PROPOSAL FOR

County of Titus	
RATES SHOWN ARE VALID FROM: September 1, 2013 - September 15, 2013	Guardian Group Benefits
Presented by: Capps Insurance	Innovative
Sales Representative: David Willey Telephone: (214) 414-2259	sync Solutions
SIC Code: 9111 State & Zip: TX 75455	
Created: September 26, 2013	

PLAN DESIGN

We offer comprehensive benefits plans that can be customized to the needs of employers. To help you evaluate the plans, we have provided detailed benefits summaries within this package.

RATES

Rates and premiums presented are based on the employee data submitted in your request for a proposal. Final rates and premiums are based on the plans selected and the information provided on the enrollment forms.

BROAD RANGE OF PRODUCTS

We offer a variety of flexible, cost-effective employee benefits plans that can help employers meet the needs of employees and their families, and manage costs at the same time. Our benefits plans include Dental, Disability, Life, Vision, Critical Illness, and many more.

WHY GUARDIAN?

- · Enrollment Support Dedicated professionals help ensure smooth plan implementation
- · Multi-Product Discounts Combine plans to meet customer needs and save money
- · Convenient Access to Service One phone number and one secure website
- · Streamlined Billing All plans billed on one invoice
- Experience & Expertise Over 50 years group benefits experience with exemplary ratings



		RATES	ber \$1,000							
		Pla	n #1							
Census	Life Rate	AD&D Rate	Volum	ne	Monthly Premium		Annual Premium			
148	\$0.260	\$0.025	\$6,217,5	500	\$1,764.99		\$21,179.88			
Dependent Life	Units	Units Monthly Premium		Annı	al Premium	Total Annual Prem				
\$1.680	16	\$2	6.88		\$322.56	\$21,502.44				
Rate Guarantee	1 Year									
Minimum Participation		ns assume a minimum / plans assume a minin				ees.				
Evidence of Insurability		riting may be required t age 70 and over are lin								
Guarantee Issue	\$50,000									
		BEN	EFITS							
		Retirees				Active				
Census		28	120							
Employee Benefit		\$10,000		\$50,000						
Employee AD&D	100% of Life	100% of Life Benefit to a maximum of \$10,000				o a ma	aximum of \$50,000			
Spouse Benefit		\$5,000				5,000				
Child Benefit		\$2,500				2,500				
Infant Benefit		\$500				500				
Dependent Age Limits	14 Days to 26 ye	ears (26 if full time stud Birth to 14 days	ent). Infant age:	14 Days	to 26 years (26 if Birth to		ne student). Infant age ays			
Accelerated Life		N/A				50% of the death benefit, Minimum: \$10,000, Maximum: \$250,000				
Waiver of Premium	If disabled, insu	If disabled, insurance will continue until age 65 or no longer disabled.			If disabled, insurance will continue until age 65 o longer disabled.					
Conversion		Included			Included					
Benefit Reduction (of original amount)		AgeReduction7050%7575%8085%			Age 70 75 80	5 7	uction 0% 5% 5%			

PLAN HIGHLIGHTS

We provide companies with plans and options that give employees and their families the right level of protection at the right price - protection that will help care for their families in the most difficult of circumstances.

IMPORTANT NOTES

Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements may apply.

- Life rate is only valid if sold with another Guardian coverage.
- Waiver of Premium: Insured must be totally disabled prior to age 60.
- Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.

Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.

RATES per \$1,000									
		Pla	n #2						
Census	Life Rate	AD&D Rate	Volum	ne	Monthly Premium Ann		Annual Premium		
120	\$0.200	\$0.025	\$\$,937,500 \$1,335		\$1,335.94		\$16,031.28		
Dependent Life	Units	Monthly	Premium	m Annual Premium Total Annu		Annual Premium Total Annu			
\$1.680	16	\$2	6.88		\$322.56 \$16,353		\$16,353.84		
Rate Guarantee	1 Year								
Minimum Participatio		ans assume a minimum y plans assume a minim				es.			
Evidence of Insurabil	dence of Insurability Medical Underwriting may be required for amounts in excess of Guaranteed issue amount. Future entrants age 70 and over are limited to \$10,000 of life insurance without evidence of insurability.								
Guarantee issue	\$50,000								
		BEN	EFITS						
Employee Benefit	\$50,000	<i>۲</i>							
Employee AD&D	100% of Life Be	enefit to a maximum of \$	50,000						
Spouse Benefit	\$5,000								
Child Benefit	\$2,500								
Infant Benefit	\$500								
Dependent Age Limit	s 14 Days to 26 y	ears (26 if full time stude	ent). Infant age:	Birth to	14 days				
Accelerated Life	50% of the dea	th benefit, Minimum: \$10),000, Maximum	n: \$250,0	00				
Waiver of Premium	Vaiver of Premium If disabled, insurance will continue until age 65 or no longer disabled.								
Conversion	Included								
Benefit Reduction (of original amount)	Age Reduct 70 50% 75 75% 80 85%								

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		RA	TES	oer \$1,000					
				in #3					
Census	Life Rate	AD&D F	₹ate	Volum	ne Monthly Premium		Annual Premium		
148	\$0.270	\$0.02	5	\$5,581,2	\$1,639.47			\$19,673.64	
Dependent Life	Units	1	Monthly	Premium	Annual Premium Total A		tal Annual Premiu		
\$1.680	16		\$2	6.88		\$322.56		\$19,996.20	
Rate Guarantee	2 Years								
Minimum Participation Contributory plans assume a minimum of 75% participation of eligible employees. Non-contributory plans assume a minimum of 100% participation of eligible employees.									
Evidence of Insurabil						Guaranteed issue a surance without evic			
Guarantee Issue	\$50,000								
			REN	EFITS					
							•	-	
<u></u>		Active		Retirees					
Census	4000/ 4	120 28							
Employee Benefit	100% of sa	lary to a maxim minimum of		0,000 with a	\$10,000				
Employee AD&D	100% of Li	fe Benefit to a r	naximum	of \$50,000	10	0% of Life Benefit to	o a ma	aximum of \$10,000	
Spouse Benefit		\$5,000				\$5	,000		
Child Benefit		\$2,500	כ			\$2	,500		
Infant Benefit		\$500				\$	500		
Dependent Age Limits	s 14 Days to 26 y	14 Days to 26 years (26 if full time student). Infa Birth to 14 days			14 Day	s to 26 years (26 if Birth to		ne student). Infant ag ays	
Accelerated Life	50% of the	50% of the death benefit, Minimum: \$10,000, Maximum: \$250,000			N/A				
Waiver of Premium	If disabled, ins	surance will con longer disa		il age 65 or no	o If disabled, insurance will continue until age 6 longer disabled.				
Portability	Include	Included with Evidence of Insurability				Included with Evic	lence	of Insurability	
Conversion		Included				Incl	uded		
Benefit Reduction (of original amount)		Age Re 70 75 80	duction 50% 75% 85%			Age 70 75 80	5 7	uction 0% 5% 5%	

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- Life rate is only valid if sold with another Guardian coverage.
- · Waiver of Premium: Insured must be totally disabled prior to age 60.
- Portability ceases on attainment of age 70.
- Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.

Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.



RATES per \$1,000										
Plan #4										
Census	Life Rate	Life Rate AD&D Rate Volume Monthly Premium Ar								
120	\$0.200	\$0.025	\$0.025 \$5,301,250		\$1,192.78		\$14,313.36			
Dependent Life	Units	Monthly Premium			nnual Premium		tal Annual Premium			
\$1.680	16	\$2	6.88		\$322.56		\$14,635.92			
Rate Guarantee	2 Years									
Minimum Participatio		ans assume a minimum y plans assume a minir				ees.				
Evidence of Insurabil	ity Medical Underv Future entrants	Medical Underwriting may be required for amounts in excess of Guaranteed issue amount. Future entrants age 70 and over are limited to \$10,000 of life insurance without evidence of insurability.								
Guarantee Issue	\$50,000									
	BENEFITS									
Employee Benefit	100% of salary	to a maximum of \$50,0	00 with a minim	um of \$5	00					
Employee AD&D	100% of Life Be	enefit to a maximum of S	\$50,000							
Spouse Benefit	\$5,000									
Child Benefit	\$2,500									
Infant Benefit	\$500									
Dependent Age Limit	s 14 Days to 26 y	ears (26 if full time stud	lent). Infant age	: Birth to	14 days					
Accelerated Life	50% of the dea	th benefit, Minimum: \$1	0,000, Maximur	n: \$250,0	00					
Waiver of Premium	Waiver of Premium If disabled, insurance will continue until age 65 or no longer disabled.									
Portability	Included with E	Included with Evidence of Insurability								
Conversion	Included									
Benefit Reduction (of original amount)	Age Reduct 70 50% 75 75% 80 85%									

PLAN HIGHLIGHTS

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IMPORTANT NOTES

Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements may apply.

- Life rate is only valid if sold with another Guardian coverage.
- · Waiver of Premium: Insured must be totally disabled prior to age 60.
- · Portability ceases on attainment of age 70.
- Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.

Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

Life Plan

- In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.
- Employees must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after the completion
 of the specific waiting period GP-1-A-GP-90-1, et al.
- · Evidence of Insurability is required for all late enrollees. Benefit increases may require underwriting.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS (continued)

Accidental Death and Dismemberment Plan

- We pay no Accidental Death and Dismemberment benefits for an insured where death or dismemberment occurs as the result of a disease or a bodily infirmity; through willful self-injury; by declared or undeclared war, act of war, armed aggression, or while a member of armed forces; while driving motor vehicle without a current, valid driver's license; while legally intoxicated; while participating in civil disorder or committing a felony; traveling on any type of aircraft while having any duties on that aircraft; while voluntarily using a non prescription controlled substance GP-1-R-ADCL1-00 et al.
- Guardian Basic Term Life Insurance is underwritten by The Guardian Life Insurance Company of America, New York, NY and will not be
 effective until approved by a Guardian underwriter. This proposal is subject to satisfactory financial evaluation. Please refer to certificate of
 coverage for full plan description; plan documents are the final arbiter of coverage.

Voluntary Term Life

RATES per \$1,000												
Age	<30	30-34	35-39	40-44	45-49		50-54	55-59	60-64		65-69	70-74
Rates	\$0.079	\$0.088	\$0.127	\$0.216	\$0.337		\$0.511	\$0.820	\$1.370		\$2.214	\$3.607
Census		Child		Emplo	yee AD&I	D	S	pouse AD8	0&D Child Al			AD&D
120		\$0.140)	Ş	60.030			\$0.030	030 \$0.030			.030
Rate Guarantee	2 Years											
Minimum Participat	lion	Voluntary, Gr	eater of 25%	or 10 enro	lled employ	ees.						
Underwritir Requiremer		Employee <65	Spouse	<65	Child		iployee i5<70	Spous 65<70		Empl 70	loyee)+	Spouse 70+
Guarantee Iss	sue	\$150,000	\$50,00	0 \$	10,000	\$!	50,000	\$10,00	0	\$10,	,000	\$0
				BE	NEFITS							
Employee Benefit												
Employee AD&D			100% of Life benefit to \$150,000									
Dependent AD&D		100% of Life I	Benefit									
Spouse Benefit		\$5,000 to \$75	,000 in \$5,00	00 increme	nts, not to e	xcee	d 50% of	Employee's	amount			
Child Benefit		\$1,000 to \$10	,000 in \$1,00	00 increme	nts, not to e	xcee	d 10% of	Employee's	amount			
Infant Benefit		\$500										
Dependent Age Lim	nits	14 days to 2	5 years (26 i	f full time sl	udent). Infa	ant A	ge: Birth t	o 14 days. S	Spouse	termir	nates at 7	<i>'</i> 0.
Accelerated Life		50% of the de	ath benefit, l	Minimum: \$	10,000, Ma	iximu	m: \$ 250,0	000				
Waiver of Premium		If disabled, ins	surance will o	continue un	til age 65 o	r no l	onger dis	abled				
Portability		Included, with Evidence of Insurability										
Conversion		Included										
Seatbelt/Airbag		Employee: \$1	0,000/\$15,00	00, Depend	ent: \$5,000	/\$7,5	00					
Benefit Reduction (original amount)	Benefit Reduction (of Age Reduction											

PLAN HIGHLIGHTS

Will Prep Services:

 Provides resources to prepare wills and other planning documents. Will Prep Services include: free Estate Planning documents, access to Estate Planners and Resource Library. For a small fee, Attorney Assisted Will Preparation is also available.

IMPORTANT NOTES

Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements may apply.

- · Life rate is only valid if sold with another Guardian coverage.
- · Waiver: must be disabled prior to age 60. Total Disability is required.
- · Portability ceases on attainment of age 70.
- Spouse rate is based on employee's age bracket. Child rate is a per \$1,000 for all children. Dependent life insurance will not take effect if a
 dependent, other than a newborn, is confined to a hospital or other health care facility or is unable to perform the normal activities of someone
 of like age and sex.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

Life Plan

- In order to be eligible for coverage: Employees must be legally working (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.
- We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law. GP-1-A-GP-90-1-et al.
- Employees must be working full-time on the effective date of your coverage; otherwise, coverage becomes effective after the completion of the specific waiting period.
- Evidence of Insurability is required for all late enrollees. Benefit increases may require underwriting.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS (continued)

Accidental Death and Dismemberment Plan

- We pay no Accidental Death and Dismemberment benefits for an insured where death or dismemberment occurs as the result of a disease or a bodily infirmity; through willful self-injury; by declared or undeclared war, act of war, armed aggression, or while a member of armed forces; while driving motor vehicle without a current, valid driver's license; while legally intoxicated; while participating in civil disorder or committing a felony; traveling on any type of aircraft while having any duties on that aircraft; while voluntarily using a non-prescription controlled substance GP-1-R-ADCL1-00 et al.
- Guardian Voluntary Term Life Insurance is underwritten by The Guardian Life Insurance Company of America, New York, NY and will not be
 effective until approved by a Guardian underwriter. This proposal is subject to satisfactory financial evaluation. Please refer to certificate of
 coverage for full plan description; plan documents are the final arbiter of coverage.