

Proposal for Group Employee Benefits

***Prepared By:
Boston Mutual Life Insurance Company***

This Proposal has been prepared for:

Warren County School District

On behalf of:

Davevic Benefit Consultants, Inc.

Date Prepared:

March 27, 2014

FRED GRAEF

Mid-Atlantic Regional Group Sales Office
Columbia Corporate Park IV
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SCHEDULE EXHIBIT PAGE FOR WARREN COUNTY SCHOOL DISTRICT

PLAN ID:

Voluntary Life - Issue Age Pricing Option

PROPOSED EFFECTIVE DATE:

September 1, 2014

BENEFITS:

Employee Life

\$10,000 to \$750,000*

Units of \$10,000 to a maximum of the lesser of 5 times salary or \$750,000*

** Maximum Life Amounts prior to application of age reductions*

EE Contribution

100%

GUARANTEED ISSUE AMOUNTS:

	Under Age 60	Ages 60-69	Ages 70 or Over
Employee	\$150,000	\$80,000	\$10,000

*Amount in excess of the Guaranteed Issue Amount are subject to Evidence of Insurability satisfactory to Boston Mutual.***INSURANCE REDUCTION:**

Employee Insurance is reduced to:

65% of original benefit amount at age 70;
50% of original benefit amount at age 75;
25% of original benefit amount at age 80.

*All insurance benefits terminate upon retirement.***Stated policy specifications will be made part of the application.**

COST EXHIBIT PAGE FOR WARREN COUNTY SCHOOL DISTRICT

PLAN ID:

Voluntary Life - Issue Age Pricing Option

PROPOSED EFFECTIVE DATE:

September 1, 2014

MONTHLY EMPLOYEE PREMIUM RATES PER \$1,000:

Age	Life	Total Life
less than 20	.06	.06
20-24	.06	.06
25-29	.06	.06
30-34	.06	.06
35-39	.11	.11
40-44	.16	.16
45-49	.27	.27
50-54	.46	.46
55-59	.76	.76
60-64	1.12	1.12
65-69	1.87	1.87
70-74	3.28	3.28
75+	5.43	5.43

- ◆ The above cost exhibit presents the Issue Age Pricing Option for our Voluntary Life product and does not impact the terms and conditions of this product.
- ◆ It is assumed that this Proposal has been prepared for a group which has been in business for at least 2 years, unless otherwise approved by Home Office Underwriting.
- ◆ Issue Age billing means that employees enroll and are billed based on their age bracket rates. Once enrolled the employees rates do not change during the rate guarantee period. After the initial rate guarantee period, the group is subject to an annual review and possible rate changes.
- ◆ To be considered for coverage, applicants must have a legal right to reside in the United States, must have a permanent United States residential address and must have a (SSN) Social Security Number or (ITIN) Individual Tax Identification Number.
- ◆ Rates are guaranteed for 2 years.
- ◆ The proposed rates are based upon the census data. Final rates will be based upon the actual enrollment census.
- ◆ This Proposal is valid until June 25, 2014.
- ◆ At least 20% of the eligible employees but not less than 10 must be enrolled. The policy will automatically terminate when participation falls below 10 lives. The minimum participation requirements stated are contingent upon implementation of basic coverages with Boston Mutual.
- ◆ Insurance applied for shall not take effect until the Application has been approved by Boston Mutual at its home office.
- ◆ Eligible Employees who are disabled on the date their insurance would otherwise become effective shall become insured on the date they return to Active Work.
- ◆ This proposal is intended to explain certain portions of the coverage. It does not constitute the policy. Any discrepancies between this proposal and the policy will be resolved by the wording contained in the policy. State variations to plan design and /or benefit maximums, exclusions and limitations may apply.
- ◆ Earnings means your gross income from your employer in effect just prior to your date of disability. It includes your total income before taxes and any deductions for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account.
Life Insurance and AD&D: It does not include income received from commissions, bonuses, overtime pay, or any other extra compensation or income received from sources other than your employer.
- ◆ Limited open enrollment may be available subject to Boston Mutual Home Office Underwriting approval prior to the effective date of the group.

Stated policy specifications will be made part of the application.

GROUP TERM LIFE INSURANCE BENEFIT SUMMARY

Death Benefit

The amount of life insurance for which an employee is insured will be paid to the beneficiary in the event of the employee's death from any cause at any time or place. An employee may name any beneficiary desired, other than the employer, and may change this designation at any time.

Accelerated Death Benefit

An insured employee with a life expectancy of twelve months or less, and who qualifies for the Accelerated Death Benefit may elect to receive a portion of the death benefit while still living. This benefit is payable only once during the insured's lifetime and will result in the proportionate reduction of the Life Insurance. The remaining Life Insurance will be payable to the beneficiary upon the insured's death.

Not available in all states.

Conversion Privilege

The employee has 31 days to convert any or all of his life insurance, which has terminated for any reason other than the employee did not pay the required premium. The employee may convert his/her Life Insurance to an individual whole life policy without evidence of insurability, subject to the policy provisions. The premium rate for the converted policy is based on the insured's age at the time of conversion. Waiver of premium is not available on a converted policy. Spouse and dependent coverage, if in force, may also be converted in accordance with policy provisions governing conversion.

Layoffs, Leave of Absence

The Group Policy permits continuance of insurance on employees who are temporarily laid off or granted a leave of absence.

Portability

If the employee terminates employment, the insured employee may continue the employee and dependent Group Life Insurance. The employee pays the premium on the ported coverages directly to Boston Mutual. To be eligible for Portability the employee must be under age 65 on the day employment ends; and the employee's coverage not continued under the Waiver of Premium; and the employee's Group Life Insurance coverage not converted. The Insured Dependent's Life Insurance may not be continued if the Employee's Group Life Insurance is not continued; or if the Insured Dependent is age 65 or greater. Waiver of Premium and Accidental Death and Dismemberment are not available on the ported policy. The ported coverage terminates at age 70. At which time the insured is eligible to convert under the Conversion Provision of the policy.

Total Disability Waiver Premium (if elected)

If an employee is totally disabled prior to age 60 and otherwise qualified, premiums will be waived for the employee, spouse and dependent children. Should death occur during total disability, the amount of Life Insurance will be paid to the designated beneficiary.

Actively At Work

Eligible Employees who are disabled on the date their insurance would otherwise become effective shall become insured on the date they return to Active Work.

Eligibility

All employees working at least 30 hours a week, *or the minimum hours specified in the group application*, are eligible for insurance on the effective date of the plan provided they are actively at work on that date. New employees are eligible on the date specified in the group application.

Spouse of an insured employee, under the age of 70 and unmarried children age 14 days to 19 years, 25 if full-time student, or handicapped children over the age of 19 are also eligible for insurance.

Dependents may not be insured if they are confined in a medical facility.

A spouse or child who is an Employee cannot be insured as a Dependent. If both spouses are Employees then their children will be insured as Dependents of only one spouse.

Guaranteed Issue

Guarantee Issue coverage will become effective on the later of, the effective date of the group policy or the date the application is received by Boston Mutual provided the application is received within 31 days of first becoming eligible. Evidence of Insurability satisfactory to Boston Mutual is required for amounts in excess of the Guaranteed Issue amounts and for applications received after 31 days of first becoming eligible. Coverage in excess of the Guaranteed Issue amount will become effective on the date the evidence of insurability is approved by Boston Mutual.

GROUP TERM LIFE INSURANCE BENEFIT SUMMARY

Reduction Provisions

The Employee's, Spouse's and Dependent's Life and AD&D Insurance may be subject to reductions in amounts of insurance as stated in the Schedule of Benefits. Reductions become effective on the employee's birthday unless noted otherwise on the group application.

Please refer to the Schedule of Benefits for possible reductions in amounts of insurance for Spouses and Dependents.

Employee Termination

Employee Insurance will terminate on the first of the following dates: *termination of the Group Policy; if the employee pays all or part of the premium for his or her coverage, the date the employee fails to make a required premium contribution on or before the end of the grace period; termination of employment; the date the employee is no longer in an eligible class under the group policy.*

Spouse/Dependent Termination

The insurance for dependents will terminate on the earliest of the following dates: *date the insured employee's insurance ends; the date the insured employee's employment ends; the date the person ceases to be a dependent as defined in the group policy; the date the coverage or the group policy is terminated.*

Evidence of Insurability

Evidence of Insurability satisfactory to the Company will be required if: (1) The amount of insurance requested exceeds the Guarantee Issue Amount. (2) Any Enrollment or increase is requested more than 31 days after the individual was first eligible.

Bereavement Counseling

Our counseling partner, Health Management Systems of America - a nationally recognized leader in the field of Mental and Behavioral Health Care services, provides this service to all beneficiaries who experience the loss of a loved one. HMSA offers access to a toll-free counseling service supported by professional counselors experienced with the human emotions associated with the death of a loved one.

This proposal

This proposal constitutes Boston Mutual's entire offer of insurance. It is based upon the employee census and other information provided to Boston Mutual. If the enrollment census or any other information provided to Boston Mutual differs from the information upon which the proposal was based, the Company reserves the right to modify or withdraw this offer. Changes to the terms of this proposal may only be made by Boston Mutual and must be communicated in writing.

This summary is intended to provide a brief description of important features of Boston Mutual's group plan. This summary does not constitute the policy and may not contain all the policy limitations and exclusions. Any discrepancies between this proposal and the policy will be resolved by the wording contained in the policy. State variations to plan design, benefit maximums, and other policy provisions may apply. A sample copy of the policy may be obtained from the Group Sales Representative.

The insurance described in this proposal shall not take effect until Boston Mutual, at its Home Office and prior to the requested effective date, has received the application, enrollment forms, one month's premium and has approved the application for insurance.

Boston Mutual reserves the right to withdraw or revise the terms of this proposal following our review of these materials.



March 28, 2014

WARREN COUNTY SCHOOL DISTRICT
C/O MR. JAMES GROSCH
PERSONAL AND CONFIDENTIAL
589 HOSPITAL DRIVE SUITE A
WARREN PA 16365

Re: Renewal Notification for Group Policy 26540

We have completed our annual renewal of the above captioned group policy insured through Boston Mutual Life Insurance Company. Accordingly, our underwriters have reviewed the group's performance to assess the adequacy of the rates being charged. We are pleased to report that the following rates will remain unchanged for the next policy year:

SCHEDULE OF PREMIUM RATES

Coverage	Age Bracket	Current Rate	Renewal Rate	Guarantee (# of months)
AD&D		.020	No Change	12
ADD2		.020	No Change	12
LIF2		.125	No Change	12
LIFE		.125	No Change	12

These rates are to be effective: 11/01/2014

This notification serves as formal documentation and should be attached to your group policy.

We would like to remind you, as the Group Policyholder, that it is your responsibility to maintain current eligibility for all qualified insureds under this program. Any discrepancy in the eligibility can delay or void a claim submission. Please review your group's eligibility for updated status relative to salaries, class designations, dependent spouse and child ages, new hires, retirements, terminations, etc. Please report any updates directly to Boston Mutual Life promptly. Any premium adjustments will be reflected on the Premium Notice prepared after receipt of the changes. Should you have any questions concerning the eligibility for your group, please feel free to call our Group Billing Department at 800-669-2668, ext. 700.

We sincerely appreciate the continuing opportunity to serve you and your employees. Boston Mutual Life Insurance Company has enjoyed our working relationship with your organization and look forward to serving your insurance needs for many years to come.

If you should have any questions or require additional information, please do not hesitate to contact us at (800) 669-2668 ext. 700 or via email at employeebenefits@bostonmutual.com.

Sincerely,
Employee Benefits Sales Support



March 28, 2014

DAVEVIC BENEFIT CONSULTANTS INC.
P.O. BOX 976
902 SOUTH CENTER STREET
GROVE CITY PA 16127

Re: Renewal Notification for Group Policy Number: 26540
Group Policyholder: WARREN COUNTY SCHOOL DISTRICT

We have completed our annual renewal of the above captioned group policy insured through Boston Mutual Life Insurance Company. Accordingly, our underwriters have reviewed the group's performance to assess the adequacy of the rates being charged. We are pleased to report that the following rates will remain unchanged for the next policy year:

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LIFE		.125	No Change	12

These rates are to be effective: 11/01/2014

The above captioned policyholder will be notified of the renewal under separate cover.

This notification serves as formal documentation.

We would like to remind you that it is the policyholder's responsibility to maintain current eligibility for all qualified insureds under this program. Any discrepancy in the eligibility can delay or void a claim submission. The group should review their eligibility for updated status relative to salaries, class designations, dependent spouse and child ages, new hires, retirements, terminations, etc. Any updates should be reported directly to Boston Mutual Life promptly. Any premium adjustments will be reflected on the Premium Notice prepared after receipt of the changes. Should there be any questions concerning the eligibility for this group, please feel free to call our Group Billing Department at 800-669-2668, ext. 700.

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If you should have any questions or require additional information, please do not hesitate to contact us at (800) 669-2668 ext. 700 or via email at employeebenefits@bostonmutual.com.

Sincerely,

Employee Benefits Sales Support