

## Overview

Your premium calculations are illustrated based on the number of payroll deductions provided by your employer. Due to small differences in rounding, actual payroll deductions may vary slightly from the amounts illustrated in these materials.

This document provides a general overview. All insurance policies and products contain limitations, exclusions, restrictions, and may contain reductions and terms under which the policy or plan may be continued in force or discontinued. We reserve the right to cancel the policy or plan with advance written notice to the policyholder or group. Issued insurance contracts and agreements determine all plan features and benefits. Products are subject to state variations and availability. Benefits provided and premium amounts depend on the plan selected. Contact us for costs and complete details.

Insurance products are underwritten by Union Security Insurance Company (Kansas City, MO) under Policy Form Series GP-90, GP-09, GP-10, GP-11, GP-12/GC-12, GP-13/GC-13, GP-13/GC-14, GP-15/GC-15, GP-16/GC-16, GP LTD CA, GP STD CA, and administered by Sun Life Assurance Company of Canada (Wellesley Hills, MA).

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## Benefit Summary

### What can these benefits do for me?

The products in this benefit plan were selected with your and your family's well-being in mind. They're an important part of your compensation package. Please take the time to review the benefits carefully to be sure you select the ones that best fit your needs.

You can learn more about these benefits and how to choose the coverage that's right for you on the following pages. Because these products are offered through your employer, premium rates may be more competitive than similar products you could buy as an individual.



### What benefits are available to me?

- **Online Advantage** to help manage your benefits.
- **Life insurance** to protect your family, in case something happens to you.
- **Accidental Death and Dismemberment insurance.**

### How do I enroll?

1. Review the information in this booklet to see which benefits suit your needs.
2. Attend your benefits enrollment meeting.
3. Complete your enrollment form.
4. Sign and give your form to the program administrator.

## Manage your benefits with

# Online Advantage

To help you make the most of your benefits, Sun Life Financial offers you many online services at no additional charge. With a click of a mouse you have immediate access to your plan information with Online Advantage for Members.

### The information you need at your fingertips:

- View and/or print your [personalized Dental ID card](#)
- View and/or print [benefit information pages](#) (all benefits)
- View most [recent dental visits and procedures](#)
- View and/or print [plan booklets](#)
- View [status of submitted claims](#)
- Find a [vision or dental network provider](#) and/or specialist
- Access our [Dental Health Center](#) where you can ask a question, estimate the cost of service, or learn about dental issues



### How do I get started?

1. Go to [www.sunlife.com/oaregister](http://www.sunlife.com/oaregister)
2. Follow registration instructions
3. All you will need is your Member ID\* and date of birth.

\*Your member ID may be your social security number

For more information about how Online Advantage can work for you, please visit our website, call our Online Advantage team at 800.733.7879 extension 7600 or email [onlineadvantage@assurant.com](mailto:onlineadvantage@assurant.com).

**Online Advantage...Quick. Smart. Convenient.**

## Choosing to protect your family

# Life Insurance

### If something unexpected happens, how can I be sure my family will be all right?

No one wants to think about it. But an unexpected death can have devastating financial consequences for survivors – consequences that can linger long after the initial shock and grief. Adequate life insurance can help your family manage expenses and make a very difficult transition less painful.

### How do I know if I'm eligible to participate in this plan?

You're eligible to buy Life insurance through this plan if you are a full-time employee of the policyholder or an associated company. Full-time employment means you are working 20.0 hours or more per week. Temporary or seasonal workers are not eligible.

### How much coverage can I buy?

You can purchase up to 5 times your basic annual pay, in units of \$10,000, to a maximum of \$300,000; \$20,000 is the minimum you can purchase. You also can purchase coverage for your spouse and children (see "Can I buy coverage for my family?").

You can effectively double your protection by purchasing an equal amount of Accidental Death and Dismemberment (AD&D) coverage.

### What is AD&D?

AD&D pays an amount equal to your Life benefit if you die as a direct result of an accident. In addition, your AD&D coverage includes:

- A Higher Education Benefit that pays an additional \$3,000 per year for up to four consecutive years for eligible dependent students. (Applies to Employee AD&D Only.)
- An Automobile Accident Benefit that pays an additional 20% of the AD&D benefit, to a maximum of \$100,000 should you or your covered dependent die as a result of a car accident while wearing a seatbelt.
- An Accidental Dismemberment benefit that pays 50% of the AD&D coverage for the loss of one hand, one foot or the sight of one eye; and 100% for the loss of two or more of the above.



### Key Advantages of This Plan

- This plan is offered through your employer, so premium rates may be more competitive than similar products you could buy as an individual.
- Your premiums are paid through a convenient payroll deduction.
- If you enroll within 31 days of becoming eligible, you can purchase coverage without providing proof of good health, up to the Guarantee Issue amount.
- Your Life insurance includes an online Will Preparation.

## Life Q&A

### Q. Do I have to answer health questions to enroll for this coverage?

- A. You can enroll for amounts up to **\$150,000** for yourself, up to **\$50,000** for your spouse, and up to **\$10,000** for each child **without answering health questions**. These amounts are known as Guarantee Issue and are only available if you sign up within 31 days of becoming eligible for coverage. To enroll for more coverage than the amounts shown above, you'll need to answer a simple health statement.

### Q. What happens if I become disabled?

- A. If you become disabled prior to age 60 while insured for Voluntary Life and remain continuously disabled as defined in the policy for the qualifying period, your coverage, including any dependent coverage will continue without further premium payment until age 65, recovery or retirement, whichever is earliest. Any time Life insurance is continued under this disability benefit, AD&D insurance also will be continued (and the premium waived) for up to 1 year from the date of disability. For disabilities beginning between age 60 and 65, the insurance can be continued (and premium waived) for up to one year, but not past the earlier of age 65 or the date you retire.

### Q. Can I access my Life insurance benefit if I'm terminally ill?

- A. Yes. The Accelerated Benefit lets you request payment for up to 80% of your or your spouse's Voluntary Life benefit in the event of a life-threatening medical condition where there is a life expectancy of 12 months or less.

### Q. Can I take my insurance with me if I leave my employer?

- A. Yes. You have two options. **Portability** allows you to continue this group life coverage until age 65 after terminating current employment. **Conversion** allows you to convert to an individual policy if any or all of your Life insurance ends while you are insured under our group Life policy.

### Q. When will my coverage become effective?

- A. Your coverage becomes effective on the entry date specified in the group policy, provided you are at active work on that date. Otherwise, your coverage will begin on the day you return to full-time duties.

Dependent coverage will become effective according to the policy entry date unless your dependent is in a hospital or similar facility on that day or if your dependent spouse is disabled on that day.

## How do I estimate my premium?

You can choose employee coverage in \$10,000 units, from a minimum of \$20,000 up to 5 times your basic annual pay, but not more than \$300,000.

To calculate your maximum benefit:

1. Enter your basic annual pay. \_\_\_\_\_

x 5 \_\_\_\_\_

Round to the next higher \$10,000. \_\_\_\_\_

This is your maximum coverage. *(Cannot exceed \$300,000)*

2. Select a benefit amount in the Life chart, then find your age to determine your Monthly premium deduction.

## Employee Premium Deduction Schedule

### Life Monthly Premium

Age	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	
Life Benefit in 000's	\$20	1.80	1.80	1.80	2.00	2.60	4.00	6.60	13.00	20.80	25.80	44.60	103.80	393.00
	\$30	2.70	2.70	2.70	3.00	3.90	6.00	9.90	19.50	31.20	38.70	66.90	155.70	589.50
	\$40	3.60	3.60	3.60	4.00	5.20	8.00	13.20	26.00	41.60	51.60	89.20	207.60	786.00
	\$50	4.50	4.50	4.50	5.00	6.50	10.00	16.50	32.50	52.00	64.50	111.50	259.50	982.50
	\$60	5.40	5.40	5.40	6.00	7.80	12.00	19.80	39.00	62.40	77.40	133.80	311.40	1179.00
	\$70	6.30	6.30	6.30	7.00	9.10	14.00	23.10	45.50	72.80	90.30	156.10	363.30	1375.50
	\$80	7.20	7.20	7.20	8.00	10.40	16.00	26.40	52.00	83.20	103.20	178.40	415.20	1572.00
	\$90	8.10	8.10	8.10	9.00	11.70	18.00	29.70	58.50	93.60	116.10	200.70	467.10	1768.50
	\$100	9.00	9.00	9.00	10.00	13.00	20.00	33.00	65.00	104.00	129.00	223.00	519.00	1965.00
	\$110	9.90	9.90	9.90	11.00	14.30	22.00	36.30	71.50	114.40	141.90	245.30	570.90	2161.50
	\$120	10.80	10.80	10.80	12.00	15.60	24.00	39.60	78.00	124.80	154.80	267.60	622.80	2358.00
	\$130	11.70	11.70	11.70	13.00	16.90	26.00	42.90	84.50	135.20	167.70	289.90	674.70	2554.50
	\$140	12.60	12.60	12.60	14.00	18.20	28.00	46.20	91.00	145.60	180.60	312.20	726.60	2751.00
	\$150	13.50	13.50	13.50	15.00	19.50	30.00	49.50	97.50	156.00	193.50	334.50	778.50	2947.50
	\$160	14.40	14.40	14.40	16.00	20.80	32.00	52.80	104.00	166.40	206.40	356.80	830.40	3144.00
	\$170	15.30	15.30	15.30	17.00	22.10	34.00	56.10	110.50	176.80	219.30	379.10	882.30	3340.50
	\$180	16.20	16.20	16.20	18.00	23.40	36.00	59.40	117.00	187.20	232.20	401.40	934.20	3537.00
	\$190	17.10	17.10	17.10	19.00	24.70	38.00	62.70	123.50	197.60	245.10	423.70	986.10	3733.50
	\$200	18.00	18.00	18.00	20.00	26.00	40.00	66.00	130.00	208.00	258.00	446.00	1038.00	3930.00
	\$210	18.90	18.90	18.90	21.00	27.30	42.00	69.30	136.50	218.40	270.90	468.30	1089.90	4126.50
\$220	19.80	19.80	19.80	22.00	28.60	44.00	72.60	143.00	228.80	283.80	490.60	1141.80	4323.00	
\$230	20.70	20.70	20.70	23.00	29.90	46.00	75.90	149.50	239.20	296.70	512.90	1193.70	4519.50	
\$240	21.60	21.60	21.60	24.00	31.20	48.00	79.20	156.00	249.60	309.60	535.20	1245.60	4716.00	
\$250	22.50	22.50	22.50	25.00	32.50	50.00	82.50	162.50	260.00	322.50	557.50	1297.50	4912.50	

### Life and AD&D Monthly Premium

Age	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	
Life Benefit in 000's	\$20	2.32	2.32	2.32	2.52	3.12	4.52	7.12	13.52	21.32	26.32	45.12	104.32	393.52
	\$30	3.48	3.48	3.48	3.78	4.68	6.78	10.68	20.28	31.98	39.48	67.68	156.48	590.28
	\$40	4.64	4.64	4.64	5.04	6.24	9.04	14.24	27.04	42.64	52.64	90.24	208.64	787.04
	\$50	5.80	5.80	5.80	6.30	7.80	11.30	17.80	33.80	53.30	65.80	112.80	260.80	983.80
	\$60	6.96	6.96	6.96	7.56	9.36	13.56	21.36	40.56	63.96	78.96	135.36	312.96	1180.56
	\$70	8.12	8.12	8.12	8.82	10.92	15.82	24.92	47.32	74.62	92.12	157.92	365.12	1377.32
	\$80	9.28	9.28	9.28	10.08	12.48	18.08	28.48	54.08	85.28	105.28	180.48	417.28	1574.08
	\$90	10.44	10.44	10.44	11.34	14.04	20.34	32.04	60.84	95.94	118.44	203.04	469.44	1770.84
	\$100	11.60	11.60	11.60	12.60	15.60	22.60	35.60	67.60	106.60	131.60	225.60	521.60	1967.60
	\$110	12.76	12.76	12.76	13.86	17.16	24.86	39.16	74.36	117.26	144.76	248.16	573.76	2164.36
	\$120	13.92	13.92	13.92	15.12	18.72	27.12	42.72	81.12	127.92	157.92	270.72	625.92	2361.12
	\$130	15.08	15.08	15.08	16.38	20.28	29.38	46.28	87.88	138.58	171.08	293.28	678.08	2557.88
	\$140	16.24	16.24	16.24	17.64	21.84	31.64	49.84	94.64	149.24	184.24	315.84	730.24	2754.64
	\$150	17.40	17.40	17.40	18.90	23.40	33.90	53.40	101.40	159.90	197.40	338.40	782.40	2951.40
	\$160	18.56	18.56	18.56	20.16	24.96	36.16	56.96	108.16	170.56	210.56	360.96	834.56	3148.16
	\$170	19.72	19.72	19.72	21.42	26.52	38.42	60.52	114.92	181.22	223.72	383.52	886.72	3344.92
	\$180	20.88	20.88	20.88	22.68	28.08	40.68	64.08	121.68	191.88	236.88	406.08	938.88	3541.68
	\$190	22.04	22.04	22.04	23.94	29.64	42.94	67.64	128.44	202.54	250.04	428.64	991.04	3738.44
	\$200	23.20	23.20	23.20	25.20	31.20	45.20	71.20	135.20	213.20	263.20	451.20	1043.20	3935.20
	\$210	24.36	24.36	24.36	26.46	32.76	47.46	74.76	141.96	223.86	276.36	473.76	1095.36	4131.96
\$220	25.52	25.52	25.52	27.72	34.32	49.72	78.32	148.72	234.52	289.52	496.32	1147.52	4328.72	
\$230	26.68	26.68	26.68	28.98	35.88	51.98	81.88	155.48	245.18	302.68	518.88	1199.68	4525.48	
\$240	27.84	27.84	27.84	30.24	37.44	54.24	85.44	162.24	255.84	315.84	541.44	1251.84	4722.24	
\$250	29.00	29.00	29.00	31.50	39.00	56.50	89.00	169.00	266.50	329.00	564.00	1304.00	4919.00	

For premiums for benefit amounts not illustrated in this chart, please contact your Plan Administrator.

## Can I buy coverage for my family?

If you cover yourself, you can also purchase Voluntary Life Insurance for your eligible family members. You can buy spouse coverage in units of \$5,000, up to the lesser of 50% of your own coverage amount or \$100,000. You can buy coverage for your children too - in an amount of \$1,000, \$5,000 or \$10,000. The 50% limit also applies to child coverage.

You can also buy AD&D coverage for your dependents, if you buy AD&D coverage for yourself. The Dependent AD&D amount will match the Dependent Life amount.

Your eligible dependents include your lawful spouse, if not disabled or hospital confined on the effective date, and children (if not hospital confined) from live birth to age 25. The hospital confinement exception does not apply to a child born while dependent insurance is in effect.

Spouse Life Monthly Premium Deduction Schedule														AD&D All Ages	
Age	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	All Ages	
Life Benefit in 000's	\$5	0.45	0.45	0.45	0.50	0.65	1.00	1.65	3.25	5.20	6.45	11.15	25.95	98.25	0.13
	\$10	0.90	0.90	0.90	1.00	1.30	2.00	3.30	6.50	10.40	12.90	22.30	51.90	196.50	0.26
	\$15	1.35	1.35	1.35	1.50	1.95	3.00	4.95	9.75	15.60	19.35	33.45	77.85	294.75	0.39
	\$20	1.80	1.80	1.80	2.00	2.60	4.00	6.60	13.00	20.80	25.80	44.60	103.80	393.00	0.52
	\$25	2.25	2.25	2.25	2.50	3.25	5.00	8.25	16.25	26.00	32.25	55.75	129.75	491.25	0.65
	\$30	2.70	2.70	2.70	3.00	3.90	6.00	9.90	19.50	31.20	38.70	66.90	155.70	589.50	0.78
	\$35	3.15	3.15	3.15	3.50	4.55	7.00	11.55	22.75	36.40	45.15	78.05	181.65	687.75	0.91
	\$40	3.60	3.60	3.60	4.00	5.20	8.00	13.20	26.00	41.60	51.60	89.20	207.60	786.00	1.04
	\$45	4.05	4.05	4.05	4.50	5.85	9.00	14.85	29.25	46.80	58.05	100.35	233.55	884.25	1.17
	\$50	4.50	4.50	4.50	5.00	6.50	10.00	16.50	32.50	52.00	64.50	111.50	259.50	982.50	1.30
	\$60	5.40	5.40	5.40	6.00	7.80	12.00	19.80	39.00	62.40	77.40	133.80	311.40	1179.00	1.56
	\$70	6.30	6.30	6.30	7.00	9.10	14.00	23.10	45.50	72.80	90.30	156.10	363.30	1375.50	1.82
	\$80	7.20	7.20	7.20	8.00	10.40	16.00	26.40	52.00	83.20	103.20	178.40	415.20	1572.00	2.08
	\$90	8.10	8.10	8.10	9.00	11.70	18.00	29.70	58.50	93.60	116.10	200.70	467.10	1768.50	2.34
\$100	9.00	9.00	9.00	10.00	13.00	20.00	33.00	65.00	104.00	129.00	223.00	519.00	1965.00	2.60	

For Life and Accidental Death and Dismemberment insurance for your spouse, choose the benefit you want. Your spouse's premiums are based on your age.

For premiums for benefit amounts not illustrated in this chart, please contact your Plan Administrator.

Child Life Monthly Premium			
Benefit	\$1,000	\$5,000	\$10,000
Child Life	0.20	1.00	2.00
Child Life and AD&D	0.23	1.13	2.26

For Life insurance for your child(ren), choose the benefit you want for the corresponding premium. One premium covers all of your eligible dependent children.

## Limitations, exclusions, restrictions and reductions

Please carefully review the Other Important Plan Provisions section for additional important plan limitations, exclusions, restrictions and reductions that may apply.

# Other Important Plan Provisions

## Life

The Disability Benefit, the Accelerated Benefit, Automobile Accident Benefit, Higher Education Benefit, and portability all have limitations or exclusions.

For insureds or dependents who commit suicide within the first year after the effective date of their coverage, the only benefit amount payable is a refund of the amount of the insured's contributions. For insureds or dependents who commit suicide within the first year after the insured elects an increase in coverage, the benefit amount for the increase will be limited to the amount of the insured's contributions for the increase. This limitation applies to any contributory insurance.

Life insurance coverage amounts will reduce by 33 percent at age 70. The amounts will be rounded to the next higher \$10,000, if not an exact multiple of \$10,000. The reduced amount will be further reduced an additional 33 percent at age 75, similarly rounded.

In the case of Accidental Death and Dismemberment, we will not pay benefits if the loss results directly or indirectly from war or any act of war, whether declared or not; taking part in a riot or insurrection, or an act of riot or insurrection; service in the armed forces of any country, combination of countries or international organization at war, whether declared or not; any physical or mental disease; any infection, except a pyogenic infection that occurs from an accidental wound; assault or felony committed by the covered person or covered dependent; suicide or attempted suicide while sane or insane; intentionally self-inflicted injury while sane or insane; the use of any drug, unless it is used as prescribed by a doctor; or the covered person's or covered dependent's intoxication, including but not limited to operating a motor vehicle while intoxicated.

**State variations can exist; please contact Sun Life Financial for additional information.**



# Employee Application

Please print clearly in blue or black ink.

## ISSUE

Check one — Employer Use

- New Employee  
  Change  
  COBRA

**Employee Information** — Failure to accurately complete the questions on this application may affect the existence or amount of coverage. Please correct any errors in the information listed below.

Employee name (last, first, initial)	Employer	Employment location				
→	K & N Management					
Group policy/participant #	Account # or Bill Group Name	Cert. #	Employee SSN	Employee birthdate		
5482179						
Sex	Job title or position	Employee hire date	# hours per week	Earnings \$	Married	Children
<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	Zip			

ELECTIONS ARE NOT VALID WITHOUT A SIGNATURE AT THE END OF THIS APPLICATION.

**Dependent Information** — Required if Dependent coverage applies

Name (Last Name, First Name)	Date of Birth	Gender	Relationship

**NOTE** — Coverage not elected will be assumed refused even if not specifically refused

## Employee Choice Life Benefits

You may select the benefit(s) below. If you enroll, you will pay all or a portion of the premium.

Accept	Refuse	Coverage
<input type="checkbox"/>	<input type="checkbox"/>	Employee Voluntary Life - Amount _____
<input type="checkbox"/>	<input type="checkbox"/>	Employee Matching Voluntary AD&D
<input type="checkbox"/>	<input type="checkbox"/>	Spouse Voluntary Life - Amount _____
<input type="checkbox"/>	<input type="checkbox"/>	Spouse Matching Voluntary AD&D
<input type="checkbox"/>	<input type="checkbox"/>	Child(ren) Voluntary Life - Amount _____
<input type="checkbox"/>	<input type="checkbox"/>	Child Matching Voluntary AD&D

**Beneficiaries** - Applies to all coverages for which a beneficiary designation is required

Last Name	First	MI	Relationship	
				<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
				<input type="checkbox"/> Primary <input type="checkbox"/> Secondary

If beneficiary is not related to you, please provide Date of Birth, Social Security Number, and full address.

- 1) Give FULL names and relationships of each beneficiary.
- 2) Beneficiaries elected will apply to all coverages elected on this form for which a beneficiary designation is required.
- 3) If primary/secondary election is not noted, the beneficiary will be considered primary.
- 4) Proceeds will be paid in equal shares to those primary beneficiaries who survive you. If no primary beneficiaries survive you, the proceeds will be paid in equal shares to the surviving secondary beneficiaries.
- 5) If your designation does not fit in the above arrangement, or you want to specify a beneficiary by coverage, please contact Union Security Insurance Company for the appropriate forms.

**MY SIGNATURE ON THIS APPLICATION CERTIFIES THAT I:**

- 1) Apply for the coverages designated for which I am eligible under my employer’s plan with Union Security Insurance Company.
- 2) Understand if coverages have been refused, I am not entitled to benefits under those coverages and that if I want to apply later, I must furnish at my own expense proof of good health satisfactory to Union Security Insurance Company.
- 3) Authorize any required deductions from my earnings.
- 4) Designate the beneficiary named on this application to receive any benefits payable in the event of my death.
- 5) Represent that all of the information on this application is complete, correct and true to the best of my knowledge and belief.
- 6) Understand that I must be actively at work the number of hours specified in the policy/participation agreement to remain insured.
- 7) Understand that coverages include limitations and exclusions that may affect my entitlement to benefits. When necessary, I may be asked to execute a HIPAA authorization form, allowing Union Security Insurance Company to use and disclose protected health information.

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.**

Employee’s signature \_\_\_\_\_ Date \_\_\_\_\_





# Employee Health Statement

Please print clearly in blue or black ink.

## VOLUNTARY COVERAGE

Check one – Employer Use

- New Enrollee   
  Annual Enrollment   
  Life Event-Type/Date

**Employee Information** - Failure to accurately complete the questions on this application may affect the existence or amount of coverage. Please correct any errors in the information listed below.

Employee name (last, first, initial)	: Employer			
	: K & N Management			
Group policy/participant #	: Account #	: Cert. #	: Employee SSN	: Employee birthdate
5482179				

Answer the following questions based upon the coverage for which you are applying for you and your dependents - For LIFE, answer questions 1 through 6.

Applicant Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Spouse Height: \_\_\_\_\_ Weight: \_\_\_\_\_ YES NO

- Have you or your dependents used tobacco in any form in the past 12 months?  YES  NO
- In the last 10 years, have you or your dependents been diagnosed, treated, or received advice to seek treatment for any tumor, malignancy or any type of internal cancer, melanoma, leukemia, lymphoma, sarcoma or Hodgkin's disease or been diagnosed with an elevated PSA, abnormal Pap or colposcopy? Have you had a hysterectomy or prostate removal?  YES  NO
- In the past 5 years, have you or your dependents been hospitalized, undergone any inpatient or outpatient surgery or procedure or been advised to be hospitalized or have surgery by a physician or medical provider?  YES  NO
- In the past 12 months, have you or your dependents been prescribed or advised to take prescription medication?  YES  NO
- Have you or your dependents ever been diagnosed, received treatment, or been advised to seek treatment for any mental, psychiatric, emotional or eating disorder, alcoholism, alcohol abuse, prescription or illegal drug abuse? Have you or your dependents ever been arrested for DUI, illegal drug possession or use?  YES  NO
- Have you or your dependents ever been diagnosed, received treatment, or been advised to seek treatment for:  YES  NO  
**(circle all that apply and provide details below)**  
 diabetes, heart or vascular disease, heart attack, blood disorder, stroke, high blood pressure, asthma, emphysema or other lung disorder, kidney disease, liver disease, gallstones, pancreas disorder, colitis, Crohn's disease, glaucoma, seizures, lupus or autoimmune disorder, multiple sclerosis, Parkinson's, Muscular Dystrophy or any paralysis, arthritis, disorder of the back, neck, spine, or joint, including hip or knee?  
 Have you or your dependents ever been diagnosed, treated, or advised to seek treatment for human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS)?  YES  NO
- Have you or your dependents ever been diagnosed with or treated for fibromyalgia, chronic fatigue, chronic pain, carpal tunnel, muscle or nerve disorder, eye or ear disorder, vertigo, bowel or bladder disorder?  YES  NO

**NOTE** – "Disorder" is defined as a disease, illness, injury and/or condition differing in any way from the usual or normal state or structure.

**Remarks** – If you answered "Yes" to any medical questions above, please provide details below: Sign and date the form on back.

Question No.	First Name	Description of illness, injury or pregnancy, medication and treatment	Duration (dates) & no. of episodes	Residual Effects	Name and address of attending physician or hospital (including zip)

Employee name (last, first, initial)		Employer		
		K & N Management		
Group policy/participant #	Account #	Cert. #	Employee SSN	Employee birthdate
5482179				

**IMPORTANT NOTICE TO APPLICANTS - PLEASE READ CAREFULLY**

**AUTHORIZATION TO RELEASE INFORMATION:** To properly underwrite applications, determine eligibility for coverage and issue insurance policies on an equitable basis, we must obtain information about you. The nature of the information we seek includes age, occupation, physical condition, health history, habits, avocations and other personal characteristics and information. This information will be collected from you and various sources, including health professionals and health facilities. Information regarding factors affecting insurability will be treated as confidential.

By signing below, I authorize any provider of medical services, physicians, or other medical practitioner, hospital, clinic, pharmacy, pharmacy benefits manager or any pharmacy related services entity, insurance company, employer, consumer reporting agency, or other individual or entity to give Union Security Insurance Company or its reinsurers any information regarding my medical or health history. Such information includes but is not limited to any and all medical/dental records relating to my physical and/or mental health, alcohol or drug abuse information, psychiatric or psychological care or pharmacy records.

I understand that I have the right to refuse to sign this authorization but if I refuse, Union Security Insurance Company may refuse to consider my application for enrollment. I understand that a photocopy or facsimile of this authorization will be as valid as the original.

I understand that this authorization is voluntary and that I may revoke it at any time by writing Union Security Insurance Company, P.O. Box 419052, Kansas City, MO 64141-6052, Attn: Privacy Office. Such revocation will not affect any action taken by Union Security Insurance Company prior to receipt of the revocation. If there is a conflict between a prior request for restrictions and this authorization, this authorization controls.

The authorization is effective from the date signed below until the earliest of denial of my application, declination of enrollment, or, if insured, when I am no longer an insured of Union Security Insurance Company, but at no time longer than 30 months.

Federal law requires that we inform you that the information which we collect may, under certain circumstances, be re-disclosed by us to third parties and thus no longer protected by federal law. However, be assured that disclosure will be strictly limited to that which is reasonably necessary and we will comply with all federal and state privacy and security laws and regulations. You have the right to gain access to and request correction of information contained in our files.

**MY SIGNATURE ON THIS APPLICATION CERTIFIES THAT I:**

- 1) Apply for the coverages designated for which I am eligible under my employer's plan with Union Security Insurance Company.
- 2) Understand if coverages have been refused, I am not entitled to benefits under those coverages and that if I want to apply later, I must furnish at my own expense proof of good health satisfactory to Union Security Insurance Company.
- 3) Represent that all of the information on this application is complete, correct and true to the best of my knowledge and belief.
- 4) Understand that I must be actively at work the number of hours specified in the policy/participation agreement to remain insured.
- 5) Understand that coverages include limitations and exclusions that may affect my entitlement to benefits.

This will certify that I HAVE read and understand the above important notice.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Employee's signature \_\_\_\_\_ Date\_\_\_\_\_

Spouse's signature (if spouse coverage elected) \_\_\_\_\_ Date\_\_\_\_\_



