy Effective Date.

Regular Occupation

The occupation you routinely perform at the time the Disability begins. In evaluating the Disability, we will consider the duties of the occupation as it is normally performed in the general labor market in the national economy. It is not work tasks that are performed for a specific employer or at a specific location.

Rehabilitation Plan

A written plan designed to enable you to return to work. The Rehabilitation Plan will consist of one or more of the following phases:

1. rehabilitation, under which we may provide, arrange or authorize education, vocational or physical rehabilitation or other appropriate services;
2. work, which may include modified work and work on a part-time basis.

Sickness

The term Sickness means a physical or mental illness.

Temporary Layoff

Temporary Layoff means a temporary suspension of Active Service for a period of time determined in advance by the Employer, other than a Furlough as defined. Temporary Layoff does not include the permanent termination of Active Service (including but not limited to a job elimination), which shall be treated as termination of employment.

TL-007500.26 as modified by TL-009980

IMPORTANT CHANGES FOR STATE REQUIREMENTS

If you reside in one of the following states, please read the important changes below. The provisions of your certificate are modified for residents of the following states. The modifications listed apply only to residents of that state, and only when the underlying provision is included in the certificate.

Louisiana residents:

The percentage of Indexed Earnings, if any, that qualifies an insured to meet the definition of Disability/Disabled may not be less than 80%.

Massachusetts residents:

Continuation of Insurance after leaving the group

If you leave the group covered under the Policy, insurance for you will be continued until the earliest of the following dates:

1. 31 days from the date you leave the group;
2. The date you become eligible for similar benefits.

Continuation of Insurance due to a Plant Closing or Partial Closing

If you leave the group due to termination of employment resulting from a Plant Closing or Partial Closing, insurance for you will be continued until the earliest of the following dates:

1. 90 days from the date of the Plant Closing or Partial Closing;
2. The date you become eligible for similar benefits.

Definitions : For purposes of this provision:

Plant Closing means a permanent cessation or reduction of business at a facility which results or will result as determined by the director in the permanent separation of at least 90% of the employees of said facility within a period of six months prior to the date of certification or with such other period as the director shall prescribe, provided that such period shall fall within the six month period prior to the date of certification.

Partial Closing means a permanent cessation of a major discrete portion of the business conducted at a facility which results in the termination of a significant number of the employees of said facility and which affects workers and communities in a manner similar to that of Plant Closings.

Minnesota residents:

The Pre-existing Condition Limitation, if any, may not be longer than 24 months from the insured's most recent effective date of insurance.

Texas residents:

Any provision offsetting or otherwise reducing any benefit by an amount payable under an individual or franchise policy will not apply.

Washington residents:

The following definition of "Children" as stated under the Survivor Benefit is applicable to Washington residents.

"Children" means as Employee's children under age 26 who are chiefly dependent upon the Employee for support and maintenance.

**UNDERWRITTEN BY:
LIFE INSURANCE COMPANY OF NORTH AMERICA
a Cigna company**

Class 2
02/2016



**Group Long Term Disability
Insurance Certificate**

Park Hill School District

IMPORTANT NOTICES

If you reside in one of the following states, please read the important notices below:

Arizona, Florida and Maryland residents:

The group policy is issued in the state of Missouri and will be governed by its laws. If you reside in a state other than Missouri, this certificate of insurance may not provide all of the benefits and protections provided by the laws of your state. PLEASE READ YOUR CERTIFICATE CAREFULLY.

Texas residents:

IMPORTANT NOTICE: To obtain information or make a complaint:

You may call Life Insurance Company of North America toll free telephone number for information or to make a complaint at:

1-800-547-5515

You may also write to Life Insurance Company of North America at:

ATT: Charlene Bush
1601 Chestnut Street, TL16D
Philadelphia, PA 19192

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance:

P.O. Box 149104
Austin, TX 78714-9104
Fax (512) 475-1771
Web: <http://www.tdi.state.tx.us>
Email: ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim you should contact Life Insurance Company of North America first. If the dispute is not resolved, you may contact the Texas Department of Insurance

AVISO IMPORTANTE: Para obtener informacion o para someter una queja:

Usted puede llamar al nuermo de telefono gratis de Connecticut General Life Insurance Company's para infomacion o para someter una queja al: **1-800-547-5515**

Usted tambien puede escribir a Life Insurance Company of North America at:

ATT: Charlene Bush
1601 Chestnut Street, TL16D
Philadelphia, PA 19192

Puede comunicarse con el Departamento de Seguros de Teas para obtener informacion acerca de companies, coverturas, derechos o quejas al:
1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

P.O. Box 149104
Austin, TX 78714-9104
Fax (512) 475-1771
Web: <http://www.tdi.state.tx.us>
Email: ConsumerProtection@tdi.state.tx.us

DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el Life Insurance Company of North America primero. Si no resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

FOREWORD

Disability insurance provides individuals and their families with financial protection. The Disability Insurance Benefit described in this booklet will help secure your family's financial security in the event of your disability.

The need for disability insurance protection depends on individual circumstances and financial situations. This valuable coverage should add an extra dimension to your personal insurance portfolio.

In an effort to make your benefit program more comprehensive and responsive to your needs, your Employer is providing this insurance to you at no cost.

LIFE INSURANCE COMPANY OF NORTH AMERICA
1601 CHESTNUT STREET
PHILADELPHIA, PA 19192-2235
(800) 732-1603 TDD (800) 336-2485
A STOCK INSURANCE COMPANY

**GROUP INSURANCE
CERTIFICATE**

We, the LIFE INSURANCE COMPANY OF NORTH AMERICA, certify that we have issued a Group Policy, VDT-961236, to Park Hill School District.

We certify that we insure all eligible persons, who are enrolled according to the terms of the Policy. Your coverage will begin and end according to the terms set forth in this certificate.

This certificate describes the benefits and basic provisions of your coverage. You should read it with care so you will understand your coverage.

This is not the insurance contract. It does not waive or alter any of the terms of the Policy. If questions arise, the Policy will govern. You may examine the Policy at the office of the Policyholder or the Administrator.

This certificate replaces any and all certificates which may have been issued to you in the past under the Policy.



Matthew G. Manders, President

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SCHEDULE OF BENEFITS

Policy Effective Date: January 1, 2013

Policy Anniversary Date: January 1

Policy Number: VDT-961236

Eligible Class Definition:

All active, Full-time and part-time Employees of the Employer classified as Administrators.

Eligibility Waiting Period

If you were hired on or before the Policy Effective Date: The first of the month following the date of hire

If you were hired after the Policy Effective Date: The first of the month following the date of hire

Elimination Period 90 days

Gross Disability Benefit

The lesser of 66.67% of your monthly Covered Earnings rounded to the nearest dollar or your Maximum Disability Benefit.

Maximum Disability Benefit \$10,000 per month.

Minimum Disability Benefit

The greater of \$100 or 15% of your Monthly Benefit prior to any reductions for Other Income Benefits.

Disability Benefit Calculation

The Disability Benefit payable to you is figured using the Gross Disability Benefit, Other Income Benefits and the Return to Work Incentive. Monthly Benefits are based on a 30-day month. The Disability Benefit will be prorated if payable for any period less than a month.

During any month you have no Disability Earnings, the monthly benefit payable is the Gross Disability Benefit less Other Income Benefits. During any month you have Disability Earnings, benefits are determined under the Return to Work Incentive. Benefits will not be less than the minimum benefit shown in the Schedule of Benefits except as provided under the section Minimum Benefit.

"Other Income Benefits" means any benefits listed in the Other Income Benefits provision that you receive on your own behalf or for your dependents, or which your dependents receive because of your entitlement to Other Income Benefits.

Return to Work Incentive

During any month you have Disability Earnings, your benefits will be calculated as follows.

Your monthly benefit payable will be calculated as follows during the first 24 months disability benefits are payable and you have Disability Earnings:

1. Add your Gross Disability Benefit and Disability Earnings.
2. Compare the sum from 1. to your Indexed Earnings.
3. If the sum from 1. exceeds 100% of your Indexed Earnings, then subtract the Indexed Earnings from the sum in 1.
4. Your Gross Disability Benefit will be reduced by the difference from 3., as well as by Other Income Benefits.
5. If the sum from 1. does not exceed 100% of your Indexed Earnings, your Gross Disability Benefit will be reduced by Other Income Benefits.

After disability benefits are payable for 24 months, the monthly benefit payable is the Gross Disability Benefit reduced by Other Income Benefits and 50% of Disability Earnings.

No Disability Benefits will be paid, and insurance will end if we determine you are able to work under a modified work arrangement and you refuse to do so without Good Cause.

Maximum Benefit Period

The later of your SSNRA* or the Maximum Benefit Period listed below.

Age When Disability Begins

Age 62 or under

Age 63

Age 64

Age 65

Age 66

Age 67

Age 68

Age 69 or older

Maximum Benefit Period

Your 65th birthday or

the date the 42nd Monthly Benefit is payable, if later.

The date the 36th Monthly Benefit is payable.

The date the 30th Monthly Benefit is payable.

The date the 24th Monthly Benefit is payable.

The date the 21st Monthly Benefit is payable.

The date the 18th Monthly Benefit is payable.

The date the 15th Monthly Benefit is payable.

The date the 12th Monthly Benefit is payable.

*SSNRA means the Social Security Normal Retirement Age in effect under the Social Security Act on the Policy Effective Date.

TL-005117

WHO IS ELIGIBLE

If you qualify under the Class Definition shown in the Schedule of Benefits you are eligible for coverage under the Policy on the Policy Effective Date, or the day after you complete the Eligibility Waiting Period, if later. The Eligibility Waiting Period is the period of time you must be in Active Service to be eligible for coverage. Your Eligibility Waiting Period will be extended by the number of days you are not in Active Service.

Except as noted in the Reinstatement Provision, if you terminate your coverage and later wish to reapply, or if you are a former Employee who is rehired, you must satisfy a new Eligibility Waiting Period. You are not required to satisfy a new Eligibility Waiting Period if your insurance ends because you no longer qualify under your Class Definition, but you continue to be employed, and within one year you qualify again.

TL-005113

WHEN COVERAGE BEGINS

You will be insured on the date you become eligible, if you are not required to contribute to the cost of this insurance.

If you are not in Active Service on the date your insurance would otherwise be effective, it will be effective on the date you return to any occupation for your Employer on a Full-time basis.

TL-005114

WHEN COVERAGE ENDS

Your coverage ends on the earliest of the following dates:

1. the date you are eligible for coverage under a plan intended to replace this coverage;
2. the date the Policy is terminated;
3. the date you are no longer in an eligible class;
4. the day after the end of the period for which premiums are paid;
5. the date you are no longer in Active Service;
6. the date benefits end because you did not comply with the terms and conditions of the insurance coverage.

If you are entitled to receive Disability Benefits when the Policy terminates, Disability Benefits will be payable to you if you remain disabled and meet the requirements for the insurance. Any later period of Disability, regardless of cause, that begins when you are eligible under another disability coverage provided by any employer, will not be covered.

TL-007505.00

WHEN COVERAGE CONTINUES

This provision modifies the When Coverage Ends provision to allow insurance to continue under certain circumstances if you are no longer in Active Service. Insurance that is continued under this provision is subject to all other terms of the When Coverage Ends provisions.

Your Disability Insurance will continue if your Active Service ends because of a Disability for which benefits under the Policy are or may become payable. Your premiums will be waived while Disability Benefits are payable. If you do not return to Active Service, this insurance ends when your Disability ends or when benefits are no longer payable, whichever occurs first.

If your Active Service ends due to an approved leave pursuant to the Family and Medical Leave Act (FMLA), insurance will continue up to the later of the period of your approved FMLA leave or the leave period required by law in the state in which you are employed. Premiums are required for this coverage.

If your Active Service ends due to any other leave of absence approved in writing by the Employer prior to the date you cease work, insurance will continue for you for up to 12 months. Premiums are required for this coverage. An approved leave of absence does not include Furlough, Temporary Layoff or termination of employment.

If your Active Service ends due to any other excused short term absence from work that is reported to the Employer timely in accordance with the Employer's reporting requirements for such short term absence, your insurance will continue until the earlier of:

- a. the date your employment relationship with the Employer terminates;
- b. the date premiums are not paid when due;
- c. the end of the 30 day period that begins with the first day of such excused absence;
- d. the end of the period for which such short term absence is excused by the Employer.

Notwithstanding any other provision of this policy, if your Active Service ends due to layoff, termination of employment or any other termination of the employment relationship, insurance will terminate and continuation of insurance under this provision will not apply.

If your insurance is continued pursuant to this When Coverage Continues provision, and you become Disabled during such period of continuation, Disability Benefits will not begin until the later of the date the Elimination Period is satisfied or the date you are scheduled to return to Active Service.

TL-009970.26

TAKEOVER PROVISION

This provision applies to you only if you are eligible under this Policy and were covered for long term disability coverage on the day prior to the effective date of this Policy under the Prior Plan provided by the Policyholder or by an entity that has been acquired by the Policyholder.

- A. This section A applies to you if you are not in Active Service on the day prior to the effective date of this Policy due to a reason for which the Prior Plan and this Policy both provide for continuation of insurance. If required premium is paid when due, we will insure an Employee to which this section applies against a disability that occurs after the effective date of this Policy for the affected employee group. This coverage will be provided until the earlier of the date: (a) you return to Active Service, (b) continuation of insurance under the Prior Plan would end but for termination of that plan; or (c) the date continuation of insurance under this Policy would end if computed from the first day you were not in Active Service. The Policy will provide this coverage as follows:
1. If benefits for a disability are covered under the Prior Plan, no benefits are payable under this Plan.
 2. If the disability is not a covered disability under the Prior Plan solely because the plan terminated, benefits payable under this Policy for that disability will be the lesser of: (a) the disability benefits that would have been payable under the Prior Plan; and (b) those provided by this Policy. Credit will be given for partial completion under the Prior Plan of Elimination Periods and partial satisfaction of pre-existing condition limitations.
- B. The Elimination Period under this Policy will be waived for a Disability which begins while you are insured under this Policy if all of the following conditions are met:
1. The Disability results from the same or related causes as a Disability for which monthly benefits were payable under the Prior Plan;
 2. Benefits are not payable for the Disability under the Prior Plan solely because it is not in effect;
 3. An Elimination Period would not apply to the Disability if the Prior Plan had not ended;
 4. The Disability begins within 6 months of your return to Active Service and your insurance under this Policy is continuous from this Policy's Effective Date.
- C. Except for any amount of benefit in excess of a Prior Plan's benefits, the Pre-existing Condition Limitation will not apply if you were covered under a Prior Plan and satisfied the pre-existing condition limitation, if any, under that plan. If you did not fully satisfy the pre-existing condition limitation of that plan, credit will be given for any time that was satisfied under the Prior Plan's pre-existing condition limitation.

Benefits will be determined based on the lesser of: (1) the amount of the gross disability benefit under the Prior Plan and any applicable maximums; and (2) those provided by this Policy.

If benefits are payable under the Prior Plan for the Disability, no benefits are payable under this Policy.

DESCRIPTION OF BENEFITS WHAT IS COVERED

Disability Benefits

We will pay Disability Benefits if you become Disabled while covered under this Policy. You must satisfy the Elimination Period, be under the Appropriate Care of a Physician for those disabilities for which it is required to be under such care, and meet all the other terms and conditions of the Policy. You must provide to us, at your own expense, satisfactory proof of Disability before benefits will be paid. The Disability Benefit is shown in the Schedule of Benefits.

We will require continued proof of your Disability for benefits to continue.

Elimination Period

The Elimination Period is the period of time you must be continuously Disabled before Disability Benefits are payable. The Elimination Period is shown in the Schedule of Benefits.

A period of Disability is not continuous if separate periods of Disability result from unrelated causes.

Disability Benefit Calculation

The Disability Benefit Calculation is shown in the Schedule of Benefits. Monthly Disability Benefits are based on a 30 day period. They will be prorated if payable for any period less than a month. If you are working while Disabled, the Disability Benefit Calculation will be the Return to Work Incentive.

Return to Work Incentive

The Return to Work Incentive is shown in the Schedule of Benefits. You may work for wage or profit while Disabled. In any month in which you work and a Disability Benefit is payable, the Return to Work Incentive applies.

We will, from time to time, review your status and will require satisfactory proof of earnings and continued Disability.

Minimum Benefit

We will pay the Minimum Benefit shown in the Schedule of Benefits despite any reductions made for Other Income Benefits. The Minimum Benefit will not apply if benefits are being withheld to recover an overpayment of benefits.

Other Income Benefits

If Disability Benefits are payable to you under this Policy, you may be eligible for benefits from Other Income Benefits. If so, we may reduce the Disability Benefits by the amount of such Other Income Benefits.

Other Income Benefits include:

1. any amounts received (or assumed to be received*) by you or your dependents under:
 - the Canada and Quebec Pension Plans;
 - the Railroad Retirement Act;
 - any local, state, provincial or federal government disability or retirement plan or law payable for Injury or Sickness provided as a result of employment with the Employer;
 - any sick leave or salary continuation plan of the Employer;
 - any work loss provision in mandatory "No-Fault" auto insurance.
2. any Social Security disability or retirement benefits you or any third party receive (or are assumed to receive*) on your own behalf or for your dependents; or which your dependents receive (or are assumed to receive*) because of your entitlement to such benefits.
3. any Retirement Plan benefits funded by the Employer. "Retirement Plan" means any defined benefit or defined contribution plan sponsored or funded by the Employer. It does not include an individual deferred compensation agreement; a profit sharing or any other retirement or savings plan maintained in addition to a defined benefit or other defined contribution pension plan, or any employee savings plan including a thrift, stock option or stock bonus plan, individual retirement account or 401(k) plan.
4. any disability income proceeds payable under any franchise or group insurance or similar plan. If other insurance applies to the same claim for Disability, and contains the same or similar provision for reduction because of other insurance, we will pay for our pro rata share of the total claim. "Pro rata share" means the proportion of the total benefit that the amount payable under one policy, without other insurance, bears to the total benefits under all such policies.
5. any amounts received (or assumed to be received*) by you or your dependents under any workers' compensation, occupational disease, unemployment compensation law or similar state or federal law payable for Injury or Sickness arising out of work with the Employer, including all permanent and temporary disability benefits. This includes any damages, compromises or settlement paid in place of such benefits, whether or not liability is admitted.

Dependents include any person who receives (or is assumed to receive*) benefits under any applicable law because of your entitlement to benefits.

*See the Assumed Receipt of Benefits provision.

Increases in Other Income Benefits

Any increase in Other Income Benefits during a period of Disability due to a cost of living adjustment will not be considered in calculating your Disability Benefits after the first reduction is made for any Other Income Benefits. This section does not apply to any cost of living adjustment for Disability Earnings.

Lump Sum Payments

Other Income Benefits or earnings paid in a lump sum will be prorated over the period for which the sum is given. If no time is stated, the lump sum will be prorated over five years.

If no specific allocation of a lump sum payment is made, then the total payment will be an Other Income Benefit.

Assumed Receipt of Benefits

We will assume you (and your dependents, if applicable) are receiving benefits for which you are eligible from Other Income Benefits. We will reduce your Disability Benefits by the amount from Other Income Benefits we estimate are payable to you and your dependents.

We will waive Assumed Receipt of Benefits, except for Disability Earnings for work you perform while Disability Benefits are payable, if you:

1. provide satisfactory proof of application for Other Income Benefits;
2. sign a Reimbursement Agreement;
3. provide satisfactory proof that all appeals for Other Income Benefits have been made unless we determine that further appeals are not likely to succeed; and
4. submit satisfactory proof that Other Income Benefits were denied.

We will not assume receipt of any pension or retirement benefits that are actuarially reduced according to applicable law, until you actually receive them.

Social Security Assistance

We may help you in applying for Social Security Disability Income (SSDI) Benefits, and may require you to file an appeal if we believe a reversal of a prior decision is possible.

We will reduce Disability Benefits by the amount we estimate you will receive, if you refuse to cooperate with or participate in the Social Security Assistance Program.

Recovery of Overpayment

We have the right to recover any benefits we have overpaid. We may use any or all of the following to recover an overpayment:

1. request a lump sum payment of the overpaid amount;
2. reduce any amounts payable under this Policy; and/or
3. take any appropriate collection activity available to us.

The Minimum Benefit amount will not apply when Disability Benefits are reduced in order to recover any overpayment.

If an overpayment is due when you die, any benefits payable under the Policy will be reduced to recover the overpayment.

Successive Periods of Disability

A separate period of Disability will be considered continuous:

1. if it results from the same or related causes as a prior Disability for which benefits were payable; and
2. if, after receiving Disability Benefits, you return to work in your Regular Occupation for less than 6 consecutive months; and
3. if you earn less than the percentage of Indexed Earnings that would still qualify you to meet the definition of Disability/Disabled during at least one month.

Any later period of Disability, regardless of cause, that begins when you are eligible for coverage under another group disability plan provided by any employer will not be considered a continuous period of Disability.

For any separate period of disability which is not considered continuous, you must satisfy a new Elimination Period.

LIMITATIONS

Limited Benefit Periods for Mental or Nervous Disorders

We will pay Disability Benefits on a limited basis during your lifetime for a Disability caused by, or contributed to by, any one or more of the following conditions. Once 24 monthly Disability Benefits have been paid, no further benefits will be payable for any of the following conditions.

- 1) Anxiety disorders
- 2) Delusional (paranoid) disorders
- 3) Depressive disorders
- 4) Eating disorders
- 5) Mental illness
- 6) Somatoform disorders (psychosomatic illness)

If, before reaching your lifetime maximum benefit, you are confined in a hospital for more than 14 consecutive days, that period of confinement will not count against your lifetime limit. The confinement must be for the Appropriate Care of any of the conditions listed above.

Limited Benefit Periods for Alcoholism and Drug Addiction or Abuse

We will pay Disability Benefits on a limited basis during your lifetime for a Disability caused by, or contributed to by, any one or more of the following conditions. Once 24 monthly Disability Benefits have been paid, no further benefits will be payable for any of the following conditions.

- 1) Alcoholism
- 2) Drug addiction or abuse

If, before reaching your lifetime maximum benefit, you are confined in a hospital for more than 14 consecutive days, that period of confinement will not count against your lifetime limit. The confinement must be for the Appropriate Care of any of the conditions listed above.

Pre-Existing Condition Limitation

We will not pay benefits for any period of Disability caused or contributed to by, or resulting from, a Pre-existing Condition. A "Pre-existing Condition" means any Injury or Sickness for which you incurred expenses, received medical treatment, care or services including diagnostic measures, or took prescribed drugs or medicines within 12 months before your most recent effective date of insurance.

The Pre-existing Condition Limitation will apply to any added benefits or increases in benefits. This limitation will not apply to a period of Disability that begins after the earlier of an Employee is covered for at least 12 months after his or her most recent effective date of insurance, or the effective date of any added or increased benefits. The Pre-existing Condition Limitation will not apply if your coverage terminates when the school year ends and later becomes effective at the beginning of the next school year. If you did not fully satisfy the Pre-existing Condition prior to the date his or her coverage ends, credit will be given for any time that was satisfied.

ADDITIONAL BENEFITS

Rehabilitation During a Period of Disability

If we determine that you are a suitable candidate for rehabilitation, we may require you to participate in a Rehabilitation Plan and assessment at our expense. During the first 12 months of your Disability, any required participation in a Rehabilitation Plan may only be for your Regular Occupation. After the first 12 months of your Disability, you may be required to participate in a Rehabilitation Program for any occupation based upon your education, training, experience and income at the time you became disabled. You may voluntarily participate in any other plan recommended or approved by us. We have the sole discretion to approve your participation in a Rehabilitation Plan and to approve a program as a Rehabilitation Plan. We will work with you, the Employer and your Physician and others, as appropriate, to perform the assessment, develop a Rehabilitation Plan, and discuss return to work opportunities.

The Rehabilitation Plan may, at our discretion, allow for payment of your medical expense, education expense, moving expense, accommodation expense or family care expense while you participate in the program.

If you fail to fully cooperate in all required phases of the Rehabilitation Plan and assessment without Good Cause, no Disability Benefits will be paid, and insurance will end.

TL-007501.26

Conversion Privilege for Disability Insurance Benefits

If an Employee's insurance ends because employment with the Employer ends, or an Employee is laid off or on an uninsured leave of absence, he or she may be eligible for conversion insurance.

To be eligible, an Employee must have been insured for Disability Benefits and actively at work for at least 12 straight months. An Employee must apply for conversion insurance within 62 days after insurance under this Policy ends or within 31 days of the date notice is given to apply for a converted policy or certificate, whichever is later. In no event will the conversion period be extended beyond 105 days from the date insurance ends.

The benefits of the conversion plan will be those benefits offered at the time the Employee applies. The premium will be based on the rates in effect for conversion plans at that time.

Conversion insurance is not available if any of the following conditions apply:

1. the Employee is retired or age 70 or older;
2. the Employee is not in Active Service because of Disability;
3. the Policy is canceled for any reason;
4. the Employee is no longer in a Class of Eligible Employees, but is still employed by the Employer.

TL-009961.26

Survivor Benefit

We will pay a Survivor Benefit if you die while Disability Benefits are payable to you for a continuous period of Disability. The Survivor Benefit will equal 100% of the sum of the last full Disability Benefit payable to you plus the amount of any Disability Earnings by which the benefit had been reduced for that month. A single lump sum payment equal to 3 monthly Survivor Benefits will be payable.

We will pay the Survivor Benefit to your Spouse. If you do not have a Spouse, we will pay your surviving Children in equal shares. If you do not have a Spouse or any Children, we will pay your estate.

"Spouse" means your lawful spouse. "Children" means your unmarried children under age 21 who are chiefly dependent upon you for support and maintenance. The term includes a stepchild living with you at the time of your death.

TL-005107

TERMINATION OF DISABILITY BENEFITS

Benefits will end on the earliest of the following dates:

1. the date you earn from any occupation, more than the percentage of Indexed Earnings set forth in the definition of Disability applicable to you at that time;
2. the date we determine you are not Disabled;
3. the end of the Maximum Benefit Period;
4. the date you die;
5. the date you refuse, without Good Cause, to fully cooperate in all required phases of the Rehabilitation Plan and assessment;
6. the date you are no longer receiving Appropriate Care;
7. the date you fail to cooperate with us in the administration of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due;
8. the date you are able to work at your Regular Occupation the lesser of eight hours per day and forty hours per week, or, the number of hours per day and per week defined by the Employer as the full-time requirement for that occupation.

Benefits may be resumed if you begin to cooperate fully in the Rehabilitation Plan within 30 days of the date benefits terminated.

TL-007502.00

WHAT IS NOT COVERED

We will not pay any Disability Benefits for a Disability that results directly from:

1. suicide, attempted suicide, or intentionally self-inflicted injury while sane.
2. war or any act of war, whether or not declared.
3. active participation in a riot.
4. commission of a felony.
5. the revocation, restriction or non-renewal of your license, permit or certification necessary to perform the duties of your occupation unless due solely to Injury or Sickness otherwise covered by the Policy.

In addition, we will not pay Disability Benefits for any period of Disability during which you are incarcerated in a penal or corrections institution.

TL-007503.26

CLAIM PROVISIONS

Notice of Claim

Written notice of claim, or notice by any other electronic/telephonic means authorized by us, must be given to us within 31 days after a covered loss occurs or begins or as soon as reasonably possible. If written notice, or notice by any other electronic/telephonic means authorized by us, is not given in that time, the claim will not be invalidated or reduced if it is shown that notice was given as soon as was reasonably possible. Notice can be given at our home office in Philadelphia, Pennsylvania or to our agent. Notice should include the Employer's name, the Policy Number and the claimant's name and address.

Claim Forms

When we receive notice of claim, we will send claim forms for filing proof of loss. If we do not send claim forms within 15 days after notice is received by us, the proof requirements will be met by submitting, within the time required under the "Proof of Loss" section, written proof, or proof by any other electronic/telephonic means authorized by us, of the nature and extent of the loss.

Claimant Cooperation Provision

If you fail to cooperate with us in our administration of your claim, we may terminate the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Insurance Data

The Employer is required to cooperate with us in the review of claims and applications for coverage. Any information we provide to the Employer in these areas is confidential and may not be used or released by the Employer if not permitted by applicable privacy laws.

Proof of Loss

You must provide written proof of loss to us, or proof by any other electronic/telephonic means authorized by us, within 90 days after the date of the loss for which a claim is made. If written proof of loss, or proof by any other electronic/telephonic means authorized by us, is not given in that 90 day period, the claim will not be invalidated nor reduced if it is shown that it was given as soon as was reasonably possible. In any case, written proof of loss, or proof by any other electronic/telephonic means authorized by us, must be given not more than one year after the 90 day period. If written proof of loss, or proof by any other electronic/telephonic means authorized by us, is provided outside of these time limits, the claim will be denied. These time limits will not apply due to lack of legal capacity.

Written proof that the loss continues, or proof by any other electronic/telephonic means authorized by us, must be furnished to us at intervals we require. Within 30 days of a request, written proof of continued Disability and Appropriate Care by a Physician must be given to us.

Time of Payment

Disability Benefits will be paid at regular intervals of not less frequently than once a month. Any balance, unpaid at the end of any period for which we are liable, will be paid at that time.

To Whom Payable

Disability Benefits will be paid to you. If any person to whom benefits are payable is a minor or, in our opinion is not able to give a valid receipt, such payment will be made to his or her legal guardian. However, if no request for payment has been made by the legal guardian, we may, at our option, make payment to the person or institution appearing to have assumed custody and support.

If you die while any Disability Benefits remain unpaid, we may, at our option, make direct payment to any of your following living relatives: your spouse, your mother, your father, your children, your brothers or sisters; or to the executors or administrators of your estate. We may reduce the amount payable by any indebtedness due.

Payment in the manner described above will release us from all liability for any payment made.

Physical Examination and Autopsy

We may, at our expense, exercise the right to examine any person for whom a claim is pending as often as we may reasonably require. Also, we may, at our expense, require an autopsy unless prohibited by law.

Legal Actions

No action at law or in equity may be brought to recover benefits under the Policy less than 60 days after written proof of loss, or proof by any other electronic/telephonic means authorized by us, has been furnished as required by the Policy. No such action shall be brought more than 3 years after the time satisfactory proof of loss is required to be furnished.

Time Limitations

If any time limit stated in the Policy for giving notice of claim or proof of loss, or for bringing any action at law or in equity, is less than that permitted by the law of the state in which you live when the Policy is issued, then the time limit provided in the Policy is extended to agree with the minimum permitted by the law of that state.

Physician/Patient Relationship

You have the right to choose any Physician who is practicing legally. We will in no way disturb the Physician/patient relationship.

TL-005123

ADMINISTRATIVE PROVISIONS**Premiums**

The premiums for this Policy will be based on the rates currently in force, the plan and the amount of insurance in effect.

Reinstatement of Insurance

Your insurance may be reinstated if it ends because you are on an unpaid leave of absence. If your Active Service ended due to an approved leave pursuant to the Family and Medical Leave Act (FMLA) and Continuation of Insurance is not applicable, your insurance may be reinstated at the conclusion of the FMLA leave.

If your Active Service ends due to an Employer approved unpaid leave of absence, other than an approved FMLA leave, insurance may be reinstated only:

1. If the reinstatement occurs within 12 weeks from the date insurance ends, or
2. When returning from military service pursuant to the Uniformed Services Employment Act of 1994 (USERRA).

For insurance to be reinstated the following conditions must be met:

1. You must be in a Class of Eligible Employees.
2. The required premium must be paid.
3. We must receive a written request for reinstatement within 31 days from the date you return to Active Service.

Reinstated insurance will be effective on the date you return to Active Service. If you did not fully satisfy the Eligibility Waiting Period or the Pre-Existing Condition Limitation (if any) before insurance ended due to an unpaid leave of absence, credit will be given for any time that was satisfied.

TL-009960.26

GENERAL PROVISIONS

Incontestability

All statements made by the Employer or by an Insured are representations not warranties. No statement will be used to deny or reduce benefits or as a defense to a claim, unless a copy of the instrument containing the statement has been furnished to the claimant. In the event of death or legal incapacity, the beneficiary or representative must receive the copy.

After two years from an Insured's effective date of insurance, or from the effective date of any added or increased benefits, no such statement will cause insurance to be contested except for fraud or eligibility for insurance.

Misstatement of Age

If an Insured's age has been misstated, we will adjust all benefits to the amounts that would have been purchased for the correct age.

Workers' Compensation Insurance

The Policy is not in lieu of and does not affect any requirements for insurance under any Workers' Compensation Insurance Law.

Assignment of Benefits

We will not be affected by the assignment of your certificate until the original assignment or a certified copy of the assignment is filed with us. We will not be responsible for the validity or sufficiency of an assignment. An assignment of benefits will operate so long as the assignment remains in force provided insurance under the Policy is in effect. This insurance may not be levied on, attached, garnished, or otherwise taken for a person's debts. This prohibition does not apply where contrary to law.

Clerical Error

A person's insurance will not be affected by error or delay in keeping records of insurance under the Policy. If such an error is found, the premium will be adjusted fairly.

Ownership of Records

All records maintained by the Insurance Company are, and shall remain, the property of the Insurance Company.

TL-005125

DEFINITIONS

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout this document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits.

Active Service

If you are an Employee, you are in Active Service on a day which is one of the Employer's scheduled work days if either of the following conditions are met.

1. You are performing your regular occupation for the Employer on a full-time basis. You must be working at one of the Employer's usual places of business or at some location to which the Employer's business requires you to travel.
2. The day is a scheduled holiday or vacation day and you were performing your regular occupation on the preceding scheduled work day.

You are in Active Service on a day which is not one of the Employer's scheduled work days only if you were in Active Service on the preceding scheduled work day.

Appropriate Care

Appropriate Care means you:

1. Have received treatment, care and advice from a Physician who is qualified and experienced in the diagnosis and treatment of the conditions causing Disability. If the condition is of a nature or severity that it is customarily treated by a recognized medical specialty, the Physician is a practitioner in that specialty.
2. Continue to receive such treatment, care or advice as often as is required for treatment of the conditions causing Disability.
3. Adhere to the treatment plan prescribed by the Physician, including the taking of medications.

Consumer Price Index (CPI-W)

The Consumer Price Index for Urban Wage Earners and Clerical Workers published by the U.S. Department of Labor. If the index is discontinued or changed, another nationally published index that is comparable to the CPI-W will be used.

Covered Earnings

Covered Earnings means your wage or salary as reported by the Employer for work performed for the Employer as in effect just prior to the date your Disability begins. Covered Earnings are determined initially on the date an Employee applies for coverage. A change in the amount of Covered Earnings is effective on the date of the change, if the Employer gives us written notice of the change and the required premium is paid.

It does not include any amounts received as bonus, commissions, overtime pay or other extra compensation.

Any increase in your Covered Earnings will not be effective during a period of continuous Disability.

Disability/Disabled

You are considered Disabled if, solely because of Injury or Sickness, you are:

1. unable to perform the material and substantial duties of your Regular Occupation; and
2. unable to earn 80% or more of your Indexed Earnings from working in your Regular Occupation.

We will require proof of earnings and continued Disability.

Disability Earnings

Any wage or salary for any work performed for any employer during your Disability, including commissions, bonus, overtime pay or other extra compensation.

Employee

For eligibility purposes, you are an Employee if you work for the Employer and are in one of the "Classes of Eligible Employees." Otherwise, you are an Employee if you are an employee of the Employer who is insured under the Policy.

Employer

The Policyholder and any affiliates or subsidiaries covered under the Policy. The Employer is acting as your agent for transactions relating to this insurance. You shall not consider any actions of the Employer as actions of the Insurance Company.

Full-time

Full-time means the number of hours set by the Employer as a regular work day for Employees in your eligibility class.

Furlough

Furlough means a temporary suspension or alteration of Active Service initiated by the Employer, for a period of time specified in advance not to exceed 30 days at a time.

Good Cause

A medical reason preventing participation in the Rehabilitation Plan. Satisfactory proof of Good Cause must be provided to us.

Indexed Earnings

For the first 12 months Monthly Benefits are payable, your Indexed Earnings are equal to your Covered Earnings. After 12 Monthly Benefits are payable, your Indexed Earnings are your Covered Earnings plus an increase applied on each anniversary of the date Monthly Benefits became payable. The amount of each increase will be the lesser of:

1. 10% of your Indexed Earnings during your preceding year of Disability; or
2. the rate of increase in the Consumer Price Index (CPI-W) during the preceding calendar year.

Injury

Any accidental loss or bodily harm that results directly and independently from all other causes from an Accident.

Insurability Requirement

An eligible person satisfies the Insurability Requirement for an amount of coverage on the day we agree in writing to accept you as insured for that amount. To determine a person's acceptability for coverage, we will require you to provide evidence of good health and may require it be provided at your expense.

Insurance Company

The Insurance Company underwriting the Policy is named on your certificate cover page. References to the Insurance Company have been changed to "we", "our", "ours", and "us" throughout the certificate.

Insured

You are an Insured if you are eligible for insurance under the Policy, insurance is elected for you, the required premium is paid and your coverage is in force under the Policy.

Physician

Physician means a licensed doctor practicing within the scope of his or her license and rendering care and treatment to an Insured that is appropriate for the condition and locality. The term does not include you, your spouse, your immediate family (including parents, children, siblings, or spouses of any of the foregoing, whether the relationship derives from blood or marriage), or a person living in your household.

Prior Plan

The Prior Plan refers to the plan of insurance providing similar benefits to you, sponsored by the Employer and in effect directly prior to the Policy Effective Date. A Prior Plan will include the plan of a company in effect on the day prior to that company's addition to this Policy after the Policy Effective Date.

Regular Occupation

The occupation you routinely perform at the time the Disability begins. In evaluating the Disability, we will consider the duties of the occupation as it is normally performed in the general labor market in the national economy. It is not work tasks that are performed for a specific employer or at a specific location.

Rehabilitation Plan

A written plan designed to enable you to return to work. The Rehabilitation Plan will consist of one or more of the following phases:

1. rehabilitation, under which we may provide, arrange or authorize education, vocational or physical rehabilitation or other appropriate services;
2. work, which may include modified work and work on a part-time basis.

Sickness

The term Sickness means a physical or mental illness.

Temporary Layoff

Temporary Layoff means a temporary suspension of Active Service for a period of time determined in advance by the Employer, other than a Furlough as defined. Temporary Layoff does not include the permanent termination of Active Service (including but not limited to a job elimination), which shall be treated as termination of employment.

TL-007500.26 as modified by TL-009980

IMPORTANT CHANGES FOR STATE REQUIREMENTS

If you reside in one of the following states, please read the important changes below. The provisions of your certificate are modified for residents of the following states. The modifications listed apply only to residents of that state, and only when the underlying provision is included in the certificate.

Louisiana residents:

The percentage of Indexed Earnings, if any, that qualifies an insured to meet the definition of Disability/Disabled may not be less than 80%.

Massachusetts residents:

Continuation of Insurance after leaving the group

If you leave the group covered under the Policy, insurance for you will be continued until the earliest of the following dates:

1. 31 days from the date you leave the group;
2. The date you become eligible for similar benefits.

Continuation of Insurance due to a Plant Closing or Partial Closing

If you leave the group due to termination of employment resulting from a Plant Closing or Partial Closing, insurance for you will be continued until the earliest of the following dates:

1. 90 days from the date of the Plant Closing or Partial Closing;
2. The date you become eligible for similar benefits.

Definitions : For purposes of this provision:

Plant Closing means a permanent cessation or reduction of business at a facility which results or will result as determined by the director in the permanent separation of at least 90% of the employees of said facility within a period of six months prior to the date of certification or with such other period as the director shall prescribe, provided that such period shall fall within the six month period prior to the date of certification.

Partial Closing means a permanent cessation of a major discrete portion of the business conducted at a facility which results in the termination of a significant number of the employees of said facility and which affects workers and communities in a manner similar to that of Plant Closings.

Minnesota residents:

The Pre-existing Condition Limitation, if any, may not be longer than 24 months from the insured's most recent effective date of insurance.

Texas residents:

Any provision offsetting or otherwise reducing any benefit by an amount payable under an individual or franchise policy will not apply.

Washington residents:

The following definition of "Children" as stated under the Survivor Benefit is applicable to Washington residents.

"Children" means as Employee's children under age 26 who are chiefly dependent upon the Employee for support and maintenance.

**UNDERWRITTEN BY:
LIFE INSURANCE COMPANY OF NORTH AMERICA
a Cigna company**

Class 3
11/2012



Zip Code	Gender	Date of Birth	Date of Hire	Annual Salary	Basic LTD Option	Basic LTD Volume Approved	Basic LTD Tax Election	Voluntary LTD Option	Voluntary LTD Volume Approved
64151	F	9/23/1957	8/9/2013	21463.89	Not Eligible	0.00		90 Day Elimination	1073.19
64157	M	3/19/1964	11/1/1999	73548.00	Not Eligible	0.00		180 Day Elimination	3000.00
64152	M	12/25/1975	2/3/2014	37252.80	Yes	1865.00	Post-Tax	Waive Coverage	0.00
64118	F	8/3/1966	8/18/2008	21843.36	Not Eligible	0.00		Waive Coverage	0.00
64119	F	7/14/1979	8/7/2015	19020.54	Not Eligible	0.00		Waive Coverage	0.00
64108	F	8/10/1988	8/3/2011	58991.00	Not Eligible	0.00		Waive Coverage	0.00
64118	M	8/6/1979	8/3/2005	58179.00	Not Eligible	0.00		Waive Coverage	0.00
64151	M	11/8/1977	7/10/2002	60745.00	Not Eligible	0.00		Waive Coverage	0.00
64118	F	4/9/1983	7/2/2002	45198.40	Not Eligible	0.00		Waive Coverage	0.00
64118	M	5/10/1981	1/6/2016	62222.00	Not Eligible	0.00		90 Day Elimination	3000.00
64152	M	5/10/1951	8/12/2011	25102.96	Not Eligible	0.00		Waive Coverage	0.00
64152	F	9/12/1972	8/20/1997	67426.00	Not Eligible	0.00		Waive Coverage	0.00
64153	M	11/21/1959	4/22/2003	45364.80	Yes	2270.00	Pre-Tax	Waive Coverage	0.00
64155	F	9/6/1989	8/2/2012	44380.00	Not Eligible	0.00		Waive Coverage	0.00
64119	F	4/29/1962	10/17/2016	23699.60	Not Eligible	0.00		Waive Coverage	0.00
64154	F	12/29/1960	3/1/2005	19170.90	Not Eligible	0.00		Waive Coverage	0.00
64155	M	5/26/1977	8/8/2017	21775.60	Not Eligible	0.00		180 Day Elimination	1088.78
64154	F	7/11/1982	8/28/2017	19852.56	Not Eligible	0.00		Waive Coverage	0.00
64154	F	7/23/1972	8/16/2006	28537.60	Not Eligible	0.00		Waive Coverage	0.00
64117	M	6/5/1974	8/1/2016	39145.60	Yes	1810.00	Pre-Tax	Waive Coverage	0.00
64109	F	12/2/1992	2/3/2014	39341.00	Not Eligible	0.00		90 Day Elimination	1967.05
64152	M	8/28/1976	7/16/2012	38334.40	Yes	1920.00	Post-Tax	Waive Coverage	0.00
64116	M	5/19/1990	7/31/2014	51624.00	Not Eligible	0.00		Waive Coverage	0.00
64151	F	4/3/1981	8/2/2007	72135.00	Not Eligible	0.00		Waive Coverage	0.00
64153	F	10/7/1960	5/5/1997	26112.52	Not Eligible	0.00		Waive Coverage	0.00
64151	F	5/11/1962	7/27/2015	36712.00	Yes	1840.00	Post-Tax	Waive Coverage	0.00
64154	F	6/26/1991	8/3/2017	46628.00	Not Eligible	0.00		Waive Coverage	0.00
64152	M	1/9/1986	8/4/2009	68606.57	Not Eligible	0.00		180 Day Elimination	0.00
64152	F	8/2/1988	8/3/2017	51026.76	Not Eligible	0.00		Waive Coverage	0.00
64150	F	5/27/1970	9/18/2017	19020.54	Not Eligible	0.00		Waive Coverage	0.00
64154	F	12/22/1957	10/2/2000	66486.00	Not Eligible	0.00		Waive Coverage	0.00
64156	F	1/24/1990	8/1/2016	54329.00	Not Eligible	0.00		90 Day Elimination	0.00
64151	F	8/29/1961	9/24/2012	39707.20	Not Eligible	0.00		Waive Coverage	0.00
66207	F	11/4/1970	7/31/2008	70508.00	Not Eligible	0.00		Waive Coverage	0.00
64151	F	10/18/1962	10/4/2010	22278.34	Not Eligible	0.00		90 Day Elimination	1113.92
64152	F	9/30/1970	2/12/2013	25859.40	Not Eligible	0.00		Waive Coverage	0.00
64152	F	2/21/1979	8/7/2002	63332.59	Not Eligible	0.00		Waive Coverage	0.00
64151	M	2/12/1984	8/2/2012	55612.00	Not Eligible	0.00		90 Day Elimination	2780.60
66205	F	6/20/1985	8/3/2015	45345.00	Not Eligible	0.00		Waive Coverage	0.00
64152	F	4/21/1965	8/21/1992	71102.00	Not Eligible	0.00		Waive Coverage	0.00
64153	M	11/18/1965	10/21/2013	37793.60	Yes	1890.00	Pre-Tax	Waive Coverage	0.00
64089	F	5/3/1958	7/28/2014	50502.40	Not Eligible	0.00		Waive Coverage	0.00
64153	F	11/14/1954	1/18/1994	73957.20	Not Eligible	0.00		180 Day Elimination	0.00
64089	F	9/2/1974	3/31/2005	50502.40	Not Eligible	0.00		90 Day Elimination	2525.12
66202	F	1/8/1978	8/9/2001	66943.00	Not Eligible	0.00		Waive Coverage	0.00
64152	F	6/9/1961	9/6/2011	45011.20	Not Eligible	0.00		Waive Coverage	0.00
64151	F	1/17/1979	8/11/2014	60745.00	Not Eligible	0.00		Waive Coverage	0.00
64068	F	2/10/1991	12/7/2015	40000.00	Not Eligible	0.00		Waive Coverage	0.00
64024	M	5/13/1969	9/10/2002	43659.20	Yes	2185.00	Post-Tax	Waive Coverage	0.00
64154	F	7/23/1963	7/20/2009	36133.44	Not Eligible	0.00		90 Day Elimination	1806.67
64153	F	4/1/1979	1/2/2002	69160.00	Not Eligible	0.00		Waive Coverage	0.00
66207	F	9/13/1970	8/3/2015	67515.00	Not Eligible	0.00		Waive Coverage	0.00
64152	M	8/4/1954	9/1/1980	149645.00	Yes	8316.67	Post-Tax	Waive Coverage	0.00
64151	F	10/7/1960	8/2/2012	59107.00	Not Eligible	0.00		Waive Coverage	0.00
64106	F	8/14/1990	8/1/2013	41385.00	Not Eligible	0.00		Waive Coverage	0.00
64118	F	9/20/1992	11/28/2016	38545.00	Not Eligible	0.00		90 Day Elimination	1927.25
64154	M	9/21/1973	10/10/2017	27077.33	Not Eligible	0.00		Waive Coverage	0.00
64089	F	1/9/1975	7/31/2014	40487.00	Not Eligible	0.00		Waive Coverage	0.00
64123	M	9/28/1990	8/11/2014	25383.80	Not Eligible	0.00		90 Day Elimination	1269.19
64153	F	10/19/1963	8/19/1999	87854.63	Not Eligible	0.00		Waive Coverage	0.00
64152	M	10/20/1994	4/17/2017	35672.00	Yes	1785.00	Pre-Tax	Waive Coverage	0.00
64151	M	3/2/1966	8/20/1997	76418.00	Not Eligible	0.00		180 Day Elimination	3000.00
64157	F	10/28/1984	8/3/2015	41633.00	Not Eligible	0.00		Waive Coverage	0.00
64117	F	9/7/1994	1/5/2017	25667.59	Not Eligible	0.00		Waive Coverage	0.00
64152	F	4/13/1970	8/15/2012	16442.94	Not Eligible	0.00		Waive Coverage	0.00
64155	M	12/2/1981	12/16/2002	65643.92	Not Eligible	0.00		Waive Coverage	0.00
64155	F	8/20/1966	8/19/1999	72328.00	Not Eligible	0.00		Waive Coverage	0.00
64156	F	9/29/1972	8/4/2010	66131.60	Not Eligible	0.00		Waive Coverage	0.00
64106	F	4/9/1982	8/1/2013	67031.00	Not Eligible	0.00		180 Day Elimination	0.00
64118	M	5/1/1979	7/31/2014	68747.71	Not Eligible	0.00		Waive Coverage	0.00
64114	F	1/18/1974	7/16/2012	38334.40	Yes	1920.00	Pre-Tax	Waive Coverage	0.00
64154	F	12/18/1967	2/1/2017	23274.44	Not Eligible	0.00		Waive Coverage	0.00
64151	F	4/9/1979	8/11/2017	41633.00	Not Eligible	0.00		Waive Coverage	0.00
64152	F	4/29/1957	8/21/1992	63566.00	Not Eligible	0.00		Waive Coverage	0.00
64150	F	1/9/1978	8/6/2004	61951.00	Not Eligible	0.00		Waive Coverage	0.00
64114	F	8/6/1990	8/2/2012	49195.00	Not Eligible	0.00		90 Day Elimination	2459.75
64155	F	3/3/1985	8/3/2015	56128.00	Not Eligible	0.00		Waive Coverage	0.00

64110	F	9/27/1989	1/3/2014	40869.00	Not Eligible		0.00	Waive Coverage	0.00
64151	F	2/26/1966	8/2/2007	32407.92	Not Eligible		0.00	90 Day Elimination	1620.40
64151	F	10/25/1973	12/1/2016	24080.42	Not Eligible		0.00	Waive Coverage	0.00
64151	F	10/21/1974	8/20/1997	75432.00	Not Eligible		0.00	Waive Coverage	0.00
64116	F	1/19/1963	7/17/2017	34153.60	Yes	1710.00	Pre-Tax	Waive Coverage	0.00
64118	F	7/25/1986	7/31/2008	61181.50	Not Eligible		0.00	Waive Coverage	0.00
64105	F	9/7/1992	1/14/2016	20925.10	Not Eligible		0.00	90 Day Elimination	1046.26
64151	F	7/15/1977	9/1/2001	65833.00	Not Eligible		0.00	Waive Coverage	0.00
64154	F	11/8/1979	8/3/2006	63163.00	Not Eligible		0.00	Waive Coverage	0.00
64157	F	6/30/1979	8/3/2015	45345.00	Not Eligible		0.00	90 Day Elimination	2267.25
64152	F	5/13/1968	7/31/2014	46628.00	Not Eligible		0.00	90 Day Elimination	2331.40
64119	F	2/16/1993	8/3/2015	40105.00	Not Eligible		0.00	180 Day Elimination	0.00
64111	F	8/13/1967	8/1/2016	60745.00	Not Eligible		0.00	Waive Coverage	0.00
64079	F	11/8/1973	8/9/2001	61951.00	Not Eligible		0.00	Waive Coverage	0.00
64151	M	10/15/1959	7/28/2017	32687.20	Not Eligible		0.00	180 Day Elimination	0.00
64477	F	3/21/1961	11/1/2013	40872.00	Not Eligible		0.00	Waive Coverage	0.00
64068	F	4/8/1977	10/23/2014	53561.00	Not Eligible		0.00	Waive Coverage	0.00
64151	M	2/23/1952	8/13/2008	22929.90	Not Eligible		0.00	Waive Coverage	0.00
64150	F	6/18/1984	8/3/2015	62106.00	Not Eligible		0.00	Waive Coverage	0.00
64068	F	4/11/1990	8/7/2015	24433.92	Not Eligible		0.00	Waive Coverage	0.00
64151	F	1/31/1961	8/26/2005	60149.00	Not Eligible		0.00	Waive Coverage	0.00
66202	F	4/12/1982	8/16/2012	47912.00	Not Eligible		0.00	90 Day Elimination	2395.60
64068	M	1/10/1986	10/29/2012	36940.80	Not Eligible		0.00	Waive Coverage	0.00
64152	F	4/1/1987	3/9/2007	45345.00	Not Eligible		0.00	Waive Coverage	0.00
64151	M	8/24/1990	3/13/2014	40289.60	Yes	1865.00	Post-Tax	90 Day Elimination	0.00
64152	M	8/16/1968	8/6/2004	74367.20	Not Eligible		0.00	90 Day Elimination	3000.00
64068	M	11/22/1974	8/16/2000	70250.00	Not Eligible		0.00	Waive Coverage	0.00
64068	F	9/23/1954	6/8/1998	49275.20	Not Eligible		0.00	Waive Coverage	0.00
64151	F	10/14/1961	8/1/2011	25760.28	Not Eligible		0.00	90 Day Elimination	1288.01
64155	F	9/17/1966	1/12/2009	27977.70	Not Eligible		0.00	Waive Coverage	0.00
64152	F	3/31/1970	8/3/2016	121739.38	Not Eligible		0.00	Waive Coverage	0.00
64152	F	7/16/1973	9/22/2014	42621.76	Not Eligible		0.00	Waive Coverage	0.00
64157	M	7/28/1987	8/3/2015	62669.00	Not Eligible		0.00	Waive Coverage	0.00
64152	F	7/5/1952	9/8/1998	74916.00	Not Eligible		0.00	Waive Coverage	0.00
64151	F	7/28/1964	1/10/2005	23268.21	Not Eligible		0.00	Waive Coverage	0.00
64154	F	10/14/1981	8/3/2006	70611.00	Not Eligible		0.00	Waive Coverage	0.00
64030	M	7/11/1972	8/26/1996	63236.80	Not Eligible		0.00	Waive Coverage	0.00
64154	M	9/22/1981	8/6/2004	87250.00	Not Eligible		0.00	Waive Coverage	0.00
64152	M	3/19/1945	6/16/2008	40622.40	Yes	2035.00	Pre-Tax	Waive Coverage	0.00
64152	F	3/13/1981	9/17/2014	42149.00	Not Eligible		0.00	Waive Coverage	0.00
64111	M	8/22/1994	8/3/2017	38545.00	Not Eligible		0.00	Waive Coverage	0.00
64152	F	9/8/1989	8/1/2016	45345.00	Not Eligible		0.00	Waive Coverage	0.00
64152	F	4/23/1983	8/3/2005	61295.00	Not Eligible		0.00	90 Day Elimination	3000.00
64152	F	9/7/1974	8/12/2011	47912.00	Not Eligible		0.00	Waive Coverage	0.00
64079	M	10/20/1956	7/11/2011	38896.00	Yes	1945.00	Post-Tax	Waive Coverage	0.00
64151	F	9/30/1982	8/3/2006	57927.00	Not Eligible		0.00	Waive Coverage	0.00
64152	F	11/15/1966	2/2/2015	23613.80	Not Eligible		0.00	90 Day Elimination	0.00
64119	M	2/9/1968	3/28/2016	38022.40	Yes	1905.00	Pre-Tax	Waive Coverage	0.00
64116	M	8/4/1993	8/15/2017	21464.52	Not Eligible		0.00	Waive Coverage	0.00
64151	F	12/20/1994	8/3/2017	38545.00	Not Eligible		0.00	Waive Coverage	0.00
62812	F	2/13/1971	7/31/2008	79663.51	Not Eligible		0.00	Waive Coverage	0.00
64155	F	7/26/1966	9/13/1989	78232.00	Not Eligible		0.00	Waive Coverage	0.00
64152	F	1/16/1984	7/20/2015	56128.00	Not Eligible		0.00	Waive Coverage	0.00
64152	F	1/14/1965	8/11/2014	21225.82	Not Eligible		0.00	Waive Coverage	0.00
64151	F	8/15/1965	10/15/2003	55784.00	Not Eligible		0.00	Waive Coverage	0.00
64151	F	6/22/1965	8/14/2002	55784.00	Not Eligible		0.00	180 Day Elimination	2789.20
64158	F	4/22/1969	8/17/1998	76418.00	Not Eligible		0.00	Waive Coverage	0.00
64109	M	2/5/1980	7/31/2008	69712.12	Not Eligible		0.00	180 Day Elimination	3000.00
64157	M	2/15/1978	8/1/2016	66391.00	Not Eligible		0.00	Waive Coverage	0.00
64153	F	9/9/1985	8/1/2013	62121.00	Not Eligible		0.00	180 Day Elimination	3000.00
64154	F	4/29/1980	8/4/2003	70508.00	Not Eligible		0.00	Waive Coverage	0.00
66062	F	1/4/1981	7/1/2017	91411.00	Yes	5083.33	Pre-Tax	Waive Coverage	0.00
64152	M	12/14/1964	8/29/1989	88959.50	Not Eligible		0.00	Waive Coverage	0.00
64151	F	8/19/1958	9/19/1996	31718.80	Not Eligible		0.00	Waive Coverage	0.00
64152	F	9/14/1970	10/13/2004	69537.29	Not Eligible		0.00	180 Day Elimination	3000.00
64106	M	5/22/1967	8/3/2005	90797.60	Not Eligible		0.00	90 Day Elimination	3000.00
64068	M	5/3/1990	3/27/2017	35526.40	Yes	1780.00	Pre-Tax	90 Day Elimination	1776.32
64152	F	6/14/1965	8/3/2005	77212.00	Not Eligible		0.00	90 Day Elimination	0.00
64154	F	2/26/1967	11/5/2012	25327.75	Not Eligible		0.00	Waive Coverage	0.00
66208	F	3/23/1988	8/2/2012	53148.00	Not Eligible		0.00	Waive Coverage	0.00
66018	M	2/3/1958	8/1/2013	64657.00	Not Eligible		0.00	Waive Coverage	0.00
64153	F	6/12/1977	9/8/2014	25490.92	Not Eligible		0.00	Waive Coverage	0.00
64079	M	2/17/1984	1/4/2016	46259.20	Not Eligible		0.00	180 Day Elimination	2312.96
64109	F	3/25/1994	8/10/2017	21775.60	Not Eligible		0.00	Waive Coverage	0.00
64119	F	4/13/1990	8/8/2016	24080.42	Not Eligible		0.00	90 Day Elimination	0.00
64111	F	6/1/1991	10/5/2015	42882.00	Not Eligible		0.00	Waive Coverage	0.00
64152	F	3/18/1959	8/13/2012	34548.80	Not Eligible		0.00	Waive Coverage	0.00
64151	M	1/20/1962	1/2/2008	40622.40	Yes	2035.00	Pre-Tax	Waive Coverage	0.00
64110	M	1/1/1988	11/12/2012	60698.00	Not Eligible		0.00	90 Day Elimination	3000.00

64118	M	8/25/1957	1/6/2004	44553.60	Yes		2230.00	Pre-Tax	Waive Coverage	0.00
64154	F	11/30/1990	8/11/2016	40869.00	Not Eligible		0.00		90 Day Elimination	2043.45
64119	F	5/5/1964	9/24/2007	38896.00	Yes		1945.00	Pre-Tax	Waive Coverage	0.00
64118	F	2/11/1991	12/4/2017	34153.60	Yes		1710.00	Pre-Tax	Waive Coverage	0.00
64157	F	8/1/1970	8/10/2006	44963.00	Not Eligible		0.00		Waive Coverage	0.00
64477	F	2/19/1968	9/8/1992	54267.20	Not Eligible		0.00		Waive Coverage	0.00
66109	F	6/23/1962	7/25/2016	40872.00	Not Eligible		0.00		180 Day Elimination	0.00
64151	F	6/13/1959	8/13/2001	49134.08	Not Eligible		0.00		90 Day Elimination	0.00
64068	M	6/10/1991	12/4/2017	34153.60	Yes		1710.00	Post-Tax	Waive Coverage	0.00
64089	F	6/15/1972	8/9/2001	68345.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	9/17/1976	8/3/2017	61951.00	Not Eligible		0.00		Waive Coverage	0.00
64154	F	3/12/1992	9/5/2017	27077.33	Not Eligible		0.00		Waive Coverage	0.00
66216	M	7/19/1957	8/1/2016	76046.86	Not Eligible		0.00		180 Day Elimination	3000.00
64151	F	4/25/1968	8/18/2008	22817.13	Not Eligible		0.00		Waive Coverage	0.00
64113	F	3/10/1975	7/6/1999	96110.00	Yes		5344.44	Post-Tax	Waive Coverage	0.00
64156	F	6/22/1979	8/3/2006	65203.29	Not Eligible		0.00		90 Day Elimination	3000.00
64152	F	8/20/1981	8/12/2013	31418.80	Not Eligible		0.00		180 Day Elimination	1570.94
64151	F	8/20/1956	9/11/1998	14797.04	Not Eligible		0.00		Waive Coverage	0.00
66046	F	1/14/1966	1/21/2014	21651.84	Not Eligible		0.00		Waive Coverage	0.00
64153	M	6/15/1969	8/17/1998	91049.00	Yes		5061.11	Pre-Tax	180 Day Elimination	3000.00
64154	M	10/25/1990	8/8/2016	45593.60	Not Eligible		0.00		Waive Coverage	0.00
64155	F	2/27/1996	1/2/2018	38545.00	Not Eligible		0.00		Waive Coverage	0.00
64057	M	3/24/1990	1/4/2016	45593.60	Not Eligible		0.00		90 Day Elimination	0.00
64152	M	11/22/1982	2/23/2015	27107.72	Not Eligible		0.00		Waive Coverage	0.00
64152	F	3/25/1970	8/1/2016	42607.38	Not Eligible		0.00		Waive Coverage	0.00
64152	M	3/30/1976	8/9/2001	100348.00	Yes		5577.78	Post-Tax	Waive Coverage	0.00
64152	F	1/27/1980	9/12/2016	49195.00	Not Eligible		0.00		Waive Coverage	0.00
64068	F	9/7/1978	8/4/2003	69676.00	Not Eligible		0.00		90 Day Elimination	0.00
64068	M	6/24/1986	8/3/2015	50496.04	Not Eligible		0.00		Waive Coverage	0.00
64151	F	4/18/1982	8/13/2014	27976.05	Not Eligible		0.00		Waive Coverage	0.00
64154	F	3/31/1993	8/3/2015	40105.00	Not Eligible		0.00		90 Day Elimination	2005.25
64116	M	4/25/1962	6/30/2000	59945.60	Yes		3000.00	Post-Tax	Waive Coverage	0.00
64089	M	5/5/1971	5/3/2001	50627.20	Yes		2535.00	Pre-Tax	Waive Coverage	0.00
64157	F	8/21/1959	8/15/1995	47842.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	4/8/1964	8/15/2002	64440.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	8/8/1982	2/22/2016	54849.60	Not Eligible		0.00		Waive Coverage	0.00
66212	F	2/18/1984	8/3/2006	56895.00	Not Eligible		0.00		90 Day Elimination	2844.75
64155	F	8/19/1991	8/3/2017	42916.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	8/25/1989	8/3/2015	48640.98	Not Eligible		0.00		Waive Coverage	0.00
64155	F	11/12/1987	9/5/2017	105166.80	Not Eligible		0.00		90 Day Elimination	2247.44
64111	F	7/7/1983	8/3/2015	67827.25	Not Eligible		0.00		Waive Coverage	0.00
64118	F	3/7/1985	7/31/2014	54329.00	Not Eligible		0.00		Waive Coverage	0.00
64114	F	10/10/1983	7/31/2008	69414.00	Not Eligible		0.00		180 Day Elimination	3000.00
64151	F	10/20/1980	8/1/2013	54845.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	10/15/1956	8/7/2002	81966.00	Not Eligible		0.00		Waive Coverage	0.00
64158	M	2/2/1984	7/31/2014	47144.00	Not Eligible		0.00		Waive Coverage	0.00
64155	F	8/1/1954	8/2/2007	70744.09	Not Eligible		0.00		180 Day Elimination	3000.00
64151	F	6/21/1967	9/13/2010	22165.57	Not Eligible		0.00		180 Day Elimination	1108.28
64152	F	5/23/1963	6/21/1990	80473.00	Not Eligible		0.00		90 Day Elimination	3000.00
64157	F	4/24/1970	8/22/1995	75175.00	Not Eligible		0.00		Waive Coverage	0.00
64119	M	2/9/1982	8/3/2011	60393.78	Not Eligible		0.00		180 Day Elimination	3000.00
64119	M	4/29/1987	2/1/2018	21737.76	Not Eligible		0.00		Waive Coverage	0.00
64155	F	12/9/1987	8/2/2012	53183.00	Not Eligible		0.00		Waive Coverage	0.00
64118	F	4/16/1971	8/3/2015	54329.00	Not Eligible		0.00		Waive Coverage	0.00
64154	F	3/24/1981	8/3/2015	59462.00	Not Eligible		0.00		Waive Coverage	0.00
64157	F	10/7/1977	1/9/2001	66743.00	Not Eligible		0.00		Waive Coverage	0.00
64157	F	11/15/1972	8/21/1996	77174.35	Not Eligible		0.00		Waive Coverage	0.00
66218	M	8/20/1942	12/21/2004	39603.20	Not Eligible		0.00		Waive Coverage	0.00
64118	F	1/21/1984	8/2/2007	62538.90	Not Eligible		0.00		Waive Coverage	0.00
64152	F	7/28/1974	8/9/2017	27077.33	Not Eligible		0.00		180 Day Elimination	1353.87
64152	F	11/10/1964	7/20/2009	36291.92	Not Eligible		0.00		Waive Coverage	0.00
64152	F	5/9/1973	8/12/2013	23658.18	Not Eligible		0.00		Waive Coverage	0.00
64024	M	6/6/1954	8/2/2005	44075.20	Yes		2205.00	Post-Tax	Waive Coverage	0.00
64151	F	4/7/1969	8/15/2007	25140.92	Not Eligible		0.00		180 Day Elimination	1257.05
64151	M	5/15/1977	7/31/2014	60705.00	Not Eligible		0.00		Waive Coverage	0.00
64153	F	11/15/1976	8/16/2006	24346.14	Not Eligible		0.00		Waive Coverage	0.00
64153	F	11/15/1955	11/17/2014	39707.20	Not Eligible		0.00		Waive Coverage	0.00
64110	F	6/4/1958	8/3/2006	81452.00	Not Eligible		0.00		90 Day Elimination	3000.00
64015	F	2/13/1968	7/1/2010	113434.00	Yes		6305.56	Pre-Tax	180 Day Elimination	0.00
64153	M	9/11/1975	8/3/2005	61055.00	Not Eligible		0.00		Waive Coverage	0.00
64153	F	2/21/1985	8/9/2007	60889.90	Not Eligible		0.00		Waive Coverage	0.00
64151	F	2/16/1956	8/20/1997	80418.00	Not Eligible		0.00		90 Day Elimination	3000.00
64152	F	2/11/1975	8/3/2005	48110.40	Not Eligible		0.00		Waive Coverage	0.00
64154	F	8/27/1971	8/3/2015	61181.00	Not Eligible		0.00		Waive Coverage	0.00
64119	M	7/31/1972	8/17/2010	56078.80	Not Eligible		0.00		180 Day Elimination	2803.94
64152	F	10/14/1976	8/4/2003	71024.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	1/5/1980	8/15/2012	16840.32	Not Eligible		0.00		90 Day Elimination	842.02
64151	F	12/14/1957	8/6/2004	77457.48	Not Eligible		0.00		90 Day Elimination	3000.00
64151	F	9/30/1986	5/12/2016	46924.80	Not Eligible		0.00		Waive Coverage	0.00

64155	F	7/31/1984	8/3/2006	70611.00	Not Eligible		0.00		Waive Coverage	0.00
64155	F	10/12/1963	9/2/2008	40040.00	Yes		2005.00	Post-Tax	Waive Coverage	0.00
66061	F	10/20/1978	8/6/2004	61301.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	12/10/1969	8/7/2002	68203.00	Not Eligible		0.00		Waive Coverage	0.00
64119	F	8/27/1992	8/3/2015	44529.50	Not Eligible		0.00		Waive Coverage	0.00
64152	F	4/12/1986	8/4/2009	64924.00	Not Eligible		0.00		Waive Coverage	0.00
64151	M	3/1/1979	8/7/2002	77698.00	Not Eligible		0.00		Waive Coverage	0.00
64118	M	11/30/1974	8/4/2009	62257.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	4/18/1981	8/6/2004	75730.24	Not Eligible		0.00		Waive Coverage	0.00
64477	M	2/16/1961	8/26/2002	83750.00	Yes		4190.00	Post-Tax	Waive Coverage	0.00
64154	F	4/23/1964	8/2/2007	34570.95	Not Eligible		0.00		Waive Coverage	0.00
64154	F	5/23/1961	8/20/1997	77193.00	Not Eligible		0.00		Waive Coverage	0.00
64154	F	8/16/1965	8/9/2001	77153.00	Not Eligible		0.00		Waive Coverage	0.00
64153	M	6/21/1965	3/23/2015	38584.00	Yes		1930.00	Post-Tax	Waive Coverage	0.00
64157	F	11/6/1976	8/16/2000	68928.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	8/18/1977	8/7/2017	39540.80	Not Eligible		0.00		90 Day Elimination	1977.04
64152	F	9/19/1980	8/2/2007	69497.12	Not Eligible		0.00		180 Day Elimination	3000.00
64156	F	4/21/1972	8/20/1997	77225.00	Not Eligible		0.00		180 Day Elimination	3000.00
64151	F	7/4/1981	8/1/2016	46728.00	Not Eligible		0.00		Waive Coverage	0.00
64154	F	3/26/1976	8/16/2011	33763.76	Not Eligible		0.00		Waive Coverage	0.00
64057	M	9/11/1971	7/31/2014	47912.00	Not Eligible		0.00		Waive Coverage	0.00
64157	M	4/12/1988	8/9/2013	21965.09	Not Eligible		0.00		Waive Coverage	0.00
66212	F	4/27/1975	8/9/2001	68540.86	Not Eligible		0.00		Waive Coverage	0.00
64154	F	7/25/1967	6/8/1989	78426.83	Not Eligible		0.00		Waive Coverage	0.00
64154	F	7/25/1970	8/1/2016	65320.00	Not Eligible		0.00		Waive Coverage	0.00
64114	M	5/2/1965	6/21/1990	77195.00	Not Eligible		0.00		Waive Coverage	0.00
64153	F	7/18/1967	9/6/2005	59028.00	Not Eligible		0.00		Waive Coverage	0.00
64154	F	12/22/1977	8/9/2001	73312.00	Not Eligible		0.00		Waive Coverage	0.00
64118	F	2/21/1976	8/17/2010	25748.94	Not Eligible		0.00		90 Day Elimination	1287.45
64152	F	9/2/1987	8/1/2013	48779.00	Not Eligible		0.00		Waive Coverage	0.00
64155	F	5/26/1988	8/16/2011	31349.50	Not Eligible		0.00		Waive Coverage	0.00
64157	F	10/26/1990	8/1/2013	49558.50	Not Eligible		0.00		Waive Coverage	0.00
64151	F	12/6/1948	8/15/2007	18096.90	Not Eligible		0.00		Waive Coverage	0.00
64152	F	7/1/1961	1/28/2013	33142.08	Not Eligible		0.00		90 Day Elimination	1657.10
64155	M	10/6/1960	10/6/2003	45198.40	Yes		2260.00	Pre-Tax	Waive Coverage	0.00
64151	M	1/11/1977	8/1/2013	69590.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	2/6/1975	7/28/2016	40847.04	Not Eligible		0.00		Waive Coverage	0.00
64153	F	3/9/1970	8/19/1999	79689.00	Not Eligible		0.00		Waive Coverage	0.00
64155	M	4/8/1981	9/19/2005	76563.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	10/26/1989	8/1/2016	46628.00	Not Eligible		0.00		90 Day Elimination	2331.40
64079	F	7/30/1972	8/3/2006	63926.00	Not Eligible		0.00		Waive Coverage	0.00
64157	F	3/24/1973	8/7/2002	74786.46	Not Eligible		0.00		Waive Coverage	0.00
64156	F	10/7/1976	8/16/2000	75227.00	Not Eligible		0.00		Waive Coverage	0.00
64154	F	7/14/1977	10/24/2002	64128.00	Not Eligible		0.00		Waive Coverage	0.00
66061	F	6/30/1969	7/31/2008	89536.41	Not Eligible		0.00		Waive Coverage	0.00
64079	F	7/26/1982	10/19/2010	30506.63	Not Eligible		0.00		180 Day Elimination	1525.33
64068	F	2/21/1959	9/15/2008	28828.80	Not Eligible		0.00		Waive Coverage	0.00
64152	F	1/18/1961	8/2/2007	43742.40	Not Eligible		0.00		Waive Coverage	0.00
64114	F	3/27/1968	8/17/1994	75693.00	Not Eligible		0.00		Waive Coverage	0.00
64157	F	8/13/1966	3/14/2016	38584.00	Not Eligible		0.00		Waive Coverage	0.00
64118	F	10/4/1982	8/17/2010	53740.45	Not Eligible		0.00		Waive Coverage	0.00
64151	F	6/8/1955	8/9/2001	79571.75	Not Eligible		0.00		Waive Coverage	0.00
64151	F	9/4/1957	7/24/2006	37738.56	Not Eligible		0.00		Waive Coverage	0.00
64151	F	3/18/1959	8/19/2002	23819.53	Not Eligible		0.00		Waive Coverage	0.00
64154	F	12/24/1960	8/6/2004	67488.00	Not Eligible		0.00		90 Day Elimination	3000.00
64079	F	6/28/1958	7/1/2014	73456.00	Not Eligible		0.00		Waive Coverage	0.00
64154	M	11/21/1967	8/31/1992	76677.00	Not Eligible		0.00		180 Day Elimination	3000.00
64153	F	11/29/1965	8/10/2005	23606.52	Not Eligible		0.00		180 Day Elimination	1180.33
64156	M	9/20/1967	7/1/2010	111857.00	Yes		6216.67	Pre-Tax	Waive Coverage	0.00
64152	M	11/21/1972	8/21/1996	64597.00	Not Eligible		0.00		Waive Coverage	0.00
64152	M	6/20/1981	1/25/2006	49982.40	Yes		2500.00	Post-Tax	Waive Coverage	0.00
64155	F	7/5/1979	9/27/2002	67254.00	Not Eligible		0.00		Waive Coverage	0.00
64153	M	2/22/1977	8/3/2011	69187.00	Not Eligible		0.00		90 Day Elimination	3000.00
64156	F	1/31/1986	8/2/2012	54466.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	4/28/1955	8/10/2009	31033.44	Not Eligible		0.00		Waive Coverage	0.00
64151	F	2/21/1957	1/30/2002	51742.40	Not Eligible		0.00		90 Day Elimination	2587.12
64152	F	12/4/1958	4/9/1990	77317.00	Not Eligible		0.00		Waive Coverage	0.00
64154	M	7/26/1973	8/7/2002	69653.00	Not Eligible		0.00		180 Day Elimination	3000.00
64154	F	7/19/1967	8/9/2001	74045.00	Not Eligible		0.00		Waive Coverage	0.00
64153	F	10/6/1967	8/24/1990	80512.05	Not Eligible		0.00		Waive Coverage	0.00
66223	M	8/22/1973	8/3/2006	72843.00	Not Eligible		0.00		Waive Coverage	0.00
66211	F	10/13/1978	7/20/2017	74595.00	Yes		4144.44	Pre-Tax	Waive Coverage	0.00
64018	F	7/26/1979	8/3/2005	61261.00	Not Eligible		0.00		Waive Coverage	0.00
64155	F	5/23/1981	8/3/2017	64240.00	Not Eligible		0.00		Waive Coverage	0.00
66109	F	4/3/1990	8/2/2012	43004.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	9/2/1975	8/11/2008	23481.22	Not Eligible		0.00		90 Day Elimination	1174.06
64154	F	8/10/1962	8/23/1991	80473.00	Not Eligible		0.00		Waive Coverage	0.00
64152	M	10/31/1967	8/7/2002	75751.25	Not Eligible		0.00		180 Day Elimination	3000.00
64111	F	3/22/1989	8/2/2012	56403.00	Not Eligible		0.00		Waive Coverage	0.00

64118	F	12/15/1988	8/21/2017	40105.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	4/3/1987	8/4/2010	58694.00	Not Eligible		0.00		Waive Coverage	0.00
64153	F	1/21/1987	8/1/2013	52278.00	Not Eligible		0.00		Waive Coverage	0.00
64153	F	4/27/1989	10/9/2012	49195.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	5/22/1989	2/17/2009	41767.00	Not Eligible		0.00		Waive Coverage	0.00
64155	F	6/9/1986	8/3/2015	55337.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	11/23/1987	8/3/2011	60411.10	Not Eligible		0.00		Waive Coverage	0.00
64118	F	5/10/1991	8/11/2014	22651.84	Not Eligible		0.00		Waive Coverage	0.00
64154	M	4/11/1991	7/31/2014	47877.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	4/29/1991	8/1/2013	47912.00	Not Eligible		0.00		Waive Coverage	0.00
64155	M	7/13/1985	6/1/2016	49004.80	Yes		2455.00	Post-Tax	Waive Coverage	0.00
64152	F	11/21/1992	8/1/2016	45345.00	Not Eligible		0.00		180 Day Elimination	2267.25
64030	F	9/1/1988	3/28/2016	37086.40	Not Eligible		0.00		90 Day Elimination	1854.32
64119	F	8/9/1994	8/3/2017	38545.00	Not Eligible		0.00		90 Day Elimination	0.00
64152	M	9/5/1994	1/8/2018	17592.12	Not Eligible		0.00		Waive Coverage	0.00
64152	F	7/22/1994	8/3/2017	38545.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	2/11/1976	1/24/2013	25473.42	Not Eligible		0.00		180 Day Elimination	1273.67
64068	M	7/8/1945	1/16/2013	18945.36	Not Eligible		0.00		Waive Coverage	0.00
64111	M	3/24/1963	7/31/2008	94193.34	Not Eligible		0.00		90 Day Elimination	3000.00
64151	M	8/28/1954	3/16/2016	39540.80	Yes		1980.00	Pre-Tax	Waive Coverage	0.00
64151	F	9/24/1963	3/19/2001	27417.46	Not Eligible		0.00		Waive Coverage	0.00
64152	F	9/27/1959	8/5/2013	65718.00	Not Eligible		0.00		90 Day Elimination	3000.00
64152	F	11/24/1962	5/28/1987	105403.00	Yes		5861.11	Post-Tax	Waive Coverage	0.00
64152	F	12/4/1959	8/16/2000	65718.00	Not Eligible		0.00		Waive Coverage	0.00
64152	M	2/21/1966	7/22/1985	65353.60	Yes		3270.00	Post-Tax	Waive Coverage	0.00
64152	F	2/22/1956	2/28/2000	34729.43	Not Eligible		0.00		Waive Coverage	0.00
64151	F	2/8/1962	8/6/2004	70508.00	Not Eligible		0.00		Waive Coverage	0.00
64151	M	6/27/1968	8/26/1992	82279.30	Not Eligible		0.00		Waive Coverage	0.00
64118	M	6/23/1968	8/1/1993	66742.00	Not Eligible		0.00		90 Day Elimination	3000.00
64151	F	4/14/1963	8/2/2007	73568.00	Not Eligible		0.00		180 Day Elimination	3000.00
64153	M	6/10/1962	2/28/2000	43659.20	Yes		2330.00	Post-Tax	Waive Coverage	0.00
64151	F	4/16/1966	8/3/2005	59737.00	Not Eligible		0.00		Waive Coverage	0.00
64118	F	1/6/1974	7/13/2015	75210.00	Not Eligible		0.00		90 Day Elimination	3000.00
64153	F	8/6/1964	8/17/2010	17334.36	Not Eligible		0.00		Waive Coverage	0.00
64151	F	12/27/1965	9/1/2001	70282.00	Not Eligible		0.00		180 Day Elimination	0.00
64485	F	1/26/1969	8/3/2015	44016.35	Not Eligible		0.00		Waive Coverage	0.00
64152	F	3/9/1964	8/8/2002	67612.00	Not Eligible		0.00		Waive Coverage	0.00
64152	M	4/29/1967	12/3/2003	43035.20	Yes		2155.00	Pre-Tax	Waive Coverage	0.00
64151	F	11/6/1970	7/25/2005	50502.40	Not Eligible		0.00		90 Day Elimination	2525.12
64154	M	8/21/1969	10/14/2013	45011.20	Not Eligible		0.00		Waive Coverage	0.00
64118	M	11/20/1976	8/4/2009	70084.00	Not Eligible		0.00		Waive Coverage	0.00
64154	F	2/6/1982	8/4/2010	84920.00	Yes		4722.22	Post-Tax	Waive Coverage	0.00
64152	F	6/8/1976	1/2/2015	54329.00	Not Eligible		0.00		Waive Coverage	0.00
64117	F	11/6/1975	1/2/2003	42882.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	9/9/1979	8/3/2005	67529.00	Not Eligible		0.00		90 Day Elimination	0.00
64152	F	6/9/1973	8/20/1997	78593.00	Not Eligible		0.00		Waive Coverage	0.00
64156	F	1/15/1985	7/20/2017	74595.00	Yes		4144.44	Pre-Tax	Waive Coverage	0.00
64154	F	5/20/1985	8/2/2012	63496.90	Not Eligible		0.00		Waive Coverage	0.00
64153	F	2/28/1973	1/21/2014	32334.80	Not Eligible		0.00		90 Day Elimination	0.00
64118	F	2/13/1987	8/3/2015	59604.00	Not Eligible		0.00		Waive Coverage	0.00
64081	F	6/20/1985	8/4/2010	42882.00	Not Eligible		0.00		Waive Coverage	0.00
64153	F	2/2/1984	7/31/2008	54329.00	Not Eligible		0.00		Waive Coverage	0.00
64152	M	7/20/1975	8/14/2002	54561.50	Not Eligible		0.00		Waive Coverage	0.00
64157	F	6/25/1982	8/1/2013	68844.00	Not Eligible		0.00		90 Day Elimination	3000.00
66210	F	6/13/1974	12/19/1996	75691.00	Not Eligible		0.00		Waive Coverage	0.00
64116	F	11/21/1978	8/3/2017	54466.00	Not Eligible		0.00		Waive Coverage	0.00
64068	F	4/4/1974	8/1/2013	61523.00	Not Eligible		0.00		Waive Coverage	0.00
64465	F	9/26/1983	12/8/2014	25490.92	Not Eligible		0.00		90 Day Elimination	0.00
64154	F	9/22/1980	8/3/2011	75509.00	Not Eligible		0.00		Waive Coverage	0.00
64155	F	6/16/1977	8/14/2002	66040.37	Not Eligible		0.00		Waive Coverage	0.00
64060	F	4/23/1973	7/31/2012	28161.04	Not Eligible		0.00		90 Day Elimination	1408.05
64153	F	4/28/1987	8/4/2009	53561.00	Not Eligible		0.00		180 Day Elimination	2678.05
64153	F	1/13/1984	7/28/2016	27398.35	Not Eligible		0.00		Waive Coverage	0.00
64118	M	5/23/1989	8/23/2016	45593.60	Not Eligible		0.00		Waive Coverage	0.00
64117	F	6/3/1989	8/6/2012	21852.32	Not Eligible		0.00		Waive Coverage	0.00
64153	F	6/6/1989	8/2/2012	50995.00	Not Eligible		0.00		Waive Coverage	0.00
64153	F	7/1/1989	8/3/2015	46628.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	6/1/1968	8/14/2002	66360.80	Not Eligible		0.00		Waive Coverage	0.00
64155	M	7/26/1988	7/31/2014	50459.00	Not Eligible		0.00		Waive Coverage	0.00
64116	F	4/10/1990	8/1/2016	49195.00	Not Eligible		0.00		90 Day Elimination	2459.75
64439	F	2/7/1986	7/31/2008	63076.38	Not Eligible		0.00		Waive Coverage	0.00
64154	F	12/11/1985	1/20/2009	53045.00	Not Eligible		0.00		Waive Coverage	0.00
64154	F	6/24/1991	7/31/2014	51408.00	Not Eligible		0.00		Waive Coverage	0.00
64154	M	6/1/1984	11/5/2012	46259.20	Not Eligible		0.00		Waive Coverage	0.00
64050	M	1/6/1993	4/4/2016	26626.92	Not Eligible		0.00		Waive Coverage	0.00
64151	F	11/21/1992	8/3/2017	40105.00	Not Eligible		0.00		90 Day Elimination	2005.25
64154	F	1/5/1993	8/1/2016	41308.00	Not Eligible		0.00		180 Day Elimination	2065.40
64157	M	6/17/1983	8/14/2017	21737.76	Not Eligible		0.00		Waive Coverage	0.00
64118	F	9/1/1994	10/6/2015	38545.00	Not Eligible		0.00		Waive Coverage	0.00

64151	M	9/26/1994	2/3/2016	20432.30	Not Eligible		0.00		90 Day Elimination	1021.61
64154	F	10/14/1959	1/12/2001	63612.00	Not Eligible		0.00		90 Day Elimination	3000.00
64154	M	11/19/1970	1/5/1998	65823.00	Not Eligible		0.00		Waive Coverage	0.00
64119	M	12/31/1962	8/25/2003	45198.40	Yes		2260.00	Pre-Tax	Waive Coverage	0.00
64151	F	7/8/1958	1/21/1998	60611.20	Not Eligible		0.00		180 Day Elimination	3000.00
64089	M	9/5/1963	10/1/2013	53435.20	Yes		2675.00	Post-Tax	Waive Coverage	0.00
64118	F	1/9/1969	8/19/1999	88838.82	Not Eligible		0.00		Waive Coverage	0.00
64155	M	6/28/1965	6/20/2016	49004.80	Yes		2455.00	Pre-Tax	90 Day Elimination	2450.24
64060	F	5/23/1960	9/25/1989	51438.40	Not Eligible		0.00		180 Day Elimination	2571.92
64118	M	7/11/1962	10/18/2017	34153.60	Yes		1710.00	Post-Tax	90 Day Elimination	1707.68
64153	F	6/17/1974	8/20/1997	74657.00	Not Eligible		0.00		Waive Coverage	0.00
64157	F	8/12/1964	8/6/2004	77797.00	Not Eligible		0.00		Waive Coverage	0.00
64155	F	1/11/1965	8/28/1996	18590.03	Not Eligible		0.00		Waive Coverage	0.00
64150	F	8/24/1977	8/3/2005	76687.00	Not Eligible		0.00		90 Day Elimination	3000.00
64157	M	10/9/1979	8/3/2011	49708.00	Not Eligible		0.00		Waive Coverage	0.00
64153	F	9/19/1976	8/19/1999	74657.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	7/29/1981	7/17/2017	37481.60	Not Eligible		0.00		Waive Coverage	0.00
64151	F	6/7/1982	8/8/2016	24080.42	Not Eligible		0.00		Waive Coverage	0.00
64151	F	11/18/1980	8/6/2004	63679.00	Not Eligible		0.00		Waive Coverage	0.00
64163	M	7/12/1968	10/9/2012	24744.96	Not Eligible		0.00		Waive Coverage	0.00
64152	F	10/17/1969	8/21/1992	125559.00	Yes		6977.78	Post-Tax	90 Day Elimination	0.00
64060	M	5/24/1982	9/6/2012	72621.00	Not Eligible		0.00		Waive Coverage	0.00
64068	M	6/9/1983	5/18/2015	62473.00	Not Eligible		0.00		90 Day Elimination	3000.00
64154	M	2/23/1972	11/27/2000	21737.76	Not Eligible		0.00		Waive Coverage	0.00
74434	F	9/25/1984	8/3/2017	41633.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	5/25/1972	9/1/2006	17581.38	Not Eligible		0.00		Waive Coverage	0.00
64157	F	7/11/1970	8/21/1992	72844.00	Not Eligible		0.00		Waive Coverage	0.00
64157	F	2/20/1973	8/3/2006	66912.00	Not Eligible		0.00		90 Day Elimination	3000.00
64152	F	5/13/1970	8/1/2013	48428.00	Not Eligible		0.00		90 Day Elimination	2421.40
64152	F	11/4/1985	8/4/2009	60149.00	Not Eligible		0.00		Waive Coverage	0.00
64081	F	12/23/1986	8/1/2016	44062.00	Not Eligible		0.00		180 Day Elimination	2203.10
64113	F	2/13/1985	8/4/2010	61326.84	Not Eligible		0.00		90 Day Elimination	3000.00
64152	F	2/16/1987	8/1/2013	53045.00	Not Eligible		0.00		90 Day Elimination	2652.25
64055	F	9/7/1979	8/1/2013	40869.00	Not Eligible		0.00		Waive Coverage	0.00
64152	M	2/11/1984	8/2/2007	70635.65	Not Eligible		0.00		Waive Coverage	0.00
64089	M	7/12/1977	8/3/2006	61777.00	Not Eligible		0.00		Waive Coverage	0.00
64068	F	5/26/1977	8/3/2017	65271.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	12/18/1971	8/17/1998	78434.00	Not Eligible		0.00		180 Day Elimination	3000.00
64155	M	2/26/1983	10/15/2013	97217.00	Not Eligible		0.00		Waive Coverage	0.00
64154	F	6/9/1986	8/8/2005	28476.50	Not Eligible		0.00		180 Day Elimination	1423.83
64050	F	12/30/1978	1/15/2008	17839.14	Not Eligible		0.00		90 Day Elimination	891.96
64152	F	6/6/1974	10/19/2010	17087.34	Not Eligible		0.00		90 Day Elimination	854.37
64048	F	3/11/1988	8/3/2011	50479.00	Not Eligible		0.00		180 Day Elimination	2523.95
64154	F	8/29/1975	8/3/2005	76538.47	Not Eligible		0.00		Waive Coverage	0.00
64152	F	2/29/1988	8/2/2012	42149.00	Not Eligible		0.00		Waive Coverage	0.00
64154	F	8/21/1983	8/28/2008	50479.00	Not Eligible		0.00		Waive Coverage	0.00
66109	F	11/11/1988	8/10/2015	27465.76	Not Eligible		0.00		90 Day Elimination	1373.29
64157	F	9/14/1986	8/18/2004	53591.96	Not Eligible		0.00		90 Day Elimination	2679.60
64158	F	4/26/1989	8/3/2016	25028.90	Not Eligible		0.00		Waive Coverage	0.00
64151	F	6/30/1989	11/1/2017	21464.52	Not Eligible		0.00		Waive Coverage	0.00
64118	F	5/20/1985	8/19/2010	67065.00	Not Eligible		0.00		90 Day Elimination	3000.00
64150	F	7/5/1991	8/1/2016	47912.00	Not Eligible		0.00		Waive Coverage	0.00
64157	F	7/25/1991	12/1/2014	41308.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	8/12/1991	8/1/2016	39341.00	Not Eligible		0.00		Waive Coverage	0.00
66223	M	8/12/1991	1/25/2010	44948.80	Not Eligible		0.00		Waive Coverage	0.00
64118	F	2/13/1993	9/23/2013	16604.04	Not Eligible		0.00		Waive Coverage	0.00
64153	M	1/11/1990	8/11/2014	18368.98	Not Eligible		0.00		Waive Coverage	0.00
64151	F	12/2/1994	8/3/2017	38545.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	2/27/1949	8/17/1998	68508.04	Not Eligible		0.00		Waive Coverage	0.00
64151	F	3/1/1952	8/1/1980	61888.00	Not Eligible		0.00		Waive Coverage	0.00
64156	M	3/23/1954	7/24/2006	41204.80	Yes		2065.00	Post-Tax	Waive Coverage	0.00
64056	M	2/10/1962	2/2/2015	44844.80	Yes		2245.00	Post-Tax	Waive Coverage	0.00
64151	M	10/18/1955	2/8/1999	57470.40	Yes		2875.00	Post-Tax	Waive Coverage	0.00
64118	M	4/4/1958	8/16/2000	76341.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	8/3/1967	10/13/2011	22165.57	Not Eligible		0.00		90 Day Elimination	1108.28
64119	F	6/27/1958	8/24/1998	42480.96	Not Eligible		0.00		Waive Coverage	0.00
64152	F	1/3/1960	7/23/2002	51230.40	Not Eligible		0.00		Waive Coverage	0.00
64154	F	2/4/1955	8/10/2012	22368.32	Not Eligible		0.00		Waive Coverage	0.00
64152	F	9/13/1960	4/10/2007	54074.91	Not Eligible		0.00		180 Day Elimination	2703.75
64157	F	7/20/1963	8/10/2016	36192.00	Yes		1810.00	Post-Tax	Waive Coverage	0.00
64152	F	12/5/1958	9/7/1999	25235.42	Not Eligible		0.00		Waive Coverage	0.00
64151	F	6/14/1961	8/26/1998	24175.74	Not Eligible		0.00		90 Day Elimination	1208.79
64152	F	2/8/1974	11/5/2014	23613.80	Not Eligible		0.00		Waive Coverage	0.00
64152	F	6/20/1962	8/23/1991	77452.00	Not Eligible		0.00		Waive Coverage	0.00
64118	F	2/26/1976	1/31/2011	24850.35	Not Eligible		0.00		Waive Coverage	0.00
64151	F	9/29/1968	9/28/1993	74036.00	Not Eligible		0.00		Waive Coverage	0.00
64151	M	5/28/1971	8/19/1999	83908.71	Not Eligible		0.00		Waive Coverage	0.00
64119	F	6/4/1972	7/31/2014	53045.00	Not Eligible		0.00		Waive Coverage	0.00
64154	F	11/27/1971	8/9/2001	66889.00	Not Eligible		0.00		90 Day Elimination	3000.00

64152	F	7/13/1964	8/16/1990	55681.60	Not Eligible		0.00		90 Day Elimination	2784.08
66208	M	6/29/1972	8/3/2017	73993.15	Not Eligible		0.00		Waive Coverage	0.00
64152	F	4/30/1963	8/16/2005	59737.60	Not Eligible		0.00		Waive Coverage	0.00
64152	F	12/1/1970	7/30/2015	42020.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	4/6/1964	6/9/1988	78232.00	Not Eligible		0.00		180 Day Elimination	0.00
64024	F	7/5/1965	8/14/2017	22737.12	Not Eligible		0.00		Waive Coverage	0.00
64152	F	9/23/1978	8/3/2015	68391.00	Not Eligible		0.00		90 Day Elimination	3000.00
64119	M	1/15/1975	10/10/1996	56076.80	Yes	2805.00	Post-Tax		Waive Coverage	0.00
64155	M	4/5/1973	7/1/2012	132351.00	Yes	7355.56	Pre-Tax		Waive Coverage	0.00
64157	F	7/5/1980	7/31/2008	61055.00	Not Eligible		0.00		Waive Coverage	0.00
64154	F	5/27/1966	8/26/1994	63566.00	Not Eligible		0.00		Waive Coverage	0.00
64154	F	11/12/1965	10/19/1993	63348.00	Not Eligible		0.00		Waive Coverage	0.00
64118	F	2/4/1978	8/3/2017	60727.16	Not Eligible		0.00		Waive Coverage	0.00
64105	F	2/26/1969	8/25/1997	77548.00	Not Eligible		0.00		180 Day Elimination	3000.00
64151	M	8/25/1968	8/16/2000	72328.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	1/12/1974	8/3/2006	62257.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	11/13/1975	8/19/1999	68928.00	Not Eligible		0.00		Waive Coverage	0.00
64151	M	3/11/1969	7/1/2012	162724.00	Yes	9044.44	Pre-Tax		Waive Coverage	0.00
64152	F	5/17/1971	1/8/2008	17839.14	Not Eligible		0.00		Waive Coverage	0.00
64117	F	6/8/1977	8/31/2016	64386.00	Not Eligible		0.00		Waive Coverage	0.00
64152	M	8/21/1980	8/3/2006	66581.90	Not Eligible		0.00		Waive Coverage	0.00
64151	F	6/19/1973	8/19/1999	79654.90	Not Eligible		0.00		Waive Coverage	0.00
64079	M	11/10/1975	8/7/2002	70012.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	6/12/1971	8/19/1999	78693.00	Not Eligible		0.00		Waive Coverage	0.00
64118	M	9/17/1982	6/16/2000	55598.40	Not Eligible		0.00		Waive Coverage	0.00
64068	M	4/14/1983	8/2/2012	62441.00	Not Eligible		0.00		Waive Coverage	0.00
64155	F	3/17/1972	8/9/2017	24364.96	Not Eligible		0.00		180 Day Elimination	1218.25
64153	F	11/27/1971	9/1/1994	46259.20	Not Eligible		0.00		180 Day Elimination	2312.96
64155	F	5/24/1984	7/31/2008	55612.00	Not Eligible		0.00		Waive Coverage	0.00
64157	M	1/12/1977	8/16/2000	79557.80	Not Eligible		0.00		Waive Coverage	0.00
64152	F	12/14/1982	8/2/2007	62318.06	Not Eligible		0.00		Waive Coverage	0.00
64105	F	3/3/1981	8/3/2017	71324.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	4/12/1979	8/1/2016	56757.44	Not Eligible		0.00		Waive Coverage	0.00
64152	F	7/19/1979	8/14/2002	36067.20	Not Eligible		0.00		Waive Coverage	0.00
64152	F	6/2/1986	8/4/2009	53045.00	Not Eligible		0.00		Waive Coverage	0.00
64154	M	9/9/1984	8/2/2007	69878.70	Not Eligible		0.00		Waive Coverage	0.00
64158	F	4/4/1986	8/4/2009	58728.50	Not Eligible		0.00		90 Day Elimination	2865.40
64444	M	8/12/1988	1/22/2018	34153.60	Yes	1710.00	Pre-Tax		Waive Coverage	0.00
64507	M	8/22/1989	3/1/2016	55598.40	Not Eligible		0.00		90 Day Elimination	2779.92
64108	F	5/12/1984	8/2/2007	55612.00	Not Eligible		0.00		Waive Coverage	0.00
64154	F	6/17/1990	8/2/2012	49711.00	Not Eligible		0.00		Waive Coverage	0.00
64063	M	9/24/1991	1/9/2017	73080.00	Not Eligible		0.00		Waive Coverage	0.00
64154	F	9/21/1991	8/1/2013	47912.00	Not Eligible		0.00		90 Day Elimination	2395.60
64151	F	4/10/1993	8/3/2017	47774.00	Not Eligible		0.00		180 Day Elimination	2388.70
64152	F	4/23/1993	1/5/2016	24080.42	Not Eligible		0.00		Waive Coverage	0.00
64155	M	11/9/1994	11/17/2015	36712.00	Yes	1840.00	Post-Tax		Waive Coverage	0.00
64154	F	1/18/1995	8/3/2017	38545.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	10/18/1980	8/4/2014	30097.60	Not Eligible		0.00		Waive Coverage	0.00
64152	F	3/7/1962	8/9/2007	28537.60	Not Eligible		0.00		Waive Coverage	0.00
64151	F	11/10/1962	8/26/1997	26069.58	Not Eligible		0.00		180 Day Elimination	1303.48
64157	F	7/9/1952	9/5/1989	51438.40	Not Eligible		0.00		Waive Coverage	0.00
64152	F	9/29/1970	7/31/2017	39147.52	Not Eligible		0.00		Waive Coverage	0.00
64155	F	5/15/1955	6/8/1989	80180.35	Not Eligible		0.00		Waive Coverage	0.00
64118	F	1/28/1962	4/5/2002	28537.60	Not Eligible		0.00		180 Day Elimination	1426.88
64024	M	11/21/1965	8/21/1992	75912.30	Not Eligible		0.00		Waive Coverage	0.00
64152	F	7/26/1959	8/24/1999	21451.36	Not Eligible		0.00		Waive Coverage	0.00
64154	M	7/6/1973	1/21/1997	84720.30	Not Eligible		0.00		Waive Coverage	0.00
64152	F	6/6/1963	7/30/2007	20035.47	Not Eligible		0.00		Waive Coverage	0.00
64156	F	6/18/1971	8/3/2005	79726.00	Not Eligible		0.00		180 Day Elimination	0.00
64154	M	2/25/1960	3/9/2009	71697.60	Yes	3585.00	Post-Tax		Waive Coverage	0.00
64152	F	6/18/1972	8/9/2013	21965.09	Not Eligible		0.00		Waive Coverage	0.00
64152	F	10/19/1973	8/6/2004	69653.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	12/2/1953	8/23/1999	44928.00	Yes	2250.00	Post-Tax		Waive Coverage	0.00
64151	F	11/30/1958	11/1/2004	18462.06	Not Eligible		0.00		Waive Coverage	0.00
64439	F	10/10/1964	5/19/2008	40622.40	Yes	2035.00	Pre-Tax		Waive Coverage	0.00
64089	F	12/21/1973	8/4/2009	53561.00	Not Eligible		0.00		90 Day Elimination	2678.05
64119	M	4/14/1979	3/6/2013	52665.60	Not Eligible		0.00		Waive Coverage	0.00
64068	F	2/11/1965	7/31/2008	65318.72	Not Eligible		0.00		Waive Coverage	0.00
64079	F	10/12/1969	8/4/2015	24433.92	Not Eligible		0.00		Waive Coverage	0.00
64157	F	10/13/1977	8/16/2000	73568.00	Not Eligible		0.00		Waive Coverage	0.00
64157	F	7/30/1981	8/1/2016	54329.00	Not Eligible		0.00		90 Day Elimination	2716.45
64106	F	2/11/1967	1/22/2013	23613.80	Not Eligible		0.00		Waive Coverage	0.00
64118	F	9/27/1967	8/15/2007	49774.40	Not Eligible		0.00		180 Day Elimination	0.00
64152	F	12/6/1976	8/1/2016	50995.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	8/13/1966	9/5/2001	73936.00	Not Eligible		0.00		180 Day Elimination	3000.00
64157	F	9/19/1983	8/3/2006	56895.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	9/10/1983	12/11/2017	39704.00	Not Eligible		0.00		Waive Coverage	0.00
64154	F	1/14/1970	8/31/2009	25833.28	Not Eligible		0.00		Waive Coverage	0.00
64151	F	10/8/1984	8/3/2011	61424.80	Not Eligible		0.00		Waive Coverage	0.00

64016	F	3/31/1970	8/3/2006	69045.00	Not Eligible	0.00		Waive Coverage	0.00
64151	F	11/26/1977	8/4/2010	76620.80	Not Eligible	0.00		Waive Coverage	0.00
64156	F	1/23/1975	8/7/2002	68249.00	Not Eligible	0.00		Waive Coverage	0.00
64068	F	5/9/1974	8/3/2015	40105.00	Not Eligible	0.00		Waive Coverage	0.00
64158	M	4/11/1969	7/31/2008	72711.00	Not Eligible	0.00		Waive Coverage	0.00
64151	F	12/18/1971	8/17/1998	75689.00	Not Eligible	0.00		Waive Coverage	0.00
64151	F	3/10/1971	8/10/2016	23953.16	Not Eligible	0.00		Waive Coverage	0.00
64151	F	5/18/1971	8/23/1994	106268.00	Yes	5905.56	Post-Tax	Waive Coverage	0.00
64154	M	9/8/1976	8/9/2001	77557.90	Not Eligible	0.00		Waive Coverage	0.00
64152	F	12/2/1970	3/2/2015	41251.00	Not Eligible	0.00		Waive Coverage	0.00
64018	F	7/14/1982	8/25/2008	38584.00	Not Eligible	0.00		Waive Coverage	0.00
64151	F	5/20/1987	8/2/2012	54466.00	Not Eligible	0.00		Waive Coverage	0.00
64153	F	12/9/1982	2/10/2014	21651.84	Not Eligible	0.00		Waive Coverage	0.00
64089	M	6/9/1980	8/2/2007	68726.00	Not Eligible	0.00		Waive Coverage	0.00
64151	M	3/26/1988	11/5/2013	37793.60	Yes	1890.00	Pre-Tax	Waive Coverage	0.00
64155	F	9/23/1982	11/4/2002	25373.25	Not Eligible	0.00		Waive Coverage	0.00
64151	M	9/11/1989	8/1/2016	48414.00	Not Eligible	0.00		Waive Coverage	0.00
66218	F	6/17/1990	8/1/2013	54639.00	Not Eligible	0.00		Waive Coverage	0.00
64111	F	10/13/1991	1/5/2015	40621.00	Not Eligible	0.00		180 Day Elimination	2031.05
64157	F	9/17/1991	9/8/2014	27276.60	Not Eligible	0.00		Waive Coverage	0.00
64151	F	10/27/1991	7/31/2014	46096.00	Not Eligible	0.00		Waive Coverage	0.00
64153	F	11/5/1991	9/29/2014	25383.80	Not Eligible	0.00		180 Day Elimination	1269.19
64118	F	4/16/1993	8/10/2015	38545.00	Not Eligible	0.00		Waive Coverage	0.00
64079	M	5/10/1993	2/27/2017	23699.60	Not Eligible	0.00		Waive Coverage	0.00
64151	M	5/17/1993	8/8/2016	36192.00	Yes	1810.00	Pre-Tax	Waive Coverage	0.00
64112	F	4/6/1993	8/3/2015	41308.00	Not Eligible	0.00		Waive Coverage	0.00
64152	F	5/30/1993	8/3/2015	40105.00	Not Eligible	0.00		90 Day Elimination	2005.25
64089	F	6/3/1993	8/1/2016	40621.00	Not Eligible	0.00		Waive Coverage	0.00
64118	M	1/9/1995	2/11/2013	24306.66	Not Eligible	0.00		Waive Coverage	0.00
64152	M	12/16/1959	7/1/2006	122689.00	Yes	6816.67	Post-Tax	Waive Coverage	0.00
64151	F	11/24/1961	9/13/1980	51438.40	Not Eligible	0.00		Waive Coverage	0.00
64158	F	8/17/1965	7/7/2017	30825.60	Not Eligible	0.00		Waive Coverage	0.00
64089	F	11/2/1973	8/19/1999	81484.06	Not Eligible	0.00		Waive Coverage	0.00
64151	M	11/12/1969	8/3/2005	72344.30	Not Eligible	0.00		Waive Coverage	0.00
64151	F	2/7/1962	8/28/1995	28537.60	Not Eligible	0.00		90 Day Elimination	0.00
64152	F	3/22/1974	8/3/2011	62473.00	Not Eligible	0.00		90 Day Elimination	3000.00
64152	F	3/30/1969	3/1/2005	38584.00	Not Eligible	0.00		180 Day Elimination	1929.20
64152	M	7/2/1968	8/1/2016	69002.00	Not Eligible	0.00		180 Day Elimination	3000.00
64152	F	12/21/1976	7/31/2014	79596.00	Not Eligible	0.00		Waive Coverage	0.00
64133	M	7/10/1975	10/10/2002	43659.20	Yes	2185.00	Pre-Tax	180 Day Elimination	0.00
64154	F	12/23/1964	8/3/2005	79693.00	Not Eligible	0.00		Waive Coverage	0.00
64079	F	4/2/1971	1/9/1995	75434.00	Not Eligible	0.00		Waive Coverage	0.00
64151	F	7/1/1965	6/25/1987	79996.00	Not Eligible	0.00		90 Day Elimination	3000.00
64152	F	7/6/1964	9/15/2005	20546.07	Not Eligible	0.00		Waive Coverage	0.00
64157	F	4/29/1976	8/3/2009	46259.20	Not Eligible	0.00		Waive Coverage	0.00
64152	F	10/17/1967	8/15/2007	31934.80	Not Eligible	0.00		Waive Coverage	0.00
64151	F	11/25/1978	8/3/2006	72881.00	Not Eligible	0.00		Waive Coverage	0.00
64152	F	10/23/1971	8/9/2001	71153.00	Not Eligible	0.00		Waive Coverage	0.00
64079	F	11/27/1981	8/1/2013	60253.00	Not Eligible	0.00		Waive Coverage	0.00
64152	M	6/27/1983	10/11/2001	62121.00	Not Eligible	0.00		Waive Coverage	0.00
64151	M	5/8/1982	4/20/2015	88573.00	Not Eligible	0.00		180 Day Elimination	3000.00
64153	M	6/3/1981	10/24/2012	50627.20	Yes	2535.00	Post-Tax	Waive Coverage	0.00
64079	F	6/15/1970	8/11/2014	27206.40	Not Eligible	0.00		90 Day Elimination	1360.32
64116	F	8/26/1982	8/1/2016	56895.00	Not Eligible	0.00		Waive Coverage	0.00
64151	F	7/12/1981	11/13/2017	20135.36	Not Eligible	0.00		Waive Coverage	0.00
64113	F	6/28/1982	8/4/2010	69013.95	Not Eligible	0.00		Waive Coverage	0.00
64058	M	11/1/1982	1/9/2012	52665.60	Yes	2635.00	Post-Tax	Waive Coverage	0.00
64151	M	1/11/1971	4/18/2011	40872.00	Yes	2045.00	Pre-Tax	Waive Coverage	0.00
64152	F	7/23/1970	8/3/2005	72911.00	Not Eligible	0.00		Waive Coverage	0.00
64110	F	1/18/1985	7/31/2008	60149.00	Not Eligible	0.00		Waive Coverage	0.00
64156	F	1/7/1979	9/30/2013	21539.07	Not Eligible	0.00		Waive Coverage	0.00
64155	M	3/20/1976	8/16/2000	119474.00	Yes	6638.89	Pre-Tax	Waive Coverage	0.00
64157	F	3/23/1976	10/16/2003	67426.00	Not Eligible	0.00		Waive Coverage	0.00
64155	F	8/19/1980	8/14/2017	19020.54	Not Eligible	0.00		Waive Coverage	0.00
64152	F	10/25/1987	8/3/2011	50479.00	Not Eligible	0.00		180 Day Elimination	2523.95
64157	F	12/28/1974	8/19/1999	67733.00	Not Eligible	0.00		Waive Coverage	0.00
64155	F	6/28/1988	8/1/2016	51762.00	Not Eligible	0.00		Waive Coverage	0.00
64152	F	9/12/1989	8/2/2012	45379.00	Not Eligible	0.00		Waive Coverage	0.00
64118	F	10/27/1987	8/2/2012	50479.00	Not Eligible	0.00		90 Day Elimination	0.00
64133	F	1/8/1985	8/3/2017	63199.00	Not Eligible	0.00		Waive Coverage	0.00
64154	M	2/15/1988	9/21/2015	46259.20	Not Eligible	0.00		90 Day Elimination	2312.96
64118	M	7/31/1990	8/1/2016	43670.00	Not Eligible	0.00		180 Day Elimination	2183.50
64153	F	8/26/1990	8/1/2013	49711.00	Not Eligible	0.00		180 Day Elimination	2485.55
64119	F	7/31/1990	8/22/2017	21775.60	Not Eligible	0.00		Waive Coverage	0.00
64151	F	8/9/1990	8/3/2017	54329.00	Not Eligible	0.00		Waive Coverage	0.00
64116	F	7/27/1990	6/1/2015	44012.80	Not Eligible	0.00		Waive Coverage	0.00
64154	F	11/25/1991	7/31/2014	48393.00	Not Eligible	0.00		Waive Coverage	0.00
64111	F	6/11/1993	8/3/2017	42778.00	Not Eligible	0.00		Waive Coverage	0.00
64152	F	4/1/1995	8/3/2017	40264.00	Not Eligible	0.00		Waive Coverage	0.00

64151	F	8/20/1971	8/14/2017	21464.52	Not Eligible	0.00		90 Day Elimination	1073.23
64152	F	11/20/1982	7/31/2014	49195.00	Not Eligible	0.00		Waive Coverage	0.00
64151	F	9/3/1958	9/6/1988	31486.77	Not Eligible	0.00		Waive Coverage	0.00
64152	F	3/23/1959	12/8/1998	25736.62	Not Eligible	0.00		Waive Coverage	0.00
64152	F	9/10/1972	8/20/1997	61295.00	Not Eligible	0.00		Waive Coverage	0.00
64152	F	5/20/1962	8/19/2002	19450.14	Not Eligible	0.00		Waive Coverage	0.00
64151	F	1/23/1960	2/22/2000	42520.72	Not Eligible	0.00		Waive Coverage	0.00
64152	F	5/24/1967	1/27/1992	81672.00	Not Eligible	0.00		Waive Coverage	0.00
64111	F	11/4/1977	7/31/2014	66227.00	Not Eligible	0.00		Waive Coverage	0.00
64152	F	7/6/1977	8/7/2002	70596.00	Not Eligible	0.00		Waive Coverage	0.00
64158	F	5/30/1978	7/31/2008	73510.00	Not Eligible	0.00		Waive Coverage	0.00
64075	M	10/19/1965	8/7/2002	107993.00	Yes	6000.00	Post-Tax	Waive Coverage	0.00
64152	F	6/11/1980	8/3/2006	57682.73	Not Eligible	0.00		Waive Coverage	0.00
64079	F	1/7/1966	8/2/2007	55612.00	Not Eligible	0.00		Waive Coverage	0.00
64118	F	8/4/1981	8/1/2016	55784.00	Not Eligible	0.00		Waive Coverage	0.00
64152	M	8/14/1974	8/1/2013	68969.00	Not Eligible	0.00		180 Day Elimination	0.00
64153	F	6/5/1979	8/4/2003	79764.05	Not Eligible	0.00		Waive Coverage	0.00
64060	F	3/26/1982	8/2/2012	74272.90	Not Eligible	0.00		Waive Coverage	0.00
64082	M	1/31/1972	8/1/2013	81987.34	Not Eligible	0.00		Waive Coverage	0.00
64152	F	1/2/1972	1/6/2014	21225.82	Not Eligible	0.00		Waive Coverage	0.00
64118	F	11/1/1983	7/31/2014	56895.00	Not Eligible	0.00		90 Day Elimination	2844.75
64151	F	2/16/1970	8/2/2012	56842.00	Not Eligible	0.00		180 Day Elimination	2842.10
64113	F	11/29/1968	3/23/1992	64821.00	Not Eligible	0.00		Waive Coverage	0.00
64105	M	8/15/1982	8/2/2007	62116.96	Not Eligible	0.00		Waive Coverage	0.00
64158	F	4/20/1973	8/3/2005	71526.00	Not Eligible	0.00		180 Day Elimination	0.00
65321	F	3/17/1981	8/3/2006	67942.00	Not Eligible	0.00		90 Day Elimination	3000.00
66213	M	7/3/1975	8/17/1998	82925.28	Not Eligible	0.00		Waive Coverage	0.00
64118	F	3/26/1982	8/18/2005	21986.64	Not Eligible	0.00		Waive Coverage	0.00
64158	F	8/30/1975	10/10/2016	20624.38	Not Eligible	0.00		90 Day Elimination	1031.22
64157	F	9/13/1972	8/20/1997	74916.00	Not Eligible	0.00		Waive Coverage	0.00
64152	F	3/20/1976	8/1/2013	60410.87	Not Eligible	0.00		Waive Coverage	0.00
64150	F	8/16/1982	8/16/2005	67529.00	Not Eligible	0.00		Waive Coverage	0.00
64151	F	8/5/1977	8/4/2003	96031.00	Yes	5338.89	Post-Tax	Waive Coverage	0.00
64068	F	11/9/1979	7/24/2017	37481.60	Not Eligible	0.00		Waive Coverage	0.00
64108	F	12/24/1974	8/6/2004	66339.00	Not Eligible	0.00		Waive Coverage	0.00
64151	F	5/10/1973	7/19/2016	91996.00	Yes	5111.11	Pre-Tax	Waive Coverage	0.00
64151	F	7/11/1977	8/15/2013	24140.34	Not Eligible	0.00		90 Day Elimination	0.00
64024	F	11/1/1974	11/16/1993	54100.80	Not Eligible	0.00		90 Day Elimination	2705.04
64152	F	8/15/1975	11/16/1998	46212.00	Not Eligible	0.00		Waive Coverage	0.00
64155	F	5/19/1988	9/26/2011	49195.00	Not Eligible	0.00		180 Day Elimination	2459.75
64152	F	8/14/1988	8/2/2012	79553.00	Not Eligible	0.00		Waive Coverage	0.00
64152	F	9/21/1988	8/2/2016	24850.35	Not Eligible	0.00		90 Day Elimination	1242.52
64068	F	1/6/1978	8/11/2014	44535.00	Not Eligible	0.00		90 Day Elimination	2226.75
64117	F	10/13/1989	8/1/2013	62333.00	Not Eligible	0.00		90 Day Elimination	2939.15
64152	F	10/12/1989	1/24/2013	33571.20	Not Eligible	0.00		90 Day Elimination	1678.56
64116	F	10/13/1989	8/15/2012	37252.80	Yes	1865.00	Pre-Tax	90 Day Elimination	0.00
64117	F	7/9/1986	8/2/2012	54466.00	Not Eligible	0.00		Waive Coverage	0.00
64114	F	10/24/1985	8/3/2017	53996.10	Not Eligible	0.00		Waive Coverage	0.00
64151	F	6/19/1992	8/21/2017	21464.52	Not Eligible	0.00		Waive Coverage	0.00
64116	F	7/16/1993	8/3/2017	44062.00	Not Eligible	0.00		90 Day Elimination	2203.10
64119	F	4/12/1995	8/3/2017	38545.00	Not Eligible	0.00		Waive Coverage	0.00
64152	F	1/22/1972	8/13/2010	22929.90	Not Eligible	0.00		180 Day Elimination	1146.50
64152	F	3/6/1954	8/30/1993	89387.00	Not Eligible	0.00		Waive Coverage	0.00
64152	F	10/20/1952	7/27/2015	41420.00	Not Eligible	0.00		Waive Coverage	0.00
64116	F	10/22/1954	2/3/1992	46212.00	Not Eligible	0.00		Waive Coverage	0.00
64152	F	9/20/1959	8/31/1992	41204.80	Yes	2065.00	Post-Tax	Waive Coverage	0.00
64118	F	3/13/1954	5/17/1999	44928.00	Yes	2250.00	Post-Tax	Waive Coverage	0.00
64154	M	4/27/1955	8/1/2016	64657.00	Not Eligible	0.00		Waive Coverage	0.00
64154	F	7/27/1969	8/3/2015	61301.00	Not Eligible	0.00		Waive Coverage	0.00
64068	F	1/10/1965	6/28/2010	40040.00	Yes	2005.00	Post-Tax	Waive Coverage	0.00
64429	M	9/15/1966	8/16/2000	85601.81	Not Eligible	0.00		Waive Coverage	0.00
66018	F	2/7/1959	7/31/2014	64657.00	Not Eligible	0.00		Waive Coverage	0.00
64151	M	11/5/1962	1/21/2014	44844.80	Yes	2245.00	Post-Tax	Waive Coverage	0.00
64151	M	9/30/1962	8/31/2010	41454.40	Yes	2075.00	Pre-Tax	Waive Coverage	0.00
64155	F	8/29/1971	8/26/1996	74916.00	Not Eligible	0.00		Waive Coverage	0.00
64116	F	10/2/1964	9/26/2016	36192.00	Yes	1810.00	Post-Tax	Waive Coverage	0.00
64152	F	6/8/1970	8/19/1993	81706.68	Not Eligible	0.00		90 Day Elimination	3000.00
64154	M	1/25/1977	9/17/2002	45572.80	Yes	2280.00	Pre-Tax	Waive Coverage	0.00
64151	M	7/5/1964	8/21/1992	82283.65	Not Eligible	0.00		Waive Coverage	0.00
64151	F	2/16/1966	8/17/1998	64373.00	Not Eligible	0.00		Waive Coverage	0.00
64152	M	3/28/1972	1/11/2018	34153.60	Yes	1710.00	Pre-Tax	Waive Coverage	0.00
64089	F	10/9/1970	8/19/1993	76418.00	Not Eligible	0.00		Waive Coverage	0.00
64118	F	9/25/1978	8/3/2015	72796.00	Not Eligible	0.00		Waive Coverage	0.00
64089	F	3/9/1978	8/26/1999	25235.42	Not Eligible	0.00		Waive Coverage	0.00
64068	F	12/6/1968	8/19/1993	77452.00	Not Eligible	0.00		Waive Coverage	0.00
66215	F	6/29/1977	8/16/2000	71590.00	Not Eligible	0.00		Waive Coverage	0.00
64068	M	12/18/1968	8/21/1996	87564.00	Not Eligible	0.00		Waive Coverage	0.00
66208	F	6/15/1979	8/3/2005	62522.16	Not Eligible	0.00		Waive Coverage	0.00
64151	F	6/29/1971	8/1/2002	51230.40	Not Eligible	0.00		Waive Coverage	0.00

64138	F	7/14/1986	8/14/2017	21464.52	Not Eligible	0.00		Waive Coverage	0.00
64151	F	12/20/1981	8/4/2010	58710.58	Not Eligible	0.00		Waive Coverage	0.00
64068	F	7/8/1981	8/2/2007	65810.50	Not Eligible	0.00		Waive Coverage	0.00
64151	F	9/4/1986	1/11/2010	52278.00	Not Eligible	0.00		Waive Coverage	0.00
64056	M	2/25/1987	9/5/2017	44948.80	Not Eligible	0.00		Waive Coverage	0.00
64119	F	3/12/1983	7/31/2014	55612.00	Not Eligible	0.00		Waive Coverage	0.00
64118	M	10/30/1987	7/1/2017	21464.52	Not Eligible	0.00		Waive Coverage	0.00
66061	F	6/24/1986	9/20/2004	54845.00	Not Eligible	0.00		Waive Coverage	0.00
64157	F	6/8/1988	8/3/2015	49711.00	Not Eligible	0.00		Waive Coverage	0.00
64152	F	7/2/1986	8/12/2011	41701.00	Not Eligible	0.00		180 Day Elimination	2085.05
64118	M	6/12/1985	2/23/2009	59603.90	Not Eligible	0.00		Waive Coverage	0.00
64068	M	8/23/1988	7/20/2017	78595.00	Yes	4366.67	Post-Tax	Waive Coverage	0.00
64114	M	11/8/1985	7/31/2008	58271.00	Not Eligible	0.00		90 Day Elimination	0.00
64157	F	11/12/1989	8/2/2012	60692.51	Not Eligible	0.00		180 Day Elimination	2968.73
64155	F	10/25/1989	8/23/2013	27276.60	Not Eligible	0.00		Waive Coverage	0.00
64158	M	8/22/1990	8/8/2016	38545.00	Not Eligible	0.00		90 Day Elimination	1927.25
64118	M	9/24/1990	7/13/2015	62473.00	Not Eligible	0.00		Waive Coverage	0.00
64116	M	10/31/1990	9/5/2017	34153.60	Yes	1710.00	Pre-Tax	90 Day Elimination	1707.68
64116	M	1/15/1992	8/1/2016	51123.00	Not Eligible	0.00		Waive Coverage	0.00
64151	F	2/7/1992	8/3/2015	50850.00	Not Eligible	0.00		Waive Coverage	0.00
64155	F	6/8/1993	8/3/2017	42778.00	Not Eligible	0.00		Waive Coverage	0.00
64116	F	8/2/1993	9/1/2016	38545.00	Not Eligible	0.00		Waive Coverage	0.00
64132	M	10/15/1993	2/1/2016	36192.00	Yes	1810.00	Post-Tax	Waive Coverage	0.00
64118	F	9/13/1993	8/3/2017	44062.00	Not Eligible	0.00		Waive Coverage	0.00
64157	F	9/14/1993	8/1/2016	39341.00	Not Eligible	0.00		Waive Coverage	0.00
64118	M	9/15/1993	11/16/2017	34153.60	Yes	1710.00	Post-Tax	Waive Coverage	0.00
64154	M	10/18/1993	8/14/2017	21464.52	Not Eligible	0.00		180 Day Elimination	1073.23
64153	F	7/24/1995	8/3/2017	38545.00	Not Eligible	0.00		90 Day Elimination	1927.25
64152	F	3/31/1980	10/8/2007	41204.80	Yes	2065.00	Post-Tax	Waive Coverage	0.00
64151	M	10/2/1950	10/31/2005	41808.00	Yes	2095.00	Post-Tax	Waive Coverage	0.00
64118	F	8/19/1956	8/16/2000	68674.00	Not Eligible	0.00		Waive Coverage	0.00
64152	M	3/14/1955	12/6/2010	25876.20	Not Eligible	0.00		Waive Coverage	0.00
64079	F	4/26/1957	8/17/1998	74657.00	Not Eligible	0.00		90 Day Elimination	3000.00
64155	M	5/14/1958	4/14/2008	59092.80	Yes	2955.00	Post-Tax	Waive Coverage	0.00
64151	M	1/22/1959	2/20/2013	40705.60	Yes	2040.00	Post-Tax	Waive Coverage	0.00
64150	M	1/27/1958	12/8/2008	59092.80	Yes	2955.00	Post-Tax	Waive Coverage	0.00
64152	M	11/11/1968	8/23/1991	89528.91	Not Eligible	0.00		90 Day Elimination	3000.00
64116	F	5/19/1973	7/1/2014	107502.00	Yes	5977.78	Post-Tax	Waive Coverage	0.00
64151	F	4/10/1962	3/28/2003	56895.00	Not Eligible	0.00		Waive Coverage	0.00
64119	F	7/6/1957	8/17/2004	65405.00	Not Eligible	0.00		Waive Coverage	0.00
64152	F	12/9/1960	8/4/2009	73338.00	Not Eligible	0.00		90 Day Elimination	3000.00
64152	F	5/19/1959	11/8/2010	22165.57	Not Eligible	0.00		Waive Coverage	0.00
64152	F	11/8/1963	11/23/1998	64149.00	Not Eligible	0.00		Waive Coverage	0.00
64153	F	4/16/1970	8/31/1992	70377.00	Not Eligible	0.00		Waive Coverage	0.00
64118	M	10/24/1964	1/15/1999	46696.00	Yes	2335.00	Pre-Tax	Waive Coverage	0.00
64152	F	9/20/1969	8/14/2006	50502.40	Not Eligible	0.00		Waive Coverage	0.00
64068	M	4/19/1965	8/3/2006	76680.00	Not Eligible	0.00		Waive Coverage	0.00
64151	F	4/6/1967	8/19/1993	76418.00	Not Eligible	0.00		Waive Coverage	0.00
64152	F	5/31/1973	8/16/2000	75175.00	Not Eligible	0.00		Waive Coverage	0.00
64151	M	11/1/1979	8/6/2004	78913.95	Not Eligible	0.00		Waive Coverage	0.00
64151	M	1/31/1972	8/16/2000	72405.00	Not Eligible	0.00		Waive Coverage	0.00
64152	F	12/28/1975	7/31/2008	62257.00	Not Eligible	0.00		Waive Coverage	0.00
64152	F	2/11/1975	7/17/2012	40872.00	Not Eligible	0.00		Waive Coverage	0.00
64063	M	10/21/1982	8/1/2016	69242.00	Not Eligible	0.00		Waive Coverage	0.00
64153	F	12/7/1966	1/26/2009	42057.60	Not Eligible	0.00		90 Day Elimination	2102.88
64152	M	7/20/1968	8/21/1996	72793.30	Not Eligible	0.00		Waive Coverage	0.00
64119	M	12/11/1983	12/5/2011	50479.00	Not Eligible	0.00		Waive Coverage	0.00
64117	F	10/14/1968	8/9/2001	61301.00	Not Eligible	0.00		Waive Coverage	0.00
64152	F	8/5/1977	8/16/2000	73568.00	Not Eligible	0.00		Waive Coverage	0.00
64152	F	4/25/1968	8/7/2002	63566.00	Not Eligible	0.00		Waive Coverage	0.00
64152	M	10/8/1981	7/31/2008	65047.00	Not Eligible	0.00		Waive Coverage	0.00
64151	F	6/9/1983	8/8/2012	55612.00	Not Eligible	0.00		90 Day Elimination	2780.60
64153	F	3/5/1968	8/30/1994	68674.00	Not Eligible	0.00		Waive Coverage	0.00
64119	F	4/23/1978	8/8/2002	64908.80	Not Eligible	0.00		Waive Coverage	0.00
64155	F	9/14/1971	8/2/2012	84512.15	Not Eligible	0.00		Waive Coverage	0.00
64154	F	12/8/1983	7/31/2008	79872.98	Not Eligible	0.00		Waive Coverage	0.00
64152	F	8/14/1979	8/7/2002	59462.00	Not Eligible	0.00		Waive Coverage	0.00
64151	F	9/13/1986	8/2/2012	49711.00	Not Eligible	0.00		Waive Coverage	0.00
64151	F	2/5/1971	8/9/2017	17592.12	Not Eligible	0.00		180 Day Elimination	879.61
64116	F	5/9/1981	3/1/2016	37627.20	Not Eligible	0.00		180 Day Elimination	1881.36
64153	F	5/29/1977	8/3/2006	46212.00	Not Eligible	0.00		Waive Coverage	0.00
64152	F	7/31/1976	1/28/2013	44948.80	Not Eligible	0.00		90 Day Elimination	2247.44
66205	F	4/12/1982	8/3/2006	61467.00	Not Eligible	0.00		Waive Coverage	0.00
64079	F	8/5/1971	9/1/2011	46628.00	Not Eligible	0.00		Waive Coverage	0.00
64151	F	1/31/1979	8/9/2001	72796.00	Not Eligible	0.00		Waive Coverage	0.00
64151	F	5/26/1977	8/16/2000	72796.00	Not Eligible	0.00		Waive Coverage	0.00
64151	F	2/8/1973	8/12/2002	59092.80	Yes	2955.00	Pre-Tax	90 Day Elimination	0.00
64151	F	1/29/1987	10/4/2010	64467.00	Not Eligible	0.00		Waive Coverage	0.00
66217	F	11/15/1990	8/1/2016	47912.00	Not Eligible	0.00		Waive Coverage	0.00

64465	M	12/26/1988	12/6/2010	53435.20	Yes		2675.00	Pre-Tax	Waive Coverage	0.00
64117	F	8/9/1988	8/3/2017	50995.00	Not Eligible		0.00		90 Day Elimination	2549.75
64152	M	1/30/1990	7/31/2014	57489.45	Not Eligible		0.00		Waive Coverage	0.00
64108	F	10/28/1991	8/3/2017	44062.00	Not Eligible		0.00		Waive Coverage	0.00
64154	M	2/20/1981	5/2/2011	52665.60	Yes		2635.00	Post-Tax	Waive Coverage	0.00
64151	M	3/6/1992	8/3/2017	42778.00	Not Eligible		0.00		Waive Coverage	0.00
64118	M	3/14/1992	8/14/2017	19852.56	Not Eligible		0.00		Waive Coverage	0.00
64151	F	2/18/1992	8/3/2017	46628.00	Not Eligible		0.00		180 Day Elimination	2331.40
64118	M	2/29/1992	2/1/2018	34153.60	Yes		1710.00	Post-Tax	Waive Coverage	0.00
64151	F	10/5/1993	8/1/2016	39341.00	Not Eligible		0.00		90 Day Elimination	1967.05
64113	F	10/15/1993	2/1/2016	43670.00	Not Eligible		0.00		180 Day Elimination	2183.50
64155	F	5/18/1995	8/3/2017	38545.00	Not Eligible		0.00		Waive Coverage	0.00
64112	F	5/18/1995	8/3/2017	38545.00	Not Eligible		0.00		90 Day Elimination	1927.25
64119	F	7/9/1995	9/8/2014	16604.04	Not Eligible		0.00		90 Day Elimination	798.52
64116	F	7/4/1995	8/3/2017	38545.00	Not Eligible		0.00		Waive Coverage	0.00
64079	F	12/27/1956	1/2/2007	29660.80	Not Eligible		0.00		Waive Coverage	0.00
64150	F	11/15/1954	8/19/1998	39247.20	Not Eligible		0.00		Waive Coverage	0.00
64151	F	2/1/1956	6/6/2001	43659.20	Yes		2185.00	Post-Tax	Waive Coverage	0.00
64151	M	8/31/1957	9/25/2006	41204.80	Yes		2065.00	Pre-Tax	Waive Coverage	0.00
64154	M	6/30/1969	1/18/2011	38896.00	Yes		1945.00	Post-Tax	90 Day Elimination	1944.80
64492	F	9/5/1971	8/17/1998	83106.00	Not Eligible		0.00		Waive Coverage	0.00
64154	F	11/3/1961	8/14/2017	19020.54	Not Eligible		0.00		90 Day Elimination	951.03
64157	F	8/20/1976	7/31/2008	75359.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	2/19/1976	2/1/2010	49195.00	Not Eligible		0.00		180 Day Elimination	2459.75
64151	F	3/13/1962	8/27/1984	66389.00	Not Eligible		0.00		Waive Coverage	0.00
64153	F	8/24/1971	8/1/2016	80832.00	Not Eligible		0.00		Waive Coverage	0.00
64152	M	7/18/1975	8/9/2001	64585.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	7/8/1967	8/20/1997	72328.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	9/26/1979	1/7/2013	59978.00	Not Eligible		0.00		Waive Coverage	0.00
64152	M	12/2/1979	8/20/2012	80826.00	Not Eligible		0.00		Waive Coverage	0.00
64154	M	1/17/1970	8/19/1999	84957.20	Not Eligible		0.00		Waive Coverage	0.00
64151	F	9/27/1978	8/3/2015	58179.00	Not Eligible		0.00		Waive Coverage	0.00
64111	F	9/22/1976	8/2/2012	51888.00	Not Eligible		0.00		90 Day Elimination	2594.40
64152	F	7/28/1969	10/23/2017	17592.12	Not Eligible		0.00		Waive Coverage	0.00
66213	F	1/3/1966	9/13/1990	73948.60	Not Eligible		0.00		Waive Coverage	0.00
64079	F	11/26/1968	8/21/1996	71377.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	4/12/1966	8/11/2014	57866.00	Not Eligible		0.00		90 Day Elimination	2654.55
64158	F	12/19/1968	12/7/2017	38417.60	Not Eligible		0.00		Waive Coverage	0.00
64151	F	9/11/1980	1/25/2016	15970.38	Not Eligible		0.00		Waive Coverage	0.00
64155	F	8/3/1972	10/25/2004	85629.00	Not Eligible		0.00		Waive Coverage	0.00
64151	M	7/19/1972	8/20/1997	74916.00	Not Eligible		0.00		180 Day Elimination	3000.00
64155	F	3/13/1971	8/16/2000	78916.00	Not Eligible		0.00		Waive Coverage	0.00
64155	F	4/21/1968	8/9/2001	73926.00	Not Eligible		0.00		Waive Coverage	0.00
64155	F	6/20/1968	8/3/2017	80155.00	Not Eligible		0.00		90 Day Elimination	3000.00
64152	M	4/27/1982	8/3/2015	72658.71	Not Eligible		0.00		90 Day Elimination	3000.00
64151	F	4/23/1982	8/2/2012	57411.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	5/7/1967	8/13/2014	16206.66	Not Eligible		0.00		Waive Coverage	0.00
64150	F	3/19/1968	9/14/1992	75693.00	Not Eligible		0.00		Waive Coverage	0.00
64079	F	8/21/1973	8/20/1997	66085.05	Not Eligible		0.00		Waive Coverage	0.00
64118	M	1/14/1984	9/11/2017	34153.60	Yes		1710.00	Post-Tax	180 Day Elimination	1707.68
64157	F	10/22/1979	8/15/2012	44880.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	3/9/1971	9/5/2017	30521.12	Not Eligible		0.00		Waive Coverage	0.00
64151	F	11/2/1974	8/17/1998	74657.00	Not Eligible		0.00		Waive Coverage	0.00
64154	F	12/28/1980	8/3/2005	69087.00	Not Eligible		0.00		Waive Coverage	0.00
64156	M	6/26/1975	8/4/2003	68115.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	8/4/1987	8/4/2009	53045.00	Not Eligible		0.00		Waive Coverage	0.00
64118	F	8/22/1986	9/1/2014	47500.00	Not Eligible		0.00		90 Day Elimination	2375.00
64133	M	8/15/1979	10/13/2014	69551.00	Not Eligible		0.00		Waive Coverage	0.00
64151	M	7/15/1977	8/1/2016	68949.55	Not Eligible		0.00		Waive Coverage	0.00
64506	F	11/10/1975	8/1/2016	72111.00	Not Eligible		0.00		180 Day Elimination	3000.00
64151	F	12/11/1980	8/1/2016	59210.00	Not Eligible		0.00		180 Day Elimination	2960.50
64152	M	7/28/1976	10/19/2007	68056.45	Not Eligible		0.00		Waive Coverage	0.00
64079	M	11/2/1987	8/3/2011	54989.80	Not Eligible		0.00		Waive Coverage	0.00
64157	M	6/10/1983	8/3/2017	49195.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	1/19/1983	9/16/2002	63498.25	Not Eligible		0.00		90 Day Elimination	3000.00
66204	F	5/3/1983	8/31/2007	23606.52	Not Eligible		0.00		Waive Coverage	0.00
64152	M	10/4/1986	8/10/2012	0.00	Not Eligible		0.00		180 Day Elimination	100.00
64153	F	5/31/1987	10/8/2015	31418.80	Not Eligible		0.00		Waive Coverage	0.00
64157	F	6/11/1985	8/3/2015	61575.00	Not Eligible		0.00		Waive Coverage	0.00
64154	M	7/5/1984	7/31/2014	63317.45	Not Eligible		0.00		Waive Coverage	0.00
64119	M	10/17/1989	9/1/2015	24433.92	Not Eligible		0.00		Waive Coverage	0.00
64157	M	10/13/1988	8/1/2016	50730.00	Not Eligible		0.00		Waive Coverage	0.00
64157	F	12/4/1979	8/7/2002	63141.00	Not Eligible		0.00		Waive Coverage	0.00
64501	F	7/28/1988	8/10/2015	40487.00	Not Eligible		0.00		180 Day Elimination	2024.35
64152	M	3/5/1992	7/31/2014	53821.00	Not Eligible		0.00		Waive Coverage	0.00
64110	F	3/23/1992	8/3/2015	55722.00	Not Eligible		0.00		Waive Coverage	0.00
64136	M	4/24/1992	7/8/2015	38584.00	Yes		1930.00	Post-Tax	Waive Coverage	0.00
64157	F	11/7/1993	8/1/2016	39857.00	Not Eligible		0.00		Waive Coverage	0.00
64057	F	10/20/1993	8/1/2016	39341.00	Not Eligible		0.00		Waive Coverage	0.00

64152	F	10/28/1963	8/3/2006	41633.00	Not Eligible	0.00		Waive Coverage	0.00
64167	F	11/4/1952	2/4/2008	48360.00	Not Eligible	0.00		Waive Coverage	0.00
64151	F	1/8/1966	8/14/2013	26969.20	Not Eligible	0.00		Waive Coverage	0.00
64157	M	2/28/1961	8/10/2015	36712.00	Yes	1840.00	Post-Tax	Waive Coverage	0.00
64110	F	2/7/1956	8/17/1998	42851.03	Not Eligible	0.00		Waive Coverage	0.00
64152	M	11/8/1967	8/21/1992	169631.00	Yes	9427.78	Post-Tax	Waive Coverage	0.00
66226	F	11/30/1971	8/9/2001	79175.00	Not Eligible	0.00		90 Day Elimination	0.00
64119	F	9/24/1957	5/1/1995	48568.00	Yes	2430.00	Post-Tax	Waive Coverage	0.00
64117	F	1/21/1959	9/9/1998	32344.00	Not Eligible	0.00		180 Day Elimination	1617.20
64151	F	9/4/1961	8/25/1997	42149.00	Not Eligible	0.00		Waive Coverage	0.00
64152	F	8/5/1975	8/9/2001	75088.00	Not Eligible	0.00		Waive Coverage	0.00
64152	M	5/1/1963	9/8/2015	39707.20	Yes	1990.00	Post-Tax	Waive Coverage	0.00
64157	M	1/19/1976	8/2/2007	66142.15	Not Eligible	0.00		90 Day Elimination	3000.00
64152	M	10/21/1963	3/16/2009	57408.00	Yes	2875.00	Post-Tax	Waive Coverage	0.00
64154	F	2/18/1977	8/1/2013	60745.00	Not Eligible	0.00		Waive Coverage	0.00
64089	F	9/19/1961	5/1/2017	36940.80	Not Eligible	0.00		180 Day Elimination	1847.04
64152	M	5/31/1974	8/29/2016	48140.10	Not Eligible	0.00		Waive Coverage	0.00
64114	F	5/24/1973	8/3/2015	44647.00	Not Eligible	0.00		Waive Coverage	0.00
64155	F	12/7/1979	12/18/2002	68881.00	Not Eligible	0.00		Waive Coverage	0.00
64154	F	10/10/1964	8/25/1997	80277.90	Not Eligible	0.00		90 Day Elimination	3000.00
64151	F	6/23/1965	9/9/2013	21855.90	Not Eligible	0.00		180 Day Elimination	1092.80
64152	F	4/17/1970	8/21/1992	95636.00	Yes	5316.67	Pre-Tax	Waive Coverage	0.00
64152	F	3/30/1970	7/1/2005	58105.52	Not Eligible	0.00		180 Day Elimination	2905.28
64152	M	10/11/1967	3/2/2005	41620.80	Yes	2085.00	Post-Tax	Waive Coverage	0.00
64089	F	1/5/1966	8/13/2008	22278.34	Not Eligible	0.00		Waive Coverage	0.00
64152	F	6/30/1977	7/1/2014	130082.00	Yes	7227.78	Post-Tax	Waive Coverage	0.00
64119	F	8/17/1970	5/7/2012	16840.32	Not Eligible	0.00		90 Day Elimination	842.02
64057	F	4/8/1967	8/26/1992	65270.00	Not Eligible	0.00		90 Day Elimination	3000.00
64156	F	10/30/1971	8/8/2002	46728.00	Not Eligible	0.00		Waive Coverage	0.00
64151	M	5/27/1981	8/1/2016	66138.75	Not Eligible	0.00		Waive Coverage	0.00
64153	M	8/22/1983	6/1/2001	17141.04	Not Eligible	0.00		Waive Coverage	0.00
64133	F	5/6/1985	7/31/2008	56300.00	Not Eligible	0.00		Waive Coverage	0.00
64118	F	4/1/1985	7/1/2016	45593.60	Not Eligible	0.00		Waive Coverage	0.00
64151	M	12/2/1979	8/6/2004	77602.04	Not Eligible	0.00		Waive Coverage	0.00
64152	F	4/17/1977	8/3/2015	46628.00	Not Eligible	0.00		Waive Coverage	0.00
64155	F	6/1/1976	7/20/2015	112481.00	Yes	6250.00	Post-Tax	Waive Coverage	0.00
64156	M	12/1/1977	8/3/2006	68881.00	Not Eligible	0.00		Waive Coverage	0.00
64152	F	7/31/1979	11/1/2005	43742.40	Not Eligible	0.00		Waive Coverage	0.00
64153	F	10/15/1983	8/2/2007	57239.01	Not Eligible	0.00		180 Day Elimination	2861.95
64157	M	6/17/1982	8/3/2017	46726.00	Not Eligible	0.00		Waive Coverage	0.00
64153	F	8/25/1979	8/3/2017	60745.00	Not Eligible	0.00		Waive Coverage	0.00
64112	F	6/12/1978	8/9/2001	67869.00	Not Eligible	0.00		Waive Coverage	0.00
64157	M	4/8/1984	8/11/2014	50291.00	Not Eligible	0.00		180 Day Elimination	0.00
64118	F	7/8/1986	8/3/2015	56091.00	Not Eligible	0.00		180 Day Elimination	2804.55
64155	F	7/1/1985	8/2/2012	54329.00	Not Eligible	0.00		Waive Coverage	0.00
64506	F	11/7/1980	7/1/2017	118000.00	Yes	6561.11	Post-Tax	Waive Coverage	0.00
64154	M	9/29/1977	8/1/2016	68940.00	Not Eligible	0.00		90 Day Elimination	3000.00
64114	F	9/13/1988	1/29/2015	49674.00	Not Eligible	0.00		180 Day Elimination	2483.70
64153	F	1/6/1988	8/4/2010	64280.74	Not Eligible	0.00		Waive Coverage	0.00
64155	F	8/22/1987	8/2/2012	51835.07	Not Eligible	0.00		Waive Coverage	0.00
64118	F	12/7/1990	8/1/2014	25952.64	Not Eligible	0.00		Waive Coverage	0.00
64154	F	12/4/1990	8/22/2011	43714.00	Not Eligible	0.00		Waive Coverage	0.00
64151	F	5/2/1992	10/3/2016	38545.00	Not Eligible	0.00		Waive Coverage	0.00
64112	F	4/29/1992	7/31/2017	46909.76	Not Eligible	0.00		Waive Coverage	0.00
64152	F	5/1/1992	11/27/2017	21464.52	Not Eligible	0.00		90 Day Elimination	1073.23
64151	F	11/6/1988	9/7/2011	50479.00	Not Eligible	0.00		Waive Coverage	0.00
64112	F	12/28/1993	8/3/2017	44062.00	Not Eligible	0.00		Waive Coverage	0.00
64111	F	1/10/1994	8/3/2017	42778.00	Not Eligible	0.00		90 Day Elimination	2138.90
64151	M	5/28/1991	8/12/2011	25381.30	Not Eligible	0.00		Waive Coverage	0.00
64151	F	1/1/1994	8/1/2016	39341.00	Not Eligible	0.00		90 Day Elimination	1967.05
64123	M	7/1/1965	8/21/2014	37252.80	Yes	1865.00	Post-Tax	Waive Coverage	0.00
64151	F	5/20/1958	8/19/2002	29298.78	Not Eligible	0.00		Waive Coverage	0.00
64154	F	3/31/1956	10/30/2017	39147.52	Not Eligible	0.00		Waive Coverage	0.00
64474	F	9/9/1961	8/15/2002	28981.89	Not Eligible	0.00		Waive Coverage	0.00
64158	M	5/7/1965	8/4/2003	69160.00	Not Eligible	0.00		Waive Coverage	0.00
64151	M	1/27/1974	12/1/2014	46924.80	Not Eligible	0.00		180 Day Elimination	2346.24
64151	F	10/19/1961	7/1/2003	51979.20	Not Eligible	0.00		Waive Coverage	0.00
64150	F	6/21/1961	7/1/2007	116232.00	Yes	6461.11	Post-Tax	Waive Coverage	0.00
64152	F	10/11/1969	8/7/2002	87744.70	Not Eligible	0.00		Waive Coverage	0.00
64152	F	10/7/1964	8/21/1991	74437.00	Not Eligible	0.00		Waive Coverage	0.00
64151	M	12/5/1969	8/20/1997	79983.00	Not Eligible	0.00		Waive Coverage	0.00
64444	F	7/30/1963	1/14/2002	43118.40	Not Eligible	0.00		Waive Coverage	0.00
64152	F	7/12/1965	11/6/2017	19020.54	Not Eligible	0.00		Waive Coverage	0.00
64151	M	6/1/1979	8/3/2005	58179.00	Not Eligible	0.00		Waive Coverage	0.00
64118	F	3/12/1978	8/2/2012	75863.00	Not Eligible	0.00		Waive Coverage	0.00
64151	F	10/19/1972	8/17/1999	74395.00	Not Eligible	0.00		90 Day Elimination	0.00
64152	F	1/5/1970	8/24/1993	81916.00	Not Eligible	0.00		Waive Coverage	0.00
64157	F	4/3/1967	8/3/2005	66409.00	Not Eligible	0.00		Waive Coverage	0.00
64151	F	4/8/1968	7/24/1990	77195.00	Not Eligible	0.00		Waive Coverage	0.00

64068	M	8/9/1981	10/28/2002	63593.50	Not Eligible		0.00		90 Day Elimination	3000.00
64151	F	9/30/1978	2/1/2010	47912.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	8/16/1979	8/7/2002	64269.00	Not Eligible		0.00		Waive Coverage	0.00
64492	F	3/6/1984	8/2/2007	62419.00	Not Eligible		0.00		90 Day Elimination	3000.00
64154	F	9/14/1972	8/9/2001	70169.00	Not Eligible		0.00		Waive Coverage	0.00
64079	M	8/29/1977	8/2/2012	71153.00	Not Eligible		0.00		Waive Coverage	0.00
64131	F	7/19/1982	8/3/2017	47912.00	Not Eligible		0.00		Waive Coverage	0.00
64157	F	8/10/1973	8/21/1996	73982.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	12/23/1976	8/19/1999	76911.00	Not Eligible		0.00		Waive Coverage	0.00
64152	M	4/22/1974	8/26/1996	78305.92	Not Eligible		0.00		Waive Coverage	0.00
64119	M	10/8/1969	8/3/2005	74135.60	Not Eligible		0.00		Waive Coverage	0.00
64157	M	3/25/1981	8/3/2011	68335.00	Not Eligible		0.00		90 Day Elimination	3000.00
64156	F	7/31/1972	8/20/1997	70541.00	Not Eligible		0.00		90 Day Elimination	3000.00
64152	F	7/1/1976	9/20/1999	50336.00	Not Eligible		0.00		Waive Coverage	0.00
64157	F	9/22/1983	8/1/2013	57411.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	11/27/1980	7/28/2016	39104.00	Not Eligible		0.00		180 Day Elimination	1955.20
64150	M	3/14/1980	8/3/2015	53561.00	Not Eligible		0.00		Waive Coverage	0.00
64155	F	2/12/1985	8/9/2013	21539.07	Not Eligible		0.00		Waive Coverage	0.00
64151	F	9/28/1984	7/31/2014	58658.00	Not Eligible		0.00		Waive Coverage	0.00
64110	F	12/2/1988	1/4/2016	47586.56	Not Eligible		0.00		Waive Coverage	0.00
66109	F	12/19/1973	8/16/2000	74916.00	Not Eligible		0.00		Waive Coverage	0.00
64157	F	12/31/1981	8/4/2009	73293.84	Not Eligible		0.00		Waive Coverage	0.00
64152	F	4/19/1984	7/31/2008	64550.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	5/3/1987	3/1/2016	28715.96	Not Eligible		0.00		Waive Coverage	0.00
64015	F	4/25/1986	8/9/2017	41633.00	Not Eligible		0.00		Waive Coverage	0.00
64155	F	8/29/1973	8/16/2006	37354.48	Not Eligible		0.00		180 Day Elimination	0.00
66208	F	4/22/1985	8/1/2013	65066.00	Not Eligible		0.00		Waive Coverage	0.00
64119	F	1/13/1991	8/3/2015	48428.00	Not Eligible		0.00		Waive Coverage	0.00
64119	M	11/24/1986	1/4/2012	24346.14	Not Eligible		0.00		Waive Coverage	0.00
64151	M	8/11/1988	7/31/2014	52533.50	Not Eligible		0.00		Waive Coverage	0.00
64152	F	4/25/1987	9/14/2007	37793.60	Not Eligible		0.00		Waive Coverage	0.00
64119	F	7/29/1992	9/20/2016	24080.42	Not Eligible		0.00		Waive Coverage	0.00
64152	M	2/15/1994	3/20/2017	26887.90	Not Eligible		0.00		90 Day Elimination	1344.40
64155	F	1/22/1994	8/1/2016	39341.00	Not Eligible		0.00		Waive Coverage	0.00
64037	M	3/6/1994	8/3/2017	38545.00	Not Eligible		0.00		Waive Coverage	0.00
64079	M	11/13/1995	9/26/2016	44948.80	Not Eligible		0.00		180 Day Elimination	2247.44
64154	F	2/18/1984	8/3/2015	61570.00	Not Eligible		0.00		Waive Coverage	0.00
64119	M	7/7/1953	7/16/2000	52561.60	Yes		2630.00	Pre-Tax	Waive Coverage	0.00
64151	F	11/5/1954	8/1/1998	41131.20	Not Eligible		0.00		Waive Coverage	0.00
64089	M	5/10/1956	5/14/2012	46155.20	Yes		2310.00	Pre-Tax	Waive Coverage	0.00
64152	F	4/27/1959	8/18/2004	43908.80	Not Eligible		0.00		Waive Coverage	0.00
64151	F	4/28/1967	9/1/2001	55612.00	Not Eligible		0.00		90 Day Elimination	2780.60
64151	F	7/16/1973	8/14/2002	46628.00	Not Eligible		0.00		Waive Coverage	0.00
64152	M	2/27/1976	1/1/1997	61692.80	Yes		3085.00	Pre-Tax	Waive Coverage	0.00
64081	M	12/27/1961	2/2/2015	36712.00	Yes		1840.00	Post-Tax	Waive Coverage	0.00
64079	F	1/8/1977	8/4/2010	74114.96	Not Eligible		0.00		Waive Coverage	0.00
64153	M	2/13/1974	8/7/2017	44948.80	Not Eligible		0.00		90 Day Elimination	2247.44
66086	F	9/26/1976	7/30/2009	90243.00	Yes		5016.67	Post-Tax	Waive Coverage	0.00
64152	F	3/29/1981	12/9/2003	61201.65	Not Eligible		0.00		Waive Coverage	0.00
64079	F	4/16/1974	8/1/2012	59568.00	Not Eligible		0.00		Waive Coverage	0.00
64089	M	10/9/1969	8/10/2012	63131.00	Not Eligible		0.00		Waive Coverage	0.00
64151	M	7/29/1981	8/10/2006	71481.10	Not Eligible		0.00		90 Day Elimination	3000.00
64151	F	1/6/1972	1/19/2010	41003.00	Not Eligible		0.00		Waive Coverage	0.00
66106	F	7/3/1968	7/31/2017	54774.08	Not Eligible		0.00		Waive Coverage	0.00
64154	F	7/27/1983	8/4/2009	70493.00	Not Eligible		0.00		Waive Coverage	0.00
64089	F	6/6/1968	8/3/2005	75434.00	Not Eligible		0.00		Waive Coverage	0.00
66210	F	7/24/1985	8/3/2011	60521.44	Not Eligible		0.00		90 Day Elimination	3000.00
64152	F	10/1/1969	8/20/1997	62695.00	Not Eligible		0.00		Waive Coverage	0.00
64079	F	3/24/1972	8/17/1994	87432.51	Not Eligible		0.00		Waive Coverage	0.00
64029	F	7/24/1980	8/2/2012	50513.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	7/6/1979	8/9/2001	70718.28	Not Eligible		0.00		Waive Coverage	0.00
64151	F	11/12/1981	8/15/2005	38771.20	Not Eligible		0.00		Waive Coverage	0.00
64153	F	10/12/1977	3/12/2015	24433.92	Not Eligible		0.00		Waive Coverage	0.00
64157	M	1/17/1979	8/1/2013	68662.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	8/22/1982	1/13/2006	64515.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	8/14/1972	9/4/2007	66533.00	Not Eligible		0.00		Waive Coverage	0.00
64068	F	10/28/1973	8/3/2015	62695.00	Not Eligible		0.00		Waive Coverage	0.00
64089	F	10/5/1978	8/14/2013	33287.44	Not Eligible		0.00		90 Day Elimination	0.00
64119	F	12/20/1989	8/1/2013	47912.00	Not Eligible		0.00		180 Day Elimination	2395.60
64138	F	1/11/1990	8/1/2016	41385.00	Not Eligible		0.00		Waive Coverage	0.00
64157	F	1/28/1991	7/31/2014	47912.00	Not Eligible		0.00		90 Day Elimination	2395.60
64151	F	2/15/1991	7/31/2014	49642.00	Not Eligible		0.00		Waive Coverage	0.00
64118	M	8/4/1992	9/10/2012	38334.40	Yes		1920.00	Pre-Tax	Waive Coverage	0.00
64116	F	7/16/1992	8/3/2015	42511.00	Not Eligible		0.00		Waive Coverage	0.00
64118	F	1/26/1984	7/17/2012	43742.40	Not Eligible		0.00		90 Day Elimination	2187.12
64116	M	8/17/1950	2/18/2014	21225.82	Not Eligible		0.00		Waive Coverage	0.00
64154	F	4/3/1955	10/15/2008	22473.76	Not Eligible		0.00		Waive Coverage	0.00
64116	F	8/31/1953	8/16/2006	18354.66	Not Eligible		0.00		Waive Coverage	0.00
64156	M	2/11/1957	7/20/1998	43659.20	Yes		2185.00	Pre-Tax	180 Day Elimination	0.00

64152	M	8/16/1954	5/7/2007	43284.80	Yes		2165.00	Pre-Tax	Waive Coverage	0.00
64155	F	2/14/1954	8/23/2000	28582.72	Not Eligible		0.00		Waive Coverage	0.00
64154	M	6/7/1958	2/1/2015	27077.33	Not Eligible		0.00		Waive Coverage	0.00
64151	F	6/26/1956	8/23/2000	28582.72	Not Eligible		0.00		Waive Coverage	0.00
66018	F	4/28/1956	7/1/2005	247400.00	Yes	10000.00		Pre-Tax	Waive Coverage	0.00
64485	F	2/26/1973	8/1/2013	78482.00	Not Eligible		0.00		Waive Coverage	0.00
64154	M	6/30/1967	8/19/1999	84177.11	Not Eligible		0.00		Waive Coverage	0.00
64152	F	6/29/1963	1/10/1996	41131.20	Not Eligible		0.00		Waive Coverage	0.00
64152	F	11/12/1957	10/29/1997	40139.12	Not Eligible		0.00		90 Day Elimination	2006.96
64155	M	3/22/1970	9/5/2006	41204.80	Yes		2065.00	Pre-Tax	Waive Coverage	0.00
64151	M	1/29/1974	8/4/2003	77040.00	Not Eligible		0.00		Waive Coverage	0.00
64152	M	9/3/1962	11/4/1996	75693.00	Not Eligible		0.00		Waive Coverage	0.00
64119	M	8/23/1963	9/5/2007	67267.20	Yes		3365.00	Post-Tax	Waive Coverage	0.00
64155	F	6/1/1974	9/8/1997	22278.34	Not Eligible		0.00		90 Day Elimination	1113.92
64454	F	10/11/1976	9/21/2009	27385.96	Not Eligible		0.00		Waive Coverage	0.00
64152	F	8/18/1980	6/1/2015	24433.92	Not Eligible		0.00		180 Day Elimination	1221.70
64152	F	5/29/1982	8/3/2017	53045.00	Not Eligible		0.00		Waive Coverage	0.00
64153	M	2/14/1968	8/22/1995	73023.00	Not Eligible		0.00		Waive Coverage	0.00
64118	F	11/28/1980	8/4/2009	59462.00	Not Eligible		0.00		Waive Coverage	0.00
64150	M	3/30/1971	7/21/1997	45572.80	Yes		2280.00	Pre-Tax	Waive Coverage	0.00
64152	F	10/8/1970	9/1/1993	75434.00	Not Eligible		0.00		90 Day Elimination	3000.00
64157	M	10/30/1982	8/3/2006	64515.00	Not Eligible		0.00		180 Day Elimination	3000.00
64152	F	7/2/1968	8/21/1996	73023.00	Not Eligible		0.00		Waive Coverage	0.00
64089	F	4/24/1969	8/4/2009	68078.00	Not Eligible		0.00		Waive Coverage	0.00
64152	M	5/29/1976	8/12/2014	40869.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	5/25/1985	8/1/2016	53558.00	Not Eligible		0.00		90 Day Elimination	2677.90
64154	M	6/28/1982	8/2/2012	61295.00	Not Eligible		0.00		Waive Coverage	0.00
66109	F	1/1/1984	7/31/2008	54845.00	Not Eligible		0.00		Waive Coverage	0.00
64154	F	2/24/1971	8/11/2003	28537.60	Not Eligible		0.00		Waive Coverage	0.00
64118	M	9/8/1979	6/19/2017	44948.80	Not Eligible		0.00		180 Day Elimination	2247.44
64152	F	12/12/1980	8/1/2013	66039.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	5/20/1982	7/23/2007	37904.08	Not Eligible		0.00		Waive Coverage	0.00
64152	F	4/22/1980	8/6/2004	72396.90	Not Eligible		0.00		Waive Coverage	0.00
64153	F	11/7/1984	2/5/2007	25074.16	Not Eligible		0.00		Waive Coverage	0.00
64119	M	9/6/1972	8/26/1996	78566.00	Not Eligible		0.00		180 Day Elimination	3000.00
64154	F	1/22/1979	8/1/2016	60488.70	Not Eligible		0.00		90 Day Elimination	3000.00
66202	F	5/29/1974	8/14/2002	56128.00	Not Eligible		0.00		Waive Coverage	0.00
64153	F	2/12/1989	8/14/2017	21464.52	Not Eligible		0.00		Waive Coverage	0.00
66207	F	2/14/1986	8/4/2009	66561.70	Not Eligible		0.00		Waive Coverage	0.00
64151	F	3/4/1982	8/3/2011	62647.00	Not Eligible		0.00		90 Day Elimination	0.00
64152	F	3/10/1991	8/1/2016	43420.00	Not Eligible		0.00		Waive Coverage	0.00
64154	F	3/11/1991	8/3/2015	44131.00	Not Eligible		0.00		Waive Coverage	0.00
64110	F	3/6/1991	7/31/2014	47877.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	8/10/1992	8/8/2017	49272.00	Not Eligible		0.00		Waive Coverage	0.00
64155	F	9/1/1992	5/6/2015	25028.90	Not Eligible		0.00		180 Day Elimination	1251.45
64152	F	5/5/1994	9/4/2012	26127.40	Not Eligible		0.00		Waive Coverage	0.00
64057	F	5/26/1994	8/3/2017	38545.00	Not Eligible		0.00		90 Day Elimination	1927.25
64068	M	5/25/1994	8/1/2016	39341.00	Not Eligible		0.00		90 Day Elimination	0.00
64152	F	6/15/1994	8/1/2016	39341.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	2/13/1996	1/29/2018	29011.43	Not Eligible		0.00		Waive Coverage	0.00
64152	F	7/24/1963	7/24/1990	79896.52	Not Eligible		0.00		Waive Coverage	0.00
64151	M	1/29/1959	2/1/2010	39457.60	Yes		1975.00	Pre-Tax	Waive Coverage	0.00
64155	M	3/8/1960	7/12/2010	39457.60	Yes		1975.00	Post-Tax	Waive Coverage	0.00
64079	F	5/10/1973	8/17/1998	74657.00	Not Eligible		0.00		180 Day Elimination	3000.00
64060	F	1/20/1958	10/10/2016	40247.04	Not Eligible		0.00		180 Day Elimination	2012.35
64152	F	9/21/1973	5/1/2008	57220.80	Not Eligible		0.00		90 Day Elimination	2861.04
64151	F	1/7/1959	5/8/2017	38584.00	Not Eligible		0.00		180 Day Elimination	1929.20
64089	F	3/26/1972	8/20/2004	56621.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	1/5/1960	11/6/2006	56659.20	Not Eligible		0.00		180 Day Elimination	2832.96
64152	F	3/9/1959	2/17/1998	40693.44	Not Eligible		0.00		180 Day Elimination	2034.67
64155	M	12/4/1974	8/3/2015	76229.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	12/18/1962	8/18/2004	26880.14	Not Eligible		0.00		Waive Coverage	0.00
64079	F	10/17/1978	2/2/1998	41385.00	Not Eligible		0.00		180 Day Elimination	2069.25
64648	M	12/27/1967	3/25/2013	39707.20	Yes		1990.00	Pre-Tax	Waive Coverage	0.00
64118	F	8/22/1968	9/1/2000	30588.39	Not Eligible		0.00		Waive Coverage	0.00
64157	F	11/23/1971	8/16/2000	67733.00	Not Eligible		0.00		Waive Coverage	0.00
64112	M	4/27/1966	1/2/2003	48193.60	Yes		2410.00	Pre-Tax	Waive Coverage	0.00
64113	F	3/30/1979	8/3/2006	74619.19	Not Eligible		0.00		Waive Coverage	0.00
64118	M	5/8/1984	8/1/2016	66661.00	Not Eligible		0.00		90 Day Elimination	3000.00
64118	M	9/15/1983	8/10/2015	68549.00	Not Eligible		0.00		90 Day Elimination	3000.00
66085	M	5/10/1980	7/22/2004	31339.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	4/20/1970	11/22/1999	26266.32	Not Eligible		0.00		Waive Coverage	0.00
64154	F	12/4/1969	8/4/2009	66306.21	Not Eligible		0.00		Waive Coverage	0.00
66202	M	1/5/1984	8/1/2016	70228.00	Not Eligible		0.00		Waive Coverage	0.00
64152	M	11/30/1959	5/23/2007	41204.80	Yes		2065.00	Post-Tax	Waive Coverage	0.00
64152	F	9/16/1978	9/16/2013	47912.00	Not Eligible		0.00		180 Day Elimination	2395.60
64154	F	6/7/1971	8/4/2003	82734.50	Not Eligible		0.00		Waive Coverage	0.00
64108	M	3/9/1981	5/15/2014	36192.00	Yes		1810.00	Pre-Tax	180 Day Elimination	0.00
64154	F	8/14/1980	7/14/2014	48817.00	Not Eligible		0.00		Waive Coverage	0.00

64154	F	4/14/1982	8/3/2006	71178.60	Not Eligible	0.00		180 Day Elimination	3000.00
64152	F	3/9/1986	8/1/2013	57137.00	Not Eligible	0.00		Waive Coverage	0.00
64151	M	1/5/1977	8/2/2012	49195.00	Not Eligible	0.00		Waive Coverage	0.00
66007	F	2/23/1989	8/1/2013	50479.00	Not Eligible	0.00		Waive Coverage	0.00
64156	F	1/30/1978	8/3/2006	67945.05	Not Eligible	0.00		Waive Coverage	0.00
64150	M	2/13/1990	6/19/2014	39707.20	Yes	1990.00	Post-Tax	Waive Coverage	0.00
64155	F	2/18/1990	8/1/2017	38547.52	Not Eligible	0.00		Waive Coverage	0.00
64151	F	10/22/1986	8/4/2009	53045.00	Not Eligible	0.00		Waive Coverage	0.00
64079	F	10/31/1987	8/4/2010	56336.60	Not Eligible	0.00		Waive Coverage	0.00
64106	F	7/21/1988	8/9/2017	20135.36	Not Eligible	0.00		90 Day Elimination	1006.77
64086	F	10/30/1986	7/31/2014	54535.00	Not Eligible	0.00		Waive Coverage	0.00
64155	F	2/25/1991	7/31/2014	46628.00	Not Eligible	0.00		Waive Coverage	0.00
64154	F	4/24/1991	7/31/2014	48428.00	Not Eligible	0.00		Waive Coverage	0.00
64151	M	10/8/1992	8/10/2017	44948.80	Not Eligible	0.00		Waive Coverage	0.00
64158	F	10/9/1992	12/19/2014	27206.40	Not Eligible	0.00		Waive Coverage	0.00
64155	M	9/22/1992	9/21/2015	55598.40	Not Eligible	0.00		180 Day Elimination	2779.92
64154	F	11/7/1992	8/13/2015	40105.00	Not Eligible	0.00		Waive Coverage	0.00
64152	M	6/9/1952	2/27/2003	43035.20	Yes	2155.00	Pre-Tax	Waive Coverage	0.00
64151	M	9/18/1971	5/1/2015	36712.00	Yes	1840.00	Post-Tax	Waive Coverage	0.00
64117	F	7/9/1952	6/18/2015	40705.60	Not Eligible	0.00		Waive Coverage	0.00
64152	F	11/15/1963	8/7/2017	34153.60	Yes	1707.69	Post-Tax	Waive Coverage	0.00
64151	F	5/20/1956	8/28/1996	41204.80	Yes	2065.00	Post-Tax	Waive Coverage	0.00
64151	F	4/7/1956	9/20/2004	21965.09	Not Eligible	0.00		Waive Coverage	0.00
64068	F	10/18/1961	8/1/2013	67597.00	Not Eligible	0.00		Waive Coverage	0.00
64152	F	1/21/1969	8/21/1992	75057.91	Not Eligible	0.00		Waive Coverage	0.00
64151	F	3/7/1968	8/13/2010	41251.00	Not Eligible	0.00		Waive Coverage	0.00
64155	F	12/14/1962	8/19/1999	76418.00	Not Eligible	0.00		Waive Coverage	0.00
64152	F	8/7/1959	8/23/1991	76936.00	Not Eligible	0.00		Waive Coverage	0.00
64089	F	9/14/1962	10/1/2012	60991.00	Not Eligible	0.00		Waive Coverage	0.00
64155	F	5/16/1960	8/13/2014	24140.34	Not Eligible	0.00		Waive Coverage	0.00
64153	F	10/15/1972	8/2/2007	68928.00	Not Eligible	0.00		90 Day Elimination	3000.00
64151	F	9/30/1965	8/21/1992	77195.00	Not Eligible	0.00		Waive Coverage	0.00
64151	F	6/9/1968	8/17/2010	22165.57	Not Eligible	0.00		Waive Coverage	0.00
64153	F	10/6/1977	8/1/2013	53045.00	Not Eligible	0.00		90 Day Elimination	2652.25
64152	F	5/10/1962	10/12/1995	28070.90	Not Eligible	0.00		Waive Coverage	0.00
64156	F	4/18/1966	8/1/2013	77387.00	Not Eligible	0.00		90 Day Elimination	3000.00
64133	M	4/7/1980	1/11/2016	36192.00	Yes	1810.00	Pre-Tax	90 Day Elimination	0.00
64151	F	10/5/1976	8/9/2001	67869.00	Not Eligible	0.00		Waive Coverage	0.00
64156	F	8/10/1965	8/4/2010	111947.00	Yes	6222.22	Pre-Tax	Waive Coverage	0.00
64151	F	9/25/1968	8/3/2015	31418.80	Not Eligible	0.00		Waive Coverage	0.00
64477	F	11/22/1969	8/8/2011	29725.20	Not Eligible	0.00		Waive Coverage	0.00
64448	M	7/21/1981	7/31/2008	60987.00	Not Eligible	0.00		Waive Coverage	0.00
64152	F	8/8/1964	8/21/1996	68630.80	Not Eligible	0.00		Waive Coverage	0.00
64152	F	6/24/1967	8/17/2009	49711.00	Not Eligible	0.00		90 Day Elimination	2485.55
64118	F	2/22/1970	12/4/2017	34153.60	Yes	1710.00	Post-Tax	Waive Coverage	0.00
64154	F	12/14/1966	8/3/2015	74138.00	Not Eligible	0.00		Waive Coverage	0.00
64079	F	1/2/1981	8/26/1999	28298.97	Not Eligible	0.00		180 Day Elimination	1414.95
64157	F	8/9/1969	8/27/2012	24346.14	Not Eligible	0.00		180 Day Elimination	0.00
64152	F	10/17/1968	8/15/2012	39956.80	Not Eligible	0.00		Waive Coverage	0.00
64151	F	1/29/1969	1/26/2009	30521.12	Not Eligible	0.00		Waive Coverage	0.00
64110	M	5/24/1984	8/4/2010	53045.00	Not Eligible	0.00		180 Day Elimination	2652.25
64152	F	5/7/1971	8/14/2003	25212.60	Not Eligible	0.00		180 Day Elimination	1260.63
64152	F	3/21/1971	4/13/2016	31418.80	Not Eligible	0.00		90 Day Elimination	1570.94
64154	F	6/7/1974	8/29/1996	77661.79	Not Eligible	0.00		Waive Coverage	0.00
64154	F	10/8/1983	8/3/2015	47912.00	Not Eligible	0.00		Waive Coverage	0.00
66202	F	2/9/1977	7/31/2008	66383.06	Not Eligible	0.00		Waive Coverage	0.00
64152	F	1/17/1977	8/4/2009	61295.00	Not Eligible	0.00		Waive Coverage	0.00
64157	F	6/14/1986	8/9/2013	21965.09	Not Eligible	0.00		Waive Coverage	0.00
64155	M	6/16/1977	8/4/2003	83932.20	Not Eligible	0.00		Waive Coverage	0.00
64138	M	12/28/1981	8/3/2017	52290.00	Not Eligible	0.00		Waive Coverage	0.00
64157	F	4/5/1975	8/9/2001	62257.00	Not Eligible	0.00		Waive Coverage	0.00
64117	M	10/30/1983	8/9/2013	31746.00	Not Eligible	0.00		180 Day Elimination	1587.30
64152	M	8/2/1977	8/9/2001	81471.32	Not Eligible	0.00		Waive Coverage	0.00
64089	F	9/30/1973	8/19/2002	18318.86	Not Eligible	0.00		Waive Coverage	0.00
64151	M	12/25/1977	8/7/2002	80004.50	Not Eligible	0.00		Waive Coverage	0.00
64153	F	9/10/1982	8/3/2005	77432.75	Not Eligible	0.00		90 Day Elimination	3000.00
64154	F	1/14/1979	8/9/2001	69510.00	Not Eligible	0.00		90 Day Elimination	0.00
64151	F	2/20/1973	8/21/1996	119919.00	Yes	6666.67	Pre-Tax	Waive Coverage	0.00
64138	F	8/18/1987	8/4/2010	41633.00	Not Eligible	0.00		Waive Coverage	0.00
64151	M	8/25/1988	1/22/2007	42778.00	Not Eligible	0.00		90 Day Elimination	2138.90
64106	F	4/10/1989	8/2/2012	63076.10	Not Eligible	0.00		Waive Coverage	0.00
64153	M	3/31/1989	9/7/2016	46924.80	Yes	2350.00	Pre-Tax	Waive Coverage	0.00
64153	M	2/14/1989	10/1/2013	55722.00	Not Eligible	0.00		Waive Coverage	0.00
64118	F	3/23/1989	9/13/2017	46909.76	Not Eligible	0.00		Waive Coverage	0.00
64068	F	6/11/1986	6/20/2016	41121.60	Not Eligible	0.00		Waive Coverage	0.00
64155	F	8/16/1991	8/10/2015	40105.00	Not Eligible	0.00		Waive Coverage	0.00
64153	F	4/29/1970	8/17/1998	82137.00	Not Eligible	0.00		180 Day Elimination	0.00
64154	M	5/31/1982	8/3/2005	71063.00	Not Eligible	0.00		Waive Coverage	0.00
64153	M	10/12/1975	8/4/2010	77957.73	Not Eligible	0.00		90 Day Elimination	3000.00

64151	F	10/23/1981	8/3/2006	63163.00	Not Eligible		0.00		Waive Coverage	0.00
66050	F	3/28/1986	9/13/2010	69329.00	Not Eligible		0.00		Waive Coverage	0.00
64116	F	7/18/1964	8/7/2017	15078.96	Not Eligible		0.00		Waive Coverage	0.00
64152	F	1/3/1965	1/1/1989	79072.40	Not Eligible		0.00		Waive Coverage	0.00
66209	F	9/27/1977	8/9/2001	64585.00	Not Eligible		0.00		Waive Coverage	0.00
64154	F	6/1/1984	7/31/2008	65547.00	Not Eligible		0.00		180 Day Elimination	3000.00
64153	M	7/6/1983	8/2/2007	63060.00	Not Eligible		0.00		Waive Coverage	0.00
64156	M	8/27/1979	7/31/2008	70234.00	Not Eligible		0.00		180 Day Elimination	3000.00
64154	M	3/13/1973	8/19/1999	75441.00	Not Eligible		0.00		Waive Coverage	0.00
64105	M	6/15/1988	8/2/2012	64053.50	Not Eligible		0.00		90 Day Elimination	3000.00
64130	F	7/13/1988	12/20/2010	25013.66	Not Eligible		0.00		Waive Coverage	0.00
64151	F	5/17/1983	7/31/2014	61761.00	Not Eligible		0.00		90 Day Elimination	3000.00
64151	F	12/5/1989	8/2/2012	41767.00	Not Eligible		0.00		Waive Coverage	0.00
64119	F	7/14/1985	8/2/2007	58890.00	Not Eligible		0.00		Waive Coverage	0.00
64155	F	8/20/1979	8/1/2016	55612.00	Not Eligible		0.00		Waive Coverage	0.00
64111	M	10/3/1977	7/31/2014	76155.75	Not Eligible		0.00		Waive Coverage	0.00
64155	F	9/18/1983	8/3/2017	41633.00	Not Eligible		0.00		Waive Coverage	0.00
64156	F	1/7/1987	8/4/2009	53045.00	Not Eligible		0.00		90 Day Elimination	2652.25
64118	F	5/5/1977	7/31/2008	65951.00	Not Eligible		0.00		180 Day Elimination	3000.00
64157	F	4/10/1990	8/2/2012	49195.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	4/4/1990	8/3/2015	67715.00	Not Eligible		0.00		Waive Coverage	0.00
64153	F	6/25/1992	8/1/2016	44062.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	5/23/1963	9/3/1991	125559.00	Yes		6977.78	Post-Tax	Waive Coverage	0.00
64151	M	10/25/1963	8/20/1997	79737.05	Not Eligible		0.00		Waive Coverage	0.00
64152	F	12/19/1970	8/13/2014	23274.44	Not Eligible		0.00		Waive Coverage	0.00
64118	F	9/15/1980	8/6/2004	61055.00	Not Eligible		0.00		Waive Coverage	0.00
64152	M	9/5/1973	8/21/1996	45895.00	Not Eligible		0.00		Waive Coverage	0.00
64079	M	9/8/1974	8/24/1998	79486.00	Not Eligible		0.00		Waive Coverage	0.00
64089	F	1/17/1982	8/6/2004	61055.00	Not Eligible		0.00		90 Day Elimination	3000.00
64151	M	2/26/1973	8/20/1997	77389.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	10/10/1975	8/25/1999	61951.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	6/3/1994	2/21/2017	23953.16	Not Eligible		0.00		90 Day Elimination	1197.66
66218	M	6/22/1955	8/2/2016	77843.40	Not Eligible		0.00		Waive Coverage	0.00
64153	F	6/13/1958	8/19/1999	79677.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	8/11/1976	8/16/2000	62475.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	12/10/1971	8/3/2015	70169.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	10/21/1963	8/3/2017	62257.00	Not Eligible		0.00		90 Day Elimination	3000.00
64151	M	9/27/1982	8/2/2007	103320.00	Yes		5744.44	Post-Tax	Waive Coverage	0.00
64119	F	8/19/1976	10/3/2013	64958.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	12/25/1970	8/10/2006	41633.00	Not Eligible		0.00		Waive Coverage	0.00
64154	M	7/19/1985	7/31/2008	89618.00	Yes		4983.33	Post-Tax	Waive Coverage	0.00
64151	F	4/3/1986	10/22/2013	21965.09	Not Eligible		0.00		Waive Coverage	0.00
66208	F	8/8/1979	8/4/2003	84040.30	Not Eligible		0.00		180 Day Elimination	3000.00
64119	F	5/9/1983	4/1/2015	60239.00	Not Eligible		0.00		90 Day Elimination	3000.00
64154	M	6/26/1978	8/4/2003	60745.00	Not Eligible		0.00		Waive Coverage	0.00
64089	F	1/30/1985	8/1/2016	53276.37	Not Eligible		0.00		Waive Coverage	0.00
64105	F	12/30/1991	8/3/2015	45345.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	8/30/1963	2/12/1988	82232.00	Not Eligible		0.00		Waive Coverage	0.00
64154	F	11/7/1977	8/9/2001	72796.00	Not Eligible		0.00		Waive Coverage	0.00
64111	M	11/10/1987	6/12/2017	21232.98	Not Eligible		0.00		180 Day Elimination	1061.65
64151	F	4/15/1991	8/3/2017	47912.00	Not Eligible		0.00		Waive Coverage	0.00
64157	F	7/14/1992	8/1/2016	47144.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	3/6/1962	3/19/2001	18999.06	Not Eligible		0.00		Waive Coverage	0.00
66086	M	1/30/1957	8/3/2017	19020.54	Not Eligible		0.00		180 Day Elimination	951.03
64153	F	9/20/1974	8/6/2004	83468.00	Not Eligible		0.00		Waive Coverage	0.00
64157	M	11/20/1966	8/16/2000	69350.65	Not Eligible		0.00		Waive Coverage	0.00
64155	M	7/30/1962	11/10/2008	29212.80	Not Eligible		0.00		Waive Coverage	0.00
64119	F	8/5/1979	7/31/2014	64956.77	Not Eligible		0.00		Waive Coverage	0.00
64153	F	9/6/1969	8/4/2003	76374.61	Not Eligible		0.00		Waive Coverage	0.00
64079	F	5/10/1982	8/2/2012	57618.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	5/24/1978	8/2/2007	67259.00	Not Eligible		0.00		Waive Coverage	0.00
66203	F	9/6/1969	8/27/2007	23142.91	Not Eligible		0.00		Waive Coverage	0.00
64152	F	9/25/1975	10/2/2017	39147.52	Not Eligible		0.00		180 Day Elimination	1957.38
64153	F	5/13/1985	7/1/2016	92948.00	Yes		5166.67	Post-Tax	Waive Coverage	0.00
64152	F	8/14/1969	8/4/2010	73338.00	Not Eligible		0.00		Waive Coverage	0.00
64079	F	4/4/1984	8/3/2006	61057.56	Not Eligible		0.00		Waive Coverage	0.00
66202	M	8/25/1980	8/3/2017	45345.00	Not Eligible		0.00		180 Day Elimination	2267.25
64118	F	9/30/1976	7/1/2016	37481.60	Not Eligible		0.00		180 Day Elimination	1874.08
66109	F	8/24/1979	8/3/2017	67527.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	10/23/1980	8/3/2015	56895.00	Not Eligible		0.00		Waive Coverage	0.00
64079	F	11/8/1970	4/1/2006	21464.52	Not Eligible		0.00		Waive Coverage	0.00
64105	F	2/20/1984	8/3/2015	51831.00	Not Eligible		0.00		Waive Coverage	0.00
66218	F	3/29/1977	8/16/2000	66931.00	Not Eligible		0.00		Waive Coverage	0.00
64116	F	2/24/1981	8/3/2015	59462.00	Not Eligible		0.00		Waive Coverage	0.00
66048	F	7/29/1989	9/14/2015	37627.20	Yes		1885.00	Pre-Tax	Waive Coverage	0.00
64117	F	4/30/1990	8/1/2013	45063.00	Not Eligible		0.00		Waive Coverage	0.00
64154	F	9/28/1992	8/3/2015	41308.00	Not Eligible		0.00		90 Day Elimination	0.00
66202	F	11/2/1992	8/3/2017	40105.00	Not Eligible		0.00		90 Day Elimination	2005.25
64079	F	1/29/1956	7/31/2008	56895.00	Not Eligible		0.00		Waive Coverage	0.00

64151	F	7/25/1956	7/27/2001	60611.20	Not Eligible		0.00		90 Day Elimination	3000.00
64153	F	9/28/1972	8/19/1999	83683.00	Not Eligible		0.00		180 Day Elimination	3000.00
64164	F	11/21/1963	8/4/2003	27265.28	Not Eligible		0.00		Waive Coverage	0.00
64079	F	8/19/1968	8/17/2000	63273.60	Not Eligible		0.00		Waive Coverage	0.00
64151	M	7/27/1961	2/1/2000	32414.20	Not Eligible		0.00		Waive Coverage	0.00
64155	M	4/9/1974	8/1/2013	74657.00	Not Eligible		0.00		Waive Coverage	0.00
64155	F	9/7/1965	8/3/2006	62475.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	4/24/1980	1/20/2004	69603.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	12/5/1968	8/14/2013	23658.18	Not Eligible		0.00		Waive Coverage	0.00
64152	F	6/22/1966	11/14/2011	17087.34	Not Eligible		0.00		Waive Coverage	0.00
64079	M	12/24/1974	8/6/2004	62695.00	Not Eligible		0.00		Waive Coverage	0.00
64111	M	7/6/1982	8/15/2016	136802.00	Not Eligible		0.00		Waive Coverage	0.00
66207	F	9/16/1985	8/1/2013	45270.00	Not Eligible		0.00		90 Day Elimination	2263.50
64151	F	5/11/1976	3/9/2015	15970.38	Not Eligible		0.00		Waive Coverage	0.00
64152	F	10/16/1985	8/15/2012	16442.94	Not Eligible		0.00		Waive Coverage	0.00
64151	M	12/26/1981	8/2/2007	63576.00	Not Eligible		0.00		Waive Coverage	0.00
64068	F	8/30/1980	8/7/2002	62775.31	Not Eligible		0.00		Waive Coverage	0.00
64151	F	4/18/1977	7/31/2008	63766.45	Not Eligible		0.00		Waive Coverage	0.00
64155	F	11/14/1974	8/19/1999	76524.00	Not Eligible		0.00		Waive Coverage	0.00
64152	M	8/6/1982	7/1/2012	125661.00	Yes		6983.33	Post-Tax	Waive Coverage	0.00
64152	F	7/30/1980	8/3/2006	84193.00	Yes		4677.78	Pre-Tax	Waive Coverage	0.00
64153	F	7/1/1988	8/8/2016	27371.34	Not Eligible		0.00		90 Day Elimination	1368.57
64111	F	10/25/1988	8/2/2012	53531.00	Not Eligible		0.00		Waive Coverage	0.00
64111	F	10/7/1989	8/1/2013	47912.00	Not Eligible		0.00		Waive Coverage	0.00
64154	F	10/6/1988	8/3/2011	50479.00	Not Eligible		0.00		Waive Coverage	0.00
64119	F	11/19/1987	9/22/2015	26205.20	Not Eligible		0.00		Waive Coverage	0.00
64151	F	12/13/1973	8/1/2013	60745.00	Not Eligible		0.00		Waive Coverage	0.00
64111	F	6/8/1987	8/18/2016	24080.42	Not Eligible		0.00		Waive Coverage	0.00
64098	M	3/27/1990	12/7/2015	86736.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	9/8/1991	7/31/2014	45379.50	Not Eligible		0.00		Waive Coverage	0.00
66008	M	8/13/1991	6/22/2016	60448.00	Not Eligible		0.00		Waive Coverage	0.00
66212	F	9/6/1991	8/3/2015	46794.00	Not Eligible		0.00		Waive Coverage	0.00
66210	M	1/22/1993	8/10/2015	68549.00	Not Eligible		0.00		180 Day Elimination	3000.00
64111	F	7/9/1991	8/3/2017	40869.00	Not Eligible		0.00		Waive Coverage	0.00
64117	M	7/4/1955	9/15/1998	44928.00	Yes		2250.00	Pre-Tax	Waive Coverage	0.00
64152	F	2/2/1957	3/11/1999	89387.00	Not Eligible		0.00		Waive Coverage	0.00
66085	M	12/3/1953	8/3/2017	81760.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	1/17/1958	3/7/2007	48442.00	Not Eligible		0.00		Waive Coverage	0.00
64151	M	7/17/1958	8/19/2013	21965.09	Not Eligible		0.00		Waive Coverage	0.00
64151	F	8/23/1959	1/28/1998	83685.12	Not Eligible		0.00		Waive Coverage	0.00
64155	F	8/20/1973	8/21/1996	69653.00	Not Eligible		0.00		Waive Coverage	0.00
64150	F	11/20/1967	9/2/2009	40872.00	Not Eligible		0.00		Waive Coverage	0.00
64118	M	5/8/1974	8/20/1997	66053.00	Not Eligible		0.00		Waive Coverage	0.00
64156	F	1/23/1976	8/19/1999	73879.00	Not Eligible		0.00		180 Day Elimination	0.00
66109	F	5/29/1963	8/24/1998	52728.00	Not Eligible		0.00		Waive Coverage	0.00
66102	F	9/16/1973	10/23/2014	21651.84	Not Eligible		0.00		Waive Coverage	0.00
66112	F	12/5/1976	8/3/2017	78284.00	Not Eligible		0.00		Waive Coverage	0.00
66109	M	3/2/1976	5/26/2015	81870.00	Not Eligible		0.00		Waive Coverage	0.00
64119	F	10/23/1975	1/21/2014	65229.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	10/3/1974	8/19/1999	67204.00	Not Eligible		0.00		180 Day Elimination	0.00
64152	F	2/27/1980	8/3/2017	59462.00	Not Eligible		0.00		180 Day Elimination	2973.10
64151	F	12/10/1971	8/4/2009	84152.35	Not Eligible		0.00		180 Day Elimination	3000.00
64153	M	12/24/1985	8/24/2016	29479.96	Not Eligible		0.00		90 Day Elimination	1474.00
64154	F	6/7/1977	8/4/2010	55753.28	Not Eligible		0.00		180 Day Elimination	2787.66
66202	F	5/19/1987	3/14/2016	49152.00	Not Eligible		0.00		Waive Coverage	0.00
64155	F	7/7/1978	8/4/2003	62372.00	Not Eligible		0.00		Waive Coverage	0.00
66218	F	1/10/1979	7/30/2009	97479.00	Yes		5416.67	Post-Tax	Waive Coverage	0.00
64152	M	6/6/1982	9/21/2010	46529.60	Yes		2330.00	Post-Tax	Waive Coverage	0.00
64151	F	10/23/1980	8/3/2005	65624.00	Not Eligible		0.00		Waive Coverage	0.00
66202	F	3/7/1987	8/4/2010	45796.00	Not Eligible		0.00		Waive Coverage	0.00
64079	F	2/29/1972	8/3/2015	65919.00	Not Eligible		0.00		Waive Coverage	0.00
64068	M	10/4/1985	7/31/2008	71600.23	Not Eligible		0.00		Waive Coverage	0.00
64118	M	9/1/1987	8/4/2015	24433.92	Not Eligible		0.00		Waive Coverage	0.00
64151	F	8/9/1980	11/14/2011	16442.94	Not Eligible		0.00		Waive Coverage	0.00
66086	F	10/21/1989	8/1/2013	48428.00	Not Eligible		0.00		Waive Coverage	0.00
66211	F	11/16/1989	8/1/2013	48428.00	Not Eligible		0.00		Waive Coverage	0.00
64055	M	9/30/1986	5/18/2016	45593.60	Not Eligible		0.00		Waive Coverage	0.00
66007	F	9/28/1990	8/8/2017	21464.52	Not Eligible		0.00		Waive Coverage	0.00
64152	M	12/4/1991	8/10/2015	33855.92	Not Eligible		0.00		Waive Coverage	0.00
64079	F	2/24/1993	12/18/2014	20624.38	Not Eligible		0.00		Waive Coverage	0.00
66202	M	2/16/1993	3/7/2017	65647.00	Not Eligible		0.00		180 Day Elimination	3000.00
64151	M	10/27/1973	12/21/2001	45364.80	Yes		2270.00	Post-Tax	Waive Coverage	0.00
64118	M	1/18/1950	8/1/1990	89387.00	Yes		4470.00	Post-Tax	Waive Coverage	0.00
64152	M	6/6/1968	5/25/1990	147839.00	Yes		8216.67	Pre-Tax	Waive Coverage	0.00
66085	F	2/25/1953	8/3/2017	78232.00	Not Eligible		0.00		Waive Coverage	0.00
64157	F	8/16/1958	9/8/2009	26328.75	Not Eligible		0.00		Waive Coverage	0.00
64151	F	1/1/1972	9/14/2015	36712.00	Yes		1840.00	Pre-Tax	Waive Coverage	0.00
64152	M	7/5/1972	8/16/1995	121559.00	Yes		6755.56	Pre-Tax	Waive Coverage	0.00
64152	F	9/13/1971	8/7/2002	121269.00	Yes		6738.89	Pre-Tax	Waive Coverage	0.00

64089	F	8/1/1961	8/25/1997	67733.00	Not Eligible		0.00		Waive Coverage	0.00
64079	M	8/7/1965	8/4/2015	38538.40	Not Eligible		0.00		Waive Coverage	0.00
64068	F	6/27/1978	1/2/2001	61301.00	Not Eligible		0.00		Waive Coverage	0.00
64155	F	12/9/1964	6/23/1988	43398.00	Not Eligible		0.00		Waive Coverage	0.00
64106	F	8/25/1980	8/1/2016	60991.00	Not Eligible		0.00		Waive Coverage	0.00
66109	M	5/1/1968	4/25/2016	36192.00	Yes	1810.00	Post-Tax		Waive Coverage	0.00
64443	M	11/22/1985	9/15/2014	57220.80	Not Eligible		0.00		Waive Coverage	0.00
66104	M	6/21/1979	7/1/2017	84920.00	Yes	4722.22	Post-Tax		180 Day Elimination	3000.00
64154	F	3/11/1978	8/4/2003	64000.00	Not Eligible		0.00		Waive Coverage	0.00
64152	M	1/23/1988	6/13/2016	49004.80	Yes	2455.00	Post-Tax		Waive Coverage	0.00
64110	M	3/11/1983	8/3/2017	44497.00	Not Eligible		0.00		180 Day Elimination	2224.85
64152	F	3/28/1981	8/3/2017	38545.00	Not Eligible		0.00		90 Day Elimination	1927.25
64151	F	12/12/1989	8/6/2015	42095.00	Not Eligible		0.00		180 Day Elimination	2104.75
64153	F	3/28/1988	8/2/2012	49195.00	Not Eligible		0.00		90 Day Elimination	2459.75
66215	F	11/26/1990	8/1/2013	41385.00	Not Eligible		0.00		90 Day Elimination	2069.25
64154	F	5/12/1993	8/3/2017	40105.00	Not Eligible		0.00		Waive Coverage	0.00
64168	F	11/16/1948	11/6/2006	41204.80	Yes	2065.00	Post-Tax		Waive Coverage	0.00
64152	M	3/23/1961	4/4/2016	36192.00	Yes	1810.00	Post-Tax		Waive Coverage	0.00
64118	M	6/6/1953	8/13/2012	22278.34	Not Eligible		0.00		Waive Coverage	0.00
64151	F	8/24/1951	8/18/1982	53219.20	Not Eligible		0.00		Waive Coverage	0.00
64152	M	6/13/1977	8/4/2009	113443.00	Yes	6305.56	Post-Tax		Waive Coverage	0.00
64151	F	10/11/1961	9/30/1996	66858.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	7/8/1959	10/20/1999	32344.00	Not Eligible		0.00		90 Day Elimination	1617.20
64151	M	12/27/1965	10/15/2014	38168.00	Yes	1910.00	Pre-Tax		Waive Coverage	0.00
64151	M	1/13/1959	3/1/2012	38334.40	Yes	1920.00	Pre-Tax		Waive Coverage	0.00
64151	F	1/26/1976	7/31/2008	61301.00	Not Eligible		0.00		Waive Coverage	0.00
64118	F	4/13/1962	8/14/2002	24170.37	Not Eligible		0.00		Waive Coverage	0.00
64157	M	2/11/1975	8/16/2000	71909.00	Not Eligible		0.00		90 Day Elimination	3000.00
64156	F	2/14/1974	8/1/2016	69106.00	Not Eligible		0.00		Waive Coverage	0.00
66012	M	3/14/1962	5/6/2015	36712.00	Yes	1840.00	Post-Tax		Waive Coverage	0.00
64151	F	1/19/1978	8/7/2002	65892.00	Not Eligible		0.00		90 Day Elimination	0.00
64152	F	1/22/1964	8/21/1996	91980.80	Not Eligible		0.00		Waive Coverage	0.00
64155	F	3/28/1969	11/14/2016	17842.72	Not Eligible		0.00		90 Day Elimination	892.14
64155	F	8/3/1983	8/2/2007	57102.00	Not Eligible		0.00		Waive Coverage	0.00
64157	F	3/7/1981	8/6/2004	79386.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	12/24/1985	8/1/2013	47912.00	Not Eligible		0.00		90 Day Elimination	2395.60
64014	M	9/26/1974	7/1/2013	111947.00	Yes	6222.22	Pre-Tax		Waive Coverage	0.00
64150	F	5/2/1975	8/19/1999	67260.00	Not Eligible		0.00		180 Day Elimination	3000.00
64068	F	1/25/1989	9/5/2017	25755.60	Not Eligible		0.00		Waive Coverage	0.00
64055	M	2/18/1989	2/3/2014	46259.20	Yes	2315.00	Post-Tax		Waive Coverage	0.00
64153	F	5/18/1987	8/4/2010	51762.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	12/19/1989	8/3/2017	46628.00	Not Eligible		0.00		90 Day Elimination	2331.40
64151	M	7/19/1983	8/1/2013	69365.00	Not Eligible		0.00		Waive Coverage	0.00
64119	M	12/31/1990	5/16/2016	48140.10	Not Eligible		0.00		Waive Coverage	0.00
66106	M	12/12/1990	1/3/2017	45593.60	Not Eligible		0.00		Waive Coverage	0.00
64079	M	11/21/1996	3/7/2016	20135.36	Not Eligible		0.00		Waive Coverage	0.00
64079	F	3/21/1954	12/1/1992	54100.80	Not Eligible		0.00		Waive Coverage	0.00
64151	M	3/9/1965	8/17/1998	74660.35	Not Eligible		0.00		Waive Coverage	0.00
64152	F	3/24/1956	9/10/2001	19729.38	Not Eligible		0.00		Waive Coverage	0.00
64151	M	1/13/1957	1/19/2017	37086.40	Yes	1855.00	Pre-Tax		Waive Coverage	0.00
64089	M	2/1/1969	8/16/2000	81425.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	12/8/1969	8/12/2010	25373.25	Not Eligible		0.00		Waive Coverage	0.00
64152	M	11/2/1957	10/28/1992	51814.30	Not Eligible		0.00		Waive Coverage	0.00
64157	F	8/6/1974	12/2/2015	20925.10	Not Eligible		0.00		Waive Coverage	0.00
64492	F	12/23/1960	9/5/1995	29124.90	Not Eligible		0.00		Waive Coverage	0.00
64151	F	10/8/1979	8/7/2002	60991.00	Not Eligible		0.00		Waive Coverage	0.00
64154	F	6/13/1970	2/5/1992	76418.00	Not Eligible		0.00		Waive Coverage	0.00
66208	F	7/8/1982	8/2/2012	54466.00	Not Eligible		0.00		Waive Coverage	0.00
64155	M	7/17/1986	8/4/2009	87411.00	Yes	4861.11	Pre-Tax		Waive Coverage	0.00
64152	M	2/26/1975	7/1/2010	139406.00	Yes	7750.00	Post-Tax		Waive Coverage	0.00
64119	F	1/16/1982	8/4/2009	68881.00	Not Eligible		0.00		Waive Coverage	0.00
66102	M	6/3/1987	2/3/2014	38168.00	Yes	1910.00	Post-Tax		Waive Coverage	0.00
64152	M	7/31/1971	7/31/2014	75170.00	Not Eligible		0.00		Waive Coverage	0.00
64089	F	7/20/1979	8/3/2006	60745.00	Not Eligible		0.00		Waive Coverage	0.00
64154	M	8/7/1979	8/12/2003	119032.52	Not Eligible		0.00		Waive Coverage	0.00
64154	F	11/2/1986	8/4/2010	58864.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	8/20/1988	8/13/2013	44547.00	Not Eligible		0.00		90 Day Elimination	0.00
66208	F	5/8/1987	8/13/2010	52278.00	Not Eligible		0.00		Waive Coverage	0.00
66048	M	3/12/1991	12/8/2014	46259.20	Not Eligible		0.00		Waive Coverage	0.00
64152	M	3/6/1947	12/11/2006	41204.80	Yes	2065.00	Post-Tax		Waive Coverage	0.00
64158	F	6/21/1995	1/2/2018	38545.00	Not Eligible		0.00		Waive Coverage	0.00
64118	F	1/3/1966	8/24/1989	121559.00	Yes	6755.56	Post-Tax		Waive Coverage	0.00
64152	F	10/7/1963	8/11/2003	33803.44	Not Eligible		0.00		180 Day Elimination	1690.17
64151	F	11/19/1958	7/1/2005	122573.00	Yes	6811.11	Pre-Tax		Waive Coverage	0.00
64153	M	12/26/1955	7/1/1998	129770.00	Yes	7211.11	Pre-Tax		Waive Coverage	0.00
64151	F	2/16/1959	10/8/2001	39963.84	Not Eligible		0.00		Waive Coverage	0.00
64152	M	6/9/1964	8/19/1993	89188.40	Not Eligible		0.00		Waive Coverage	0.00
64151	M	6/10/1967	7/1/2008	117968.00	Yes	6555.56	Post-Tax		Waive Coverage	0.00
64152	F	2/9/1963	2/16/2016	24080.42	Not Eligible		0.00		Waive Coverage	0.00

64133	M	8/10/1966	9/21/2015	39540.80	Yes		1980.00	Pre-Tax	Waive Coverage	0.00
64156	F	9/17/1980	8/2/2012	68439.00	Not Eligible		0.00		180 Day Elimination	3000.00
64152	M	6/9/1977	6/9/2014	37252.80	Yes		1865.00	Pre-Tax	Waive Coverage	0.00
64152	F	7/25/1970	8/9/2001	75950.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	8/2/1981	1/10/2018	37481.60	Not Eligible		0.00		Waive Coverage	0.00
64151	M	8/7/1986	7/23/2012	100057.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	4/21/1970	9/23/2013	24787.42	Not Eligible		0.00		90 Day Elimination	1239.37
64089	F	3/12/1975	8/17/1998	75214.28	Not Eligible		0.00		Waive Coverage	0.00
66025	F	7/24/1987	8/1/2016	54713.25	Not Eligible		0.00		Waive Coverage	0.00
64152	F	4/14/1968	11/16/2006	22982.96	Not Eligible		0.00		90 Day Elimination	1149.15
66217	F	6/22/1974	8/3/2005	68012.00	Not Eligible		0.00		180 Day Elimination	3000.00
64112	F	2/22/1993	8/1/2016	41701.00	Not Eligible		0.00		Waive Coverage	0.00
64155	F	2/27/1971	8/9/2001	70136.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	2/18/1967	8/17/1998	70861.00	Not Eligible		0.00		180 Day Elimination	3000.00
64113	M	12/10/1974	7/31/2008	69018.00	Not Eligible		0.00		Waive Coverage	0.00
64118	M	5/22/1990	8/3/2015	47877.00	Not Eligible		0.00		Waive Coverage	0.00
64118	M	3/2/1957	3/18/2002	73798.40	Yes		3690.00	Post-Tax	Waive Coverage	0.00
64089	F	6/11/1973	8/16/2000	74657.00	Not Eligible		0.00		Waive Coverage	0.00
64155	M	11/11/1980	8/3/2017	65970.00	Not Eligible		0.00		Waive Coverage	0.00
66203	F	7/16/1991	8/3/2017	51762.00	Not Eligible		0.00		180 Day Elimination	2588.10
64156	F	11/26/1962	11/26/2002	65892.00	Not Eligible		0.00		Waive Coverage	0.00
64157	F	1/8/1967	8/24/1989	73535.90	Not Eligible		0.00		90 Day Elimination	3000.00
64151	F	8/12/1969	8/19/1993	78418.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	1/12/1973	1/5/2012	25460.96	Not Eligible		0.00		90 Day Elimination	1031.22
64155	F	7/24/1980	8/1/2016	39341.00	Not Eligible		0.00		Waive Coverage	0.00
64155	F	1/21/1983	8/26/2009	56895.00	Not Eligible		0.00		Waive Coverage	0.00
64158	F	4/13/1988	8/2/2012	44963.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	7/20/1994	8/14/2017	24945.56	Not Eligible		0.00		Waive Coverage	0.00
64151	F	12/21/1967	8/16/2000	80209.00	Not Eligible		0.00		Waive Coverage	0.00
66061	F	8/2/1955	8/2/2012	81337.95	Not Eligible		0.00		Waive Coverage	0.00
64152	M	12/27/1956	12/1/2008	44366.40	Yes		2220.00	Pre-Tax	Waive Coverage	0.00
64111	F	5/25/1985	8/2/2012	44535.00	Not Eligible		0.00		Waive Coverage	0.00
64118	M	7/23/1961	7/1/2014	37252.80	Yes		1865.00	Post-Tax	Waive Coverage	0.00
64151	F	1/11/1968	1/9/2008	27763.76	Not Eligible		0.00		Waive Coverage	0.00
64151	F	8/30/1966	8/17/2009	25212.60	Not Eligible		0.00		90 Day Elimination	1260.63
64079	F	8/5/1980	1/20/2009	53045.00	Not Eligible		0.00		180 Day Elimination	2652.25
64154	F	11/28/1967	12/2/2013	22790.88	Not Eligible		0.00		Waive Coverage	0.00
64152	F	12/15/1978	8/1/2013	69510.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	8/16/1965	8/2/2007	65718.00	Not Eligible		0.00		Waive Coverage	0.00
64116	F	3/14/1957	8/14/2017	21464.52	Not Eligible		0.00		90 Day Elimination	1073.23
64116	M	3/3/1949	7/21/2014	41288.00	Yes		2065.00	Pre-Tax	Waive Coverage	0.00
64116	F	12/13/1973	8/13/2008	45435.00	Not Eligible		0.00		90 Day Elimination	2271.75
64151	M	12/3/1958	6/10/1997	45572.80	Yes		2280.00	Post-Tax	Waive Coverage	0.00
64151	F	1/1/1975	8/16/2001	22278.34	Not Eligible		0.00		Waive Coverage	0.00
64151	F	1/4/1970	5/5/2005	23944.83	Not Eligible		0.00		Waive Coverage	0.00
64154	F	9/10/1951	1/25/1993	41059.20	Not Eligible		0.00		Waive Coverage	0.00
64151	F	2/16/1958	10/15/1998	41311.60	Not Eligible		0.00		90 Day Elimination	2065.58
64151	M	5/12/1953	9/9/2013	21539.07	Not Eligible		0.00		Waive Coverage	0.00
64154	F	9/23/1958	9/18/2000	24506.80	Not Eligible		0.00		Waive Coverage	0.00
64118	F	2/19/1960	8/26/1998	28704.69	Not Eligible		0.00		180 Day Elimination	1435.23
66205	F	4/27/1977	8/1/2013	68411.65	Not Eligible		0.00		Waive Coverage	0.00
64151	F	2/19/1965	5/28/1987	78022.00	Not Eligible		0.00		Waive Coverage	0.00
64153	F	12/31/1972	8/17/1998	75742.60	Not Eligible		0.00		Waive Coverage	0.00
64079	M	7/4/1974	7/1/2002	162724.00	Yes		9044.44	Pre-Tax	Waive Coverage	0.00
64152	F	9/11/1971	8/21/2013	24787.42	Not Eligible		0.00		Waive Coverage	0.00
64119	F	6/14/1971	8/3/2017	47912.00	Not Eligible		0.00		Waive Coverage	0.00
64151	F	3/27/1985	8/1/2014	51762.00	Not Eligible		0.00		Waive Coverage	0.00
64152	M	2/6/1990	8/3/2015	58195.00	Not Eligible		0.00		Waive Coverage	0.00
64089	F	12/6/1977	8/11/2011	49980.04	Not Eligible		0.00		Waive Coverage	0.00
64156	F	8/25/1983	9/8/2015	28195.93	Not Eligible		0.00		90 Day Elimination	0.00
64152	F	2/11/1989	8/9/2017	19852.56	Not Eligible		0.00		Waive Coverage	0.00
64154	F	8/27/1977	9/9/2013	31418.80	Not Eligible		0.00		Waive Coverage	0.00
64119	F	5/24/1980	8/12/2011	46628.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	4/15/1970	7/17/2012	41891.20	Not Eligible		0.00		Waive Coverage	0.00
64152	F	10/13/1989	8/25/2015	26811.20	Not Eligible		0.00		Waive Coverage	0.00
64152	F	11/18/1992	8/21/2015	40105.00	Not Eligible		0.00		Waive Coverage	0.00
64068	F	5/11/1991	7/28/2016	38545.00	Not Eligible		0.00		90 Day Elimination	1927.25
64060	M	8/29/1968	8/3/2006	77563.15	Not Eligible		0.00		Waive Coverage	0.00
64152	F	3/17/1983	7/31/2014	59978.00	Not Eligible		0.00		Waive Coverage	0.00
64152	F	12/2/1982	8/3/2006	62647.00	Not Eligible		0.00		180 Day Elimination	3000.00
64111	M	3/4/1989	11/28/2016	60698.00	Not Eligible		0.00		Waive Coverage	0.00
64151	M	4/26/1987	7/5/2017	34153.60	Yes		1710.00	Pre-Tax	90 Day Elimination	1707.68
64118	F	8/4/1987	8/12/2011	24433.92	Not Eligible		0.00		Waive Coverage	0.00
64118	F	4/8/1993	8/3/2015	45045.50	Not Eligible		0.00		Waive Coverage	0.00
64079	M	5/2/1982	6/20/2016	36192.00	Yes		1810.00	Post-Tax	Waive Coverage	0.00
64154	F	2/24/1981	8/9/2013	21539.07	Not Eligible		0.00		Waive Coverage	0.00
64439	M	2/4/1984	11/2/2015	36712.00	Yes		1840.00	Pre-Tax	90 Day Elimination	0.00
64152	F	4/25/1990	7/31/2014	46628.00	Not Eligible		0.00		Waive Coverage	0.00
63055	F	12/10/1964	8/3/2017	69087.00	Not Eligible		0.00		90 Day Elimination	3000.00

64116	F	10/1/1985	8/1/2016	53045.00	Not Eligible	0.00	Waive Coverage	0.00
66212	F	7/31/1984	7/31/2008	70101.40	Not Eligible	0.00	90 Day Elimination	3000.00
78249	F	8/25/1988	8/3/2017	41633.00	Not Eligible	0.00	Waive Coverage	0.00
64157	F	2/14/1976	8/4/2010	60991.00	Not Eligible	0.00	90 Day Elimination	3000.00
64151	F	6/8/1990	8/3/2015	43714.00	Not Eligible	0.00	Waive Coverage	0.00

EXPERIENCE PRESENTATION FOR:

Park Hill School District

Together, all the way



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**Park Hill School District
Long Term Disability
VDT0961236
As Of 2/24/2018**

Claims Reported on an Incurred Basis

Period Description	1/1/2013	1/1/2014	1/1/2015	1/1/2016	1/1/2017	IBNR	Fully Revealed Total
Start Date	1/1/2013	1/1/2014	1/1/2015	1/1/2016	1/1/2017	1/1/2018	
End Date	12/31/2013	12/31/2014	12/31/2015	12/31/2016	12/31/2017	2/24/2018	
# of Months	12	12	12	12	12	2	60
Premium	69,042	71,838	69,776	69,845	62,627	11,331	343,127
Paid Claims	29,273	88,343	106,189	28,063	-	-	251,868
Reserves	-	-	-	28,754	-	-	28,754
IBNR	-	-	135	756	17,047	6,377	17,937
Net Incurred Claims	29,273	88,343	106,324	57,573	17,047	6,377	298,559
Loss Ratio	42.4 %	123.0 %	152.4 %	82.4 %	27.2 %	56.3 %	87.0 %
Open/Pending Claims	-	-	-	1	-	-	1
Closed Claims	1	3	2	1	-	-	7
Total Claims	1	3	2	2	-	-	8

Park Hill School District
Long Term Disability
VDT0961236
As Of 2/24/2018

All Claims

Age	Gender	Date of Disability	Coverage Status	Benefit
61	M	5/9/2016	CC	2,022
56	M	3/7/2016	AC	3,000
58	F	3/23/2015	CC	2,350
54	F	1/24/2015	CC	2,072
44	M	11/15/2014	CC	1,804
47	F	7/9/2014	CC	3,000
64	F	1/10/2014	CC	2,820
51	F	2/2/2013	CC	2,191



Park Hill School District
LTD Benefits
Effective 1/1/16

LONG TERM DISABILITY	CIGNA	
Eligibility	Class 3	Class 2
Availability	Administrators	Custodians
Benefit Provisions:		
Benefit Percentage	66 2/3%	60%
Maximum Monthly Benefit	\$10,000/month	\$5,000/month
Minimum Benefit	> of \$100 or 10% of Benefit	
Elimination Period	90 Days	180 days
Benefit Duration	SSNRA	
Own Occupation	To age 65	36 months
Social Security Integration	Full Family	
Additional Provisions:		
Definition of Disability - during elim. period	An injury or sickness, you are unable to perform the material and substantial duties of your regular occupation for a specified period; and, solely due to Injury or Sickness, you are unable to earn more than the percentage of your Indexed Covered Earnings (80%). Thereafter, you are disabled if your Injury or sickness makes you unable to perform the material and substantial duties of any occupation which you may be reasonable become qualified based on education, training or experience; and solely due to Injury or Sickness, you are unable to earn more than the percentage of their Indexed Covered Earnings (60%).	
Family Care Credit Benefit	Benefits included in Cigna's return to work program	
Workplace Modification Benefit	included no max	
Ability Plus Benefit	N/A	
Residual Benefit	Included	
Partial Disability	Included	
Conversion	Included	
Actively at Work Waived?	No	
W-2 Preparation	Included	
Survivor Benefit	3 Months	
Employer FICA Match	Included	
Definition of Earnings	Basic monthly rate of pay not including bonuses, overtime and other compensation.	
Limitations:		
Drug & Alcohol Limitation	24 Months	
Mental Illness Limitation	24 Months	
Subjective/Self-Reported Limitation	No Limitation	
Taxation of Benefits	Taxable	
Pre-existing Condition Limitation	12 months prior / 12 months insured	
Monthly Unit Cost		
Net Commissions		
Rate per \$100/Covered Payroll	\$0.190	
Rate Guarantee	3 years	
Volume	\$782,653	
Total Monthly Cost	\$1,487	
Total Annual Cost	\$17,844	

CIGNA - Class 3 - anyone classified as Administrators; Class 2 - Custodians and Maintenance



Park Hill School District
Voluntary LTD Benefits
Effective 1/1/16

LONG TERM DISABILITY		CIGNA	
Eligibility			
Availability	Option 1		Option 2
Benefit Provisions:			
Benefit Percentage	60%		
Maximum Monthly Benefit	\$3,000		
Minimum Benefit	> \$100 or 10% of benefit		
Elimination Period	90 days		180 days
Benefit Duration	SSNRA		
Own Occupation	24 months		
Social Security Integration	Full Family		
Additional Provisions:			
Definition of Disability - during elim. period	<p>An injury, sickness, or pregnancy requires that you be under the regular care and attendance of a doctor, and prevents you from performing at least one of the material duties of your regular occupation; or prevents you from earning more than 80% of your indexed monthly pay in that month in any occupation for which your education, training or experience qualifies you. You may satisfy both the Occupation Test and the Earnings Test, but you need only satisfy one Test to be considered disabled.</p>		
Family Care Credit Benefit	<p>If an employee is participating in a return to work program with Cigna. Cigna will help pay cost for child education, family care expenses, retraining, etc.</p>		
Workplace Modification Benefit	Included with no max		
Residual Benefit	Included		
Partial Disability	Included		
Conversion	Included		
Actively at Work Waived?	No		
W-2 Preparation	Included		
Survivor Benefit	3 Months		
Employer FICA Match	Included		
Definition of Earnings	Basic monthly rate of pay not including bonuses, overtime and other compensation.		
Limitations:			
Drug & Alcohol Limitation	24 Months		
Mental Illness Limitation	24 Months		
Subjective/Self-Reported Limitation	None		
Pre-existing Condition Limitation	12 months prior / 12 months insured		
Net Commission			
Monthly Unit Cost	Option 1		Option 2
< 35	\$0.180		\$0.130
35 - 44	\$0.360		\$0.250
45 - 54	\$0.520		\$0.360
55 +	\$0.710		\$0.430
Participation Requirement	Current participation		
Rate Guarantee	3 years		

CIGNA - Class 1 - All employees minus Administrators and Custodians - eligible for Options 1 and 2; Class 2 - Custodians - eligible for Option 1 only.

LIFE INSURANCE COMPANY OF NORTH AMERICA
(herein called the Company)

Amendment to be attached to and made a part of the Group Policy
A Contract between the Company and

Park Hill School District
(herein called the Policyholder)

Policy No.: VDT - 961236

PLEASE READ

IMPORTANT: The attached amendment to your policy has been made at your request, and will be effective on the date shown within the amendment. Please review this amendment immediately and confirm that it accurately reflects your request and is consistent with your intentions. If amended certificates have been provided, please review these as well. If there are any errors or discrepancies, please notify your account manager or account service representative immediately. If you have not notified your account manager or account service representative of any errors or concerns, continued payment of premium more than 31 days after delivery of this amendment will be deemed acceptance of this amendment.

**LIFE INSURANCE COMPANY OF NORTH AMERICA
(herein called the Company)**

Amendment to be attached to and made a part of the Group Policy
A Contract between the Company and

Park Hill School District
(herein called the Policyholder)

Policy No.: VDT - 961236

This Amendment will be in effect on the Effective Date(s) shown below only for insured Employees in Active Service on that date. If an Employee is not in Active Service on the date his insurance would otherwise become effective, it will be effective on the date he returns to Active Service.

The Company and the Policyholder hereby agree that the Policy is amended as follows:

Effective January 1, 2016, the following class description under the Classes of Eligible Employees under the SCHEDULE OF BENEFITS is replaced by the following:

Class 1 All active, Full-time Employees of the Employer regularly working a minimum of 30 hours per week, excluding Employees classified as Administrators, Custodians and Maintenance.

Class 2 All active, Full-time and part-time Employees of the Employer classified as Custodians and Maintenance.

Except for the above, this Amendment does not change the Policy in any way.

FOR THE COMPANY



Matthew G. Manders, President

Date: February 8, 2016

Amendment No. 02

TL-004780

	TOTAL PREMIUM	EMPLOYER COST
CIGNA January 1, 2018 through December 31, 2018 LTD/\$100	\$0.19	100%
CIGNA January 1, 2017 through December 31, 2017 LTD/\$100	\$0.19	100%
CIGNA January 1, 2016 through December 31, 2016 LTD/\$100	\$0.19	100%

TOTAL PREMIUM EMPLOYER COST

CIGNA
January 1, 2018 through December 31, 2018

Voluntary LTD - 90 Day

<35	\$0.18	0%
35-44	\$0.36	
45-54	\$0.52	
55+	\$0.71	

Voluntary LTD - 180 Day

No Change in Rates or Benefits.

<35	\$0.13	0%
35-44	\$0.25	
45-54	\$0.36	
55+	\$0.43	

CIGNA
January 1, 2017 through December 31, 2017

Voluntary LTD - 90 Day

<35	\$0.18	0%
35-44	\$0.36	
45-54	\$0.52	
55+	\$0.71	

Voluntary LTD - 180 Day

No Change in Rates or Benefits.

<35	\$0.13	0%
35-44	\$0.25	
45-54	\$0.36	
55+	\$0.43	

CIGNA
January 1, 2016 through December 31, 2016

Voluntary LTD - 90 Day

<35	\$0.18	0%
35-44	\$0.36	
45-54	\$0.52	
55+	\$0.71	

Voluntary LTD - 180 Day

No Change in Rates or Benefits.

<35	\$0.13	0%
35-44	\$0.25	
45-54	\$0.36	

55+	\$0.43	
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CIGNA

January 1, 2015 through December 31, 2015

Voluntary LTD - 90 Day

<35	\$0.19	0%
35-44	\$0.38	
45-54	\$0.55	
55+	\$0.75	

Voluntary LTD - 180 Day

No Change in Rates or Benefits.

<35	\$0.14	\$0.00
35-44	\$0.26	
45-54	\$0.38	
55+	\$0.45	