



# VOLUNTARY EMPLOYEE BENEFITS

**ProService Hawaii** is proud to offer you a comprehensive suite of Supplemental Insurance products underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA.

These policies provide you access to best-in-class benefits that are tailored to your needs and most importantly, offered at competitively priced rates with the convenience of paying your premiums through payroll deductions.

### ADVANTAGES THROUGH PROSERVICE HAWAII

### **SMART BENEFITS**

Thoughtfully crafted plan designs include the insurance protection you and your family need. Nothing more, nothing less.

#### **COMPETIVE RATES**

Transamerica is making available with ProService Hawaii competitive rates for our Universal Life, Term Life and Accident Advance policies.

### **EASY ENROLLMENT**

No physicals or blood work required. Acceptance will be based on answer to questions on your application. Quick personal enrollment assistance provided by ProService partner, Markham Insurance Services.

### CONVENIENCE

Convenient premium payment via payroll deduction. ProService manages the policies, administration and paperwork.

To enroll or make changes to your Transamerica Supplemental Insurance products, contact:

### Oahu/Kauai

Jesse Markham 808.526.4442

Jesse@markhaminsuranceservices.com

### Maui/Hawaii

Steven Markham 808.935.8795

Steven@markhaminsuranceservices.com

Markham Insurance Services is an independent contractor representing Transamerica Life Insurance Company.

6600 Kalanianaole Hwy, Suite 200 | Honolulu, Hawaii 96825 | 808.394.4175 | www.proservice.com



Voluntary benefits that are easy to use, underwritten by Transamerica Life Insurance Company and Transamerica Financial Life Insurance Company.

When you're sick or hurt, you want less aggravation, not more. That's why Transamerica has made our claims process as painless as possible. With our easy and efficient online system, you can submit claims in just minutes.

#### **BENEFITS WE OFFER**

- Short-Term Disability Income Insurance.
- Critical Illness.
- Accident.
- Hospital Indemnity Insurance.
- Cancer
- Wellness benefit included in a Critical Illness, Accident, or Cancer policy.

### **HOW TO FILE ONLINE CLAIMS**

1. Log onto **tebcs.com**.

Not registered? Click "New User Registration" and use your contract (certificate or policy) number and personal information to register.

- 2. Click on the policy for which you are filing a claim.
- 3. Once inside the policy's contract details, click on claims and again on the specific type of claim you want to file.
- 4. Complete all requested information. If your claim requires a specific form, it will be provided here.

Print a copy of your claim submission for your records, and allow 7 to 10 days for processing. We'll contact you if we need further information.

If you have additional questions or concerns regarding your insurance, please contact our customer service professionals:



### Email

tebcustresp@transamerica.com



# Customer service 888-763-7474

Monday - Thursday 7 a.m. to 6 p.m. CT

Friday 7 a.m. to 5 p.m. CT

Online at tebcs.com





Do something today to get your family ready for tomorrow with *Trans Select 10* term life insurance underwritten by Transamerica Life Insurance Company.

There is no way to know what will happen from one day to the next, but there is a way to help protect your family against the unexpected. *Trans Select 10* is our term life insurance product designed to meet life's changes – today and tomorrow.

### **EASY-TO-UNDERSTAND BENEFITS**

We schedule *Trans Select 10* premiums to remain level for 10 years and guarantee they will be level for the first five years. **Your premiums may start increasing annually starting in year six.** If you want, you can pay these premiums through the convenience of payroll deduction.

### **HOW MUCH LIFE INSURANCE DO YOU NEED?**

It depends on your specific situation. One way to decide how much term life insurance you should buy is to consider the financial needs of your family if you were to pass away early.

### HERE ARE SOME OTHER FACTORS TO CONSIDER:

- What are your current earnings and other income sources, such as 401(k), savings, and investments?
- How many people depend on you financially, including your immediate family, parents, and other dependents?
- Does your spouse work, and what is his or her earning capacity now and in the future?
- Do you have debt or any special financial needs, such as a mortgage or your children's future educational needs?

1This benefit is not available in CT, MA, MD, NJ, PR, TX, or VA. 2This benefit is not available in CT, MA, TX, or VI.

This is a brief summary of *Trans Select 10, Term Life Insurance*, **underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA.** Policy form series CPVTL200 and CCVTL200; Rider form series CRTIVT00, CRWPL200 and CRCHL200. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate, and riders for complete details.

Up-to-date information regarding our compensation practices can be found in the Disclosures section of our website at tebcs.com.

### **HOW IT WORKS**

- Waiver of Premium benefit if laid off from work.<sup>1</sup>
- Offers spouse and dependent benefits.
- Provides terminal illness benefit.<sup>2</sup>
- Enables convenient payroll deduction.
- Ability to continue insurance if you change employers or retire.
- Renews after initial term without requiring medical history.



Visit:

transamericabenefits.com



**Customer Service:** 

888-763-7474



#### **Disclosures**

This material is being provided for informational purposes only. It should not be viewed as an investment recommendation by Transamerica for customers or prospective customers. Customers seeking advice regarding their particular investment needs should contact a financial professional.

### **GROUP BENEFITS DISCLOSURE POLICY**

Transamerica Employee Benefits (TEB) is a unit of Transamerica Life Insurance Company and Transamerica Financial Life Insurance Company. TEB markets and administers voluntary insurance benefits through licensed insurance agents. These agents are typically appointed to sell our products, and products of other providers, and receive various forms of compensation from us for the services provided. We believe our compensation arrangements with our agents are conducted with honesty, fairness and integrity. In addition, we realize that having trusted relationships between our agents and our customers is essential to all involved. To ensure this trust continues and to address any concerns within the industry, we have outlined our policy on agent compensation disclosure.

TEB's policy supports transparency and full disclosure of agent compensation to our customers and prospective customers. In addition, we have put controls in place to facilitate this disclosure and obligate our agents to disclose compensation information to customers: 1) when asked by a customer; 2) when receiving both a fee from the customer and compensation from TEB; and 3) when otherwise required by law. Agents must comply with all applicable laws in the sale of TEB products, including any pertaining to the disclosure of compensation information.

TEB's Group Benefits Compensation Disclosure Notice (below) describes the various means by which agents may be compensated for the sale of our products. It is the responsibility of your agent to share specific information with you about his or her compensation arrangements with TEB.

Accordingly, please direct any compensation disclosure questions to your agent.

### COMPENSATION DISCLOSURE NOTICE TO ALL POLICYHOLDERS

Agents who sell and service our products are paid a commission. It varies by the type of insurance policy sold and the state where the policy was sold, and is based on a percentage of the premium received in the first year, and at policy renewal. Agents may receive advances or loans against anticipated commissions for cases sold or to be sold. These advances may or may not require the payment of interest, depending upon the agent's total business and historical experience with TEB.

Agents may receive other compensation from TEB in the form of cash or non-cash awards or prizes, based upon a variety of factors that may include the level of premium written or earned, persistency and growth of premium, or other performance measures. Agents who manage, supervise or recruit other agents or wholesale our products and services to other agents, may receive commission overrides on business that results from their efforts.

Some of our agents may receive additional payments for providing services in connection with the administration of our products. Fees for such services may be calculated on a per policy or per certificate basis or upon the premium volume associated with a specific case. TEB may additionally reimburse these agents/administrators for certain expenses, such as the cost of mailings.

Agents may occasionally obtain exclusive rights to market TEB products or services to agents, employers, employees, or members of associations or unions. Certain groups or associations may also agree to endorse TEB's products to their members. TEB may pay a fee for these exclusive marketing rights or endorsements. See your proposed policy documents or policy certificate package for more information on any such arrangements.

Up to date information regarding our compensation practices can be found in the Disclosures section of our website at: www.tebcs.com.

### **Product Details**

Included Riders	Plan Option 1
Accelerated Death Benefit for Critical Care Condition Rider Accelerates up to the lesser of \$100,000 or the following %	25%
Accelerated Death Benefit for Terminal Illness Rider Accelerates up to the lesser of \$100,000 or 50%	Included
Waiver of Premium due to Layoff Rider	Included

<sup>\*</sup>Riders not available to all ages, see Plan Design Rate Chart for details.

## Trans Select® 10 Group Term Life Insurance

Plan Option 1 Semi-Monthly Non-Tobacco Rates
Includes: Terminal Illness Rider, Waiver of Premium for Layoff or Strike Rider, Critical Care Rider (25%) and Child Term Rider

Issue Age	\$25,000 Face Amount	\$50,000 Face Amount	\$75,000 Face Amount	<u>-</u>	Issue Age	\$25,000 Face Amount	\$50,000 Face Amount	\$75,000 Face Amou
16	\$2.16	\$4.33	\$6.50		51	\$9.84	\$19.69	\$29.53
17	\$2.16	\$4.33	\$6.50		52	\$10.20	\$20.39	\$30.59
18	\$2.16	\$4.33	\$6.50		53	\$10.62	\$21.25	\$31.87
19	\$2.17	\$4.35	\$6.53		54	\$11.02	\$22.04	\$33.06
20	\$2.19	\$4.37	\$6.56		55	\$11.76	\$23.52	\$35.28
21	\$2.20	\$4.39	\$6.59		56	\$12.77	\$25.54	\$38.3
22	\$2.24	\$4.48	\$6.72		57	\$13.73	\$27.46	\$41.19
23	\$2.25	\$4.50	\$6.75		58	\$14.83	\$29.66	\$44.50
24	\$2.30	\$4.60	\$6.90		59	\$15.97	\$31.94	\$47.90
25	\$2.31	\$4.62	\$6.94		60	\$17.24	\$34.48	\$51.72
26	\$2.37	\$4.75	\$7.12		Amount	s below this line	do not include t	he Waiver R
27	\$2.47	\$4.94	\$7.40		61	\$18.66	\$37.33	\$56.00
28	\$2.54	\$5.08	\$7.62		62	\$19.87	\$39.75	\$59.62
29	\$2.61	\$5.23	\$7.84		63	\$21.11	\$42.23	\$63.34
30	\$2.67	\$5.35	\$8.03		64	\$22.48	\$44.96	\$67.44
31	\$2.76	\$5.52	\$8.28		65	\$24.69	\$49.37	\$74.06
32	\$2.86	\$5.73	\$8.59		66	\$26.98	\$53.96	\$80.94
33	\$2.98	\$5.96	\$8.94		67	\$29.21	\$58.41	\$87.62
34	\$3.20	\$6.39	\$9.59		68	\$31.39	\$62.79	\$94.19
35	\$3.45	\$6.89	\$10.34		69	\$36.54	\$73.08	\$109.62
36	\$3.78	\$7.56	\$11.34		70	\$51.22	\$102.44	\$153.6
37	\$4.14	\$8.29	\$12.44		Amou	nts below this lir	ne do not include	the CCR Ri
38	\$4.31	\$8.62	\$12.94					
39	\$4.65	\$9.31	\$13.97		71	\$55.94	\$111.87	\$167.8°
40	\$4.96	\$9.91	\$14.87		72	\$63.31	\$126.62	\$189.94
41	\$5.32	\$10.64	\$15.97		73	\$72.81	\$145.62	\$218.4
42	\$5.80	\$11.60	\$17.40		74	\$82.99	\$165.98	\$248.9
43	\$6.12	\$12.25	\$18.37		75	\$94.21	\$188.41	\$282.62
44	\$6.63	\$13.27	\$19.90					
45	\$7.00	\$14.00	\$21.00					
46	\$7.44	\$14.87	\$22.31					
47	\$7.89	\$15.79	\$23.69					
48	\$8.38	\$16.77	\$25.15					
49	\$8.90	\$17.81	\$26.72					
50	\$9.35	\$18.71	\$28.06					

Premiums are guaranteed level for 5 years, and then premiums may increase annually beginning in year 6. Child Term Rider may be added for \$0.63 Semi-Monthly per \$5,000

Issue State: Hawaii Rate generation date: October 8, 2018

## Trans Select® 10 Group Term Life Insurance

Plan Option 1 Semi-Monthly Tobacco Rates
Includes: Terminal Illness Rider, Waiver of Premium for Layoff or Strike Rider, Critical Care Rider (25%) and Child Term Rider

Issue Age	\$25,000 Face Amount	\$50,000 Face Amount	\$75,000 Face Amount	_	Issue Age	\$25,000 Face Amount	\$50,000 Face Amount	\$75,000 Face Amount
16	\$3.17	\$6.35	\$9.53		51	\$18.56	\$37.12	\$55.69
17	\$3.17	\$6.35	\$9.53		52	\$19.64	\$39.29	\$58.94
18	\$3.17	\$6.35	\$9.53		53	\$20.92	\$41.85	\$62.78
19	\$3.20	\$6.39	\$9.59		54	\$22.55	\$45.10	\$67.65
20	\$3.22	\$6.44	\$9.65		55	\$24.50	\$49.00	\$73.50
21	\$3.24	\$6.48	\$9.72		56	\$25.87	\$51.75	\$77.62
22	\$3.29	\$6.58	\$9.87		57	\$28.44	\$56.87	\$85.31
23	\$3.31	\$6.62	\$9.94		58	\$31.09	\$62.19	\$93.28
24	\$3.36	\$6.73	\$10.09		59	\$33.45	\$66.89	\$100.34
25	\$3.39	\$6.79	\$10.19		60	\$36.46	\$72.91	\$109.37
26	\$3.45	\$6.89	\$10.34		Amoun	ts below this line	do not include t	he Waiver Riders
27	\$3.67	\$7.35	\$11.03		61	\$38.66	\$77.33	\$116.00
28	\$3.77	\$7.54	\$11.31		62	\$41.12	\$82.25	\$123.37
29	\$3.98	\$7.96	\$11.94		63	\$44.49	\$88.98	\$133.47
30	\$4.14	\$8.29	\$12.44		64	\$48.27	\$96.54	\$144.81
31	\$4.29	\$8.58	\$12.87		65	\$52.92	\$105.85	\$158.78
32	\$4.46	\$8.91	\$13.37		66	\$58.42	\$116.85	\$175.28
33	\$4.69	\$9.37	\$14.06		67	\$64.06	\$128.12	\$192.19
34	\$4.99	\$9.98	\$14.97		68	\$68.69	\$137.37	\$206.06
35	\$5.37	\$10.75	\$16.12		69	\$73.92	\$147.85	\$221.78
36	\$5.97	\$11.94	\$17.90		70	\$84.64	\$169.29	\$253.94
37	\$6.54	\$13.08	\$19.62		Amou	ınts below this lir	ne do not include	the CCR Rider
38	\$7.08	\$14.16	\$21.25			<b>#</b> 04.04	<b>#</b> 100.00	<b>A</b> 050.00
39	\$7.91	\$15.83	\$23.75		71	\$84.01	\$168.02	\$252.03
40	\$8.79	\$17.58	\$26.37		72	\$93.45	\$186.89	\$280.34
41	\$9.78	\$19.56	\$29.34		73	\$106.94	\$213.87	\$320.81
42	\$10.70	\$21.39	\$32.09		74	\$121.77	\$243.54	\$365.31
43	\$11.37	\$22.75	\$34.12		75	\$136.05	\$272.10	\$408.15
44	\$12.15	\$24.31	\$36.47					
45	\$12.77	\$25.54	\$38.31					
46	\$13.46	\$26.91	\$40.37					
47	\$14.59	\$29.19	\$43.78					
48	\$15.58	\$31.16	\$46.75					
49	\$16.53	\$33.06	\$49.59					
50	\$17.47	\$34.94	\$52.40					

Premiums are guaranteed level for 5 years, and then premiums may increase annually beginning in year 6. Child Term Rider may be added for \$0.63 Semi-Monthly per \$5,000

Issue State: Hawaii Rate generation date: October 8, 2018

### **Summary of Benefits**

**Accelerated Death Benefit for Critical Care Condition Rider** (Rider Form Series CRCCVT00) - If included in the plan design, accelerates a portion of the life insurance death benefit if an insured person is first diagnosed with a covered critical care condition (cancer, heart attack, major organ transplant surgery, renal failure, or stroke), after the 30-day waiting period.

When exercised, an administrative fee of \$250 will be deducted from the benefit payment. The accelerated amount will be deducted from the life insurance death benefit and this rider will terminate.

**Accelerated Death Benefit for Terminal Illness Rider** (Rider Form Series CRTIVT00) - If included in the plan design, accelerates a portion of the life insurance death benefit if an insured person is first diagnosed with a terminal illness which, in the best medical judgment, will result in death within 12 months.

When exercised, an administrative fee of \$100 plus 12 months advanced interest will be deducted from the life insurance benefit payment. The accelerated amount will be deducted from the death benefit and this rider will terminate.

**Child Term Insurance Rider** (Rider Form Series CRCHL200) - If included in the plan design, allows an insured employee or spouse (but not both) to insure all eligible children for the selected amount of term insurance. Insurance on each child terminates on that child's 26th birthday or when the parent's insurance ends, whichever is earlier.

Waiver of Premium Due to Layoff or Strike Rider (Rider Form Series CRWPL200) - If included in the plan design, waives the premium for up to six months per 12-month period if the employee is involuntary laid off or on a covered strike. Benefits are limited to three layoffs/strikes per 12-month period and are based on the employee's layoff/strike only. Layoff of an insured spouse or child does not qualify for this waiver. Premium payments must have begun prior to layoff/strike. This rider terminates when the owner reaches age 65. This rider is not available to self-employed individuals.

### **Limitations and Exclusions**

We will not pay benefits if an insured person dies by suicide, while sane or insane, within the first two years of insurance. If this occurs, we will refund the premiums paid minus any benefits that have been paid under any accelerated benefit rider.

### Accelerated Death Benefit for Critical Care Condition Rider

We will not pay for conditions diagnosed prior to the effective date of the rider.

**Cancer** requires histological evidence of malignancy and does not cover skin cancer other than malignant melanomas, all tumors that are histologically described as pre-malignant or are only showing early malignant change, cancer in-situ, and papillary cancer of the bladder.

**Heart Attack** must be based on new EKG changes consistent with injury, elevation of cardiac enzymes, and confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.

**Major Organ Transplant Surgery** is limited to heart, lung, liver or bone marrow transplants.

**Renal Failure** is limited to end stage renal failure resulting in chronic and irreversible failure of both kidneys to function requiring renal dialysis.

**Stroke** requires evidence of permanent neurological damage and does not cover Transient Ischemic Attacks (TIAs) or attacks of Vertebrobasilar Ischemia.

### **Accelerated Death Benefit for Terminal Illness Rider**

We will not pay for conditions diagnosed prior to the effective date of the rider.

### **Termination of Insurance**

Employee insurance will terminate on the earliest of:

- The date the employee sends us a written notice to cancel insurance;
- The certificate anniversary date following the employee's 100th birthday;
- The date the employee dies;
- The date the certificate lapses;
- The date the group master policy terminates.

Dependent insurance will terminate on the earliest of:

- The date the employee's insurance terminates;
- The date the dependent no longer meets the definition of dependent;
- The date the group master policy is modified so as to exclude dependent insurance;
- The date the employee sends us a written notice to cancel dependent insurance.

### **Portability Option**

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, insurance can be continued by paying the premiums directly to us. We will bill the employee directly once we receive notification to continue insurance.

### **Conversion Option**

An insured person can convert his or her insurance to permanent life insurance on a policy form that we then issue, without any optional riders, in an amount not to exceed the amount of insurance terminating under the policy. The premium will be based on the insured person's age and class of risk at the time of conversion. We must receive a completed conversion application and any required premium within 31 days of termination. If the insured person dies within the 31-day conversion period, benefits will be paid as if insurance had continued, regardless of whether conversion was applied for.

### **Limitations and Exclusions**

### **Termination of the Group Master Policy**

The group master policy will end on the earliest of the following events:

- The date you submit a 60-day advance written request to us to terminate, the group master policy will terminate
  on the date specified in that request;
- If we give a 60-day advance written notice to you that we intend to terminate, the group master policy will terminate on the date specified in that notice;
- If any premium payable by you is not paid within its grace period, the group master policy will terminate on the day after the end of the grace period;
- If you fail to comply with any terms of the group master policy or the policyholder application, or otherwise fail to fulfill any obligations or duties under or pertaining to this insurance, or fail to comply with or cooperate with us in satisfying the requirements of any applicable law or regulation pertaining to this insurance, the group master policy will terminate on the 32nd day after we have given you written notice of our intent to terminate; or
- If the number of insureds during any 12-month period does not meet the minimum participation requirement shown in this proposal, the group master policy may terminate at our discretion on the 32nd day after we have given you written notice of our intent to terminate.

### **Disclosures**

### **GROUP BENEFITS DISCLOSURE POLICY**

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Up to date information regarding our compensation practices can be found in the Disclosures section of our website at: www.tebcs.com.

Transamerica Life Insurance Company Monumental Life Insurance Company Administrative Office: PO Box 8063, Little Rock, AR 72203

### Payroll Deduction Agreement Form

GROUP NAME:									
APPLICANT NAME:		SOCIAL SECURITY #:  MONTHLY PREMIUM AMOUNTS							
	DEDUCTION								
	FREQUENCY (See Below)*	APPLICANT	SPOUSE**	DEPENDENT CHILD	DEPENDI CHILE		RODUCT TOTAL		
AccidentAdvance <sup>SM</sup>									
Accident AnswerSelect®									
AccidentSelect®									
CancerSelect® Plus									
CriticalAssistance <sup>SM</sup> Plus									
CriticalAssistance Select®									
SightSelect®									
TAC\$-Advantage®/VTL									
TransAccident®									
TransChoice® Plus									
TransConnect®									
TransDI® Plus									
TransLegacy <sup>SM</sup>									
TransSmile®									
Trans\$ure <sup>SM</sup>									
TransUL <sup>SM</sup> Plus									
<u></u>	I FREQUENCY (		TOT	AL MONTHLY PRE	MIUMS				
	LY (W)-(52 Chec LY (BW)-(26 Che	-	TOTA	AL PAYROLL DEDU	JCTION				
	THLY (SM)-(24 C	•	DATE	E DEDUCTIONS TO	BEGIN		1		
	ILY (M)-(12 Ched		5,111	2 22 20 110110 10	BLOM				
	the a character data								
	Is this an existing policy with a change?  ☐ No ☐ Yes If yes, Policy #: Current Deduction Amount: \$								
Upon acceptances by the Insabove and to remit such deduce a policy or policies issued of thereafter until the earlier of (Deduction Plan.	surer(s) of covera actions each mor in my life, or on	ge(s) applied for I hath to the Administra	nereby authorize my ative Office of the Ins dents. This authoriz	Employer to deduct surer(s) indicated be zation begins on the	from my earr low toward the e date shown	nings the amou e payment of p above. It sh	oremiums or nall continue		
Anr	olicant Signature				)ate				
I do not wish to participate an			FFER REFUSAL for such insurance m			'.			
Арр	olicant Signature A completed co	py of this must be p	provided to the Home		Date Applicant.				





