Voluntary Group Administration Manual

We want you to have all of the answers to your questions at your fingertips on how to administer your Voluntary Group Insurance plan with USAble Life.

USAble Life

How To Contact Us

Customer Service Department

Enrollment and Coverage questions
Billing questions
Supplies

ATTN: Customer Service Department
USAble Life
PO Box 1650
Little Rock, AR 72203-1650
(800) 370-5856
custserv@usablelife.com

Claims Department

Filing claims
Claims questions

ATTN: Claims Department
USAble Life
PO Box 1650
Little Rock, AR 72203-1650
(800) 648-0271
custserv@usablelife.com

Home Office

USAble Life
PO Box 1650
Little Rock, Arkansas 72203-1650
(501) 375-7200 • (800) 648-0271

- Please include **Company Name** and **Group Number** on all correspondence for proper identification.
- Keep a copy of all correspondence for your files. We suggest that you keep a file on each employee.
- Administration and claim forms are available through our website at www.usablelife.com.

This manual is subject to change without notice. You may go to www.usablelife.com under the Employer section to download the latest revision. Please note the revision date on the back page.

TABLE OF CONTENTS

About This Manual

This manual has been prepared for group administrators to help you understand and administer your Voluntary Group Insurance plan(s) with USAble Life. *This guide has been designed for your assistance and in no way changes the provisions in your specific Group Policy.*

The Voluntary Group Insurance plans included in the manual are:

- Voluntary Group Term Life (VGTL)
- Voluntary Accidental Death & Dismemberment (VAD&D)
- Voluntary Income Protection (VIP-short term disability)
- Voluntary Long Term Disability (VLTD)

This manual contains valuable information and answers to many of your "How to..." questions such as: adding and/or deleting employees, changing employees' coverage, filing claims, and billing concerns.

We may not cover all possible situations and unusual circumstances in this manual that might occur while administering your employees' insurance needs. Some situations may require the personal attention of your USAble Life Representative or Customer Service.

A review of the Group Policy, with particular attention to the Schedule of Benefits and Definitions, will help answer many frequently asked questions (FAQ's) about your plan.

Most forms referred to in these instructions are available by selecting Download Forms on www.usablelife.com. No login or password is required to access forms.

Your group policy number can be found on the front of your USAble Life contract(s). Including this number on all correspondence will allow us to serve you more quickly and efficiently.

Your Group Policy governs all rights and benefits of your group insurance plan.

For You, the Group Policyholder

You, as the employer, in the role of the Group Policyholder and Administrator for your employees' USAble Life benefits, have the following responsibilities:

1. **Secure and submit to USAble Life** – applications from all new employees as they become eligible for coverage.

2. **Distribute to enrolled employees** – certificates provided by USAble Life.

3. **Assist insureds** – how to file claims.

4. **Advise insureds** – about conversion rights.

5. **Process billing statements** – and send the premium payments to USAble Life.

6. **Report all changes to USAble Life**:

   - Name changes;
   - Beneficiary changes;
   - Coverage changes;
   - Dependent status changes; and
   - Termination of coverage, date and reason.

For complete procedures, please refer to other sections of this manual.

Enrollment

NEW EMPLOYEES

Eligibility

Before enrolling new employees, you must determine the eligibility of the employee for each coverage. Refer to the Schedule of Insurance or the Eligibility section of the Group Policy.

Waiting Period

The waiting period was chosen on your Group Insurance Application and is the period of time, which must be satisfied following an employee's date of hire when he becomes eligible to apply for coverage.

Eligibility Date

Generally, eligibility begins on the day the waiting period is satisfied. To determine the waiting period refer to the Schedule of Insurance and any Amendments in your Group Policy.

Within 31 days after becoming eligible, employees must apply for coverage by completing a Voluntary Products Enrollment Form (VPB2-APP). All information is necessary for proper underwriting approval. Employees, who do not apply within 31 days of becoming eligible, must wait until an approved enrollment period to apply.

Important Note: The person to be insured must SIGN and DATE the application and send the completed application to USAble Life **IMMEDIATELY**.

Premium Deductions

Since your employees contribute to the cost of their insurance, start deductions one month before an employee is to become effective, providing he has signed an Enrollment Form. This will enable you to have sufficient premium for the employee's coverage on the premium due date coincident with his/her effective date. You should follow this procedure unless you have chosen deductions in the month the premiums are due (current month deductions). Deductions cease upon termination of employment, with subsequent removal of the employee's name from the payroll.

Coverage Letter and Certificate

As employees are added for coverage, we will forward you coverage approval letters. Therefore, do not make any payroll deductions for any benefit that requires Evidence of Insurability, until you are notified of the underwriting decision.

A copy of the employee's application will be included with the approval letter. You should put the copy of the employee's application with a Certificate of Coverage and distribute to the employee. You will be provided with a supply of Certificates for your employees. Refer to Page 21 for instructions on ordering additional certificates.

Effective Date of Employee's Insurance

Voluntary group coverage is *contributory*. This means your employees contribute toward the cost of their insurance. Insurance will become effective as follows:

1. When an employee enrolls within 31 days after becoming eligible, the insurance will become effective on his/her eligibility date.

2. If an employee does not enroll within the 31 days after becoming eligible, then satisfactory Evidence of Insurability is required (EOI).

   The insurance for employees and dependents, if included, will become effective the first or the 15th of the month following approval by USAble Life's Underwriting Department. It is important that the application and the evidence of insurability form be forwarded together to USAble Life. Once a decision is made, you will be advised in writing.

3. If application is made by an employee whose insurance had terminated because of failure to make the required contribution or because he previously terminated his/her insurance while in an eligible class, the insurance will become effective in accordance with paragraph 2. above.

Delayed Effective Date

If, due to illness or injury, the employee is not at work on the date which his/her insurance or an increase in benefits would otherwise become effective, his/her insurance (and that of his/her dependents, if any) will not become effective until the date the employee returns to work full-time and for full pay.

Denied Coverage

If an applicant is denied coverage, you will receive a letter from our Underwriting Department advising you of their decision.

SCHEDULED ENROLLMENT PERIODS

How This Applies To New Enrollees

If you (the employer) have chosen to have new employees' initial enrollment period to coincide with the next scheduled enrollment period, the new employees may enroll only during the Annual Enrollment approved by USAble Life. Refer to the procedures for NEW EMPLOYEES beginning on Page 3.

How This Applies To Late Enrollees

The employee is considered a late enrollee if he signs an enrollment form more than 31 days after becoming eligible. An Evidence of insurability form is generally required (see below) for all late entrants. The employee should fill out the Voluntary Products Enrollment Form (VPB2-APP) and, if required, Evidence of insurability (EOI) and submit both forms to USAble Life. Coverage is not effective until approved by USAble Life and an effective date is assigned.

In some cases an employee may enroll for coverage for the first time as a late enrollee during the scheduled enrollment period approved by USAble Life. Please see Page 8 for Annual Enrollment Guidelines for guidance to enrolling employees during an annual enrollment. Evidence of insurability may not be required.

For your Voluntary Group Term Life and Voluntary Disability coverages: Late enrollees are permitted to enroll for coverage only during your annual enrollment period, defined as the 60 days before to the 30 days after your Group Policy Anniversary. USAble Life must approve any exceptions to this enrollment period.

How This Applies To Plan Changes

Changes to the information provided on an employee's enrollment form must be reported to USAble Life as soon as possible. Change of name, benefit level, adding life coverage for dependents or beneficiary changes must be reported.

If an employee wishes to increase the amount of his/her insurance, he must complete Enrollment Form (VPB2-APP) and Evidence of Insurability will be required (EOI). Coverage is not effective until approved by USAble Life and an effective date assigned.

In some cases an employee may increase coverage during the scheduled enrollment period approved by USAble Life. Evidence of insurability may not be required. The employee should fill out the Voluntary Products Enrollment Form (VPB2-APP) and, if required, Evidence of insurability (EOI) and submit both forms to USAble Life.

Again, your assistance in obtaining a complete and accurate form will enable USAble Life to process the request quickly. Forms not fully completed may be returned to you and may delay the effective date of insurance.

GUARANTEE ISSUE AND EVIDENCE OF INSURABILITY

Guarantee Issue

Please see Page 8, for Annual Enrollment Guidelines.

- The Guarantee Issue amount is the maximum benefit USAble Life will underwrite without requiring evidence of insurability.
- Evidence of insurability is required whenever an employee requests a benefit amount, which exceeds the Guarantee issue or any benefit increase.
- An Evidence of Insurability form must be submitted and the benefit amount will be approved through written notification.
- Do not report such amounts or an increase on a billing statement until written notice of approval is received.

When Evidence of Insurability is Required

Evidence of insurability is generally required in the following instances:

- If the amount of life coverage or disability coverage applied for by the employee is greater than your plan's Guaranteed Issue (GI).
- If in the case of a dependent, the dependent life plan chosen is greater than your plans' GI.
- If an employee requests to increase his/her Voluntary Group Term Life, unless the increase is permitted under the Annual Enrollment Guidelines.
- If an employee requests to change the Voluntary Disability plan(s) in which he/she is enrolled.
- If the employee or dependent is a late enrollee, meaning coverage was not requested during the employee's initial enrollment period, or if adding dependent coverage, the coverage was not requested within 31 days of acquiring the dependent.
- If the employee requests a life conversion policy after termination of insurance and does not terminate that coverage upon becoming insured again as an active employee.

For your Voluntary Group Term Life and Voluntary Disability coverages: Late enrollees are permitted to enroll for coverage only during your annual enrollment period, defined as the 60 days before to the 30 days after your group policy anniversary. USAble Life must approve any exceptions to this enrollment period.

When Evidence of Insurability is required, the employee's insurance will be effective the first of the month following USAble Life's approval.

Please refer to the Annual Enrollment Guidelines on Page 8 for guidance to enrolling employees during an annual enrollment.

How to Submit Evidence of Insurability
Evidence of Insurability (EOI) can be approved only by USAble Life's Home Office. When Evidence is required, EOI must be completed by the employee and submitted to USAble Life with the employee's completed Voluntary Products Enrollment Form. This form may be downloaded from www.usablelife.com.

Forms that are not fully completed may be returned and possibly delay the effective date of insurance.

IMPORTANT NOTICES

- When EOI is required, the employee and dependent effective date of coverage, if approved, will be the first of the month following approval. Therefore, do not make any payroll deductions for any benefit amounts that require EOI until you are notified of the underwriting decision.
- If your plan has a waiting period of 180 days or greater, please delay the completion and submission of the Enrollment Form and EOI until 90 days prior to the completion of the waiting period. This will prevent medical information on the form from becoming stale dated as of the effective date.

Annual Enrollment Guidelines

	VIP	VLTD	VGTL
New Groups	All eligible participants for new groups may be guaranteed issued (GI) up to the amount for which they qualify during the initial enrollment. The initial enrollment must be completed within 30 days following the issue date of the group policy.		
New Hires	Applying within their eligibility period (31 days following their waiting period) may be guaranteed issued up to the GI amount, if any, for which they qualify.		
Late Entrants	May have GI, if any, up to the amount for which they qualify, ONLY IF they apply during the annual enrollment period, as defined below.	May NOT have GI. The employee may apply and is subject to approval by USAble Life with EOI.	May have GI, if any, up to the amount for which they qualify, ONLY IF they apply during the annual enrollment period, as defined below AND IF their date of hire is less than 12 months from the date of their application.
Lapse in Coverage	The employee may re-apply subject to the conditions for Late Entrants.		
Current Participants	May have GI, if any, up to the amount for which they qualify, ONLY IF they apply during the annual enrollment period, as defined below.	May have GI, if any, on an increase in coverage of one unit ($100) total, may not exceed the amount for which they qualify and ONLY IF they apply during the annual enrollment period.	May have GI, if any, on an increase in coverage of $10,000 total may not exceed the amount of GI for which they qualify, and ONLY IF they apply during the annual enrollment period.
Annual Enrolment	Defined as the 60 days before to the 30 days after the group policy anniversary. USAble Life must approve any exceptions.		

If GI doesn't apply, issuance of coverage will be subject to USAble Life's approval of EOI.

BENEFICIARY DESIGNATIONS

For VGTL and VAD&D, it is important that beneficiary designations be acceptable and expressed accurately on the application in order to avoid problems in the event of a death claim. The employee should not scratch out, put a line through or white out any wording in the beneficiary designation area on the application. If this happens, a new application should be completed.

It is not necessary for the employee to designate a beneficiary for dependent life coverage, as the employee is automatically considered the beneficiary.

The relationship of the beneficiary to the insured must also be specified (if no relationship exists, specify "friend"). Please refer to the examples shown below for examples of standard beneficiary designations.

Examples of standard beneficiary designations are:

- One beneficiary - Jones, Nancy M. - wife;
- Two beneficiaries - Jones, John L. and Mary H. - father and mother, equally or to the survivor;
- Three or more beneficiaries - Jones, George H., Richard E., and Helen M. - children, equally or to the survivors;
- Contingent beneficiaries: If living - Jones, Nancy M. - wife; otherwise - Jones, Richard E. and Helen M. - children, equally, or to the survivor;
- Estate of John A. Jones.

ASSIGNMENT OF BENEFITS

The right to designate a beneficiary may be assigned to a party other than the insured employee. Questions regarding assignment and requests for an assignment document should be directed to Customer Service. If an assignment is executed, the assignment document should be submitted at the time the claim form and death certificate are returned to our offices.

REINSTATEMENTS/REHIRES

The voluntary group contracts do not offer the employee a reinstatement period. All employees wishing to reinstate coverage due to a return of full-time employment will be treated as new employees, and new Group Enrollment Forms must be completed. Mark the enrollment form *Former Employee* in the top margin.

If the employee terminates employment and then comes back in the same plan year requesting coverage as a new employee, he may apply for coverage under the same plan in which he/she was previously enrolled.

Changes

IMPORTANT NOTE: Contract changes, beneficiary changes, withdrawal from coverage, or any coverage changes cannot be submitted via telephone, as written notification is required.

CONTRACT CHANGES

If any change to the contract(s) is requested, USAble life must receive a written request from an authorized representative of the employer stating the change desired and the effective date. The request must be submitted on company letterhead. If necessary, the policy and/or certificates may be reissued.

EMPLOYER ADDRESS OR CONTACT PERSON CHANGES

If your legal and/or billing address or the administrative contact person changes, please contact USAble Life so records can be updated to reflect the change.

EMPLOYEE NAME CHANGES

It is very important that we be advised of any change in the employee's name. Having the current employee's name on our records can assist us in providing our policyholders with prompt service in the event of a claim or policy change request.

If the name of an insured employee is changed by marriage or by court order, the "Change" block should be checked on the Application (VPB2-APP), the group number and social security number must be completed, the "old" name and new changed name indicated under Employee's Name, and the application should be signed by the employee.

LIFE BENEFICIARY CHANGES

If an employee desires to change his/her beneficiary, the "Check if Change Only" block should be checked on Section III of the Application (VPB2-APP), the group number, employee's name, social security number, and the new beneficiary information should be completed. The change form must be signed and dated by the employee. Refer to Page 9 for sample beneficiary designations.

Send or fax a copy to USAble Life, keep the original form for your records and return a copy to the employee to be kept with his/her certificate.

ADDING LIFE OR AD&D COVERAGE FOR DEPENDENTS

If adding spouse and/or children coverage, have the employee:

1. The "Add New" block in Section II should be checked and complete the "Total Amount of Coverage" on Section II of the Application (VPB2-APP).
2. Check the "Yes" box under the appropriate benefit.
3. If adding Life, Evidence of Insurability (EOI), must be completed and submitted to USAble Life for approval.
4. Sign and date both the Application and the Evidence of Insurability forms.

You should also be notified when an employee no longer has eligible dependents and change your records by having the employee complete this same card advising either date of divorce, or spouse's death, or date child reaches maximum age for coverage.

CHANGE OR DELETING COVERAGE

If changing or deleting employee, spouse and/or children coverage, have the employee:

1. The Delete, Increase Existing, or Decrease Existing block in Section II should be checked and complete the Total Amount of Coverage on Section II of the Application (VPB2-APP).
2. Check the "Yes" box under the appropriate benefit.
3. If increasing coverage, Evidence of Insurability (EOI) will usually be required and must be completed and submitted to USAble Life for approval. Please refer to the Annual Enrollment Guidelines on Page 8 for possible exceptions.
4. Sign and date both the Application and the Evidence of Insurability forms.

PREMIUM CHANGES

Changes in amount of premium charged may occur in the following instances:

1. An employee attains an age that qualifies him/her to be in the next higher age bracket of the age-rated premium chart. The effective date of the rate increase will be the next anniversary date corresponding with or next following the attainment of the age. The month before the change is effective we will send you a roster listing each employee whose premium is changing with both the old and new changed premiums.
2. There is a benefit increase or decrease for the employee and/or dependents.
3. The premium rates are changed for your plan.

CONVERSION OF VOLUNTARY GROUP TERM LIFE

When an employee terminates employment or otherwise becomes ineligible for your group's life insurance program with USAble Life, he may convert his/her life insurance benefits to an individual policy. (However, if termination is due to disability he may be eligible for extended insurance benefits, please refer to How To File An Extended Insurance Benefits Claim).

It is your responsibility as the Employer to provide written notification to the Employee of his/her right to convert. A "Notice of Conversion Privilege for Group Life insurance" (CR-NOTICE) has been developed for your use in complying with this requirement. This form should be mailed to the employee's last known address at the time of termination.

Conversion will be to a life policy subject to the terms of your group's master policy conversion privileges described in your contract. This conversion policy will be issued without medical examination. The premium rate for the individual life policy will be based on the employee's nearest birthday age. Rates may be obtained by contacting USAble Life Customer Service.

USAble Life must receive a written Request for Conversion and the first full premium payment within 31 days of termination of employment or ineligibility.
Employees may convert all or a part of their group life insurance coverage as limited by the master policy. The new policy will become effective on the first day following the expiration of the 31 day conversion period.

It is important that employees read their Certificates of Insurance and understand the Conversion Provisions, as we are unable to make any exceptions for applications received after the expiration dates listed in your Group Policy.

CONTINUATION OF COVERAGE (PORTABILITY) OF VGTL

If your Group Policy contains the provision for, Continuation of Insurance Coverage, (portability) an employee terminating employment may continue coverage up to the amount of VGTL in effect at the time of termination. If an employee continues coverage, the employee's spouse may also continue coverage. Children may not continue coverage under the "portability" provision but may be eligible to convert coverage to a Whole Life policy.

The insured employee may continue his/her and his/her spouse's voluntary group life insurance if he meets the following requirements on the date his/her employment terminates:

1. he has been covered under this certificate for a minimum of 12 months;
2. he is not disabled; and
3. he is either:
    a. not retired and is under age 70; or
    b. retired and under age 65.

VGTL for the spouse may not be continued if the insured employee's VGTL is not continued. Dependent children are not eligible for the portability provision; however, the dependent children's coverage may be converted under the Conversion Privilege provisions of the Group Policy and Certificate.

Application

Within 31 days of the date of termination, the ***employer*** and the ***employee*** should complete an Application for Continuation of Voluntary Group Life (GTC-VGL-APP) and send it to USAble Life. ***The first premium must accompany the application***.

Premium

Premiums will be billed directly to the employee and may be billed annually, semi-annually or quarterly. Monthly billing and bank withdrawal are not available.

TERMINATIONS

Refer to the section in the contracts titled Terminations or Individual Terminations for the conditions and date an employee's coverage terminates. Also, refer to the section(s) in the contract(s) titled Continuation of Insurance, Conversion Privilege or Portability Privilege.

Claims

LIFE INSURANCE BENEFITS CLAIMS PROCEDURES

The forms described below are available on: www.usablelife.com.

Death of an Insured Employee

Employer - Complete the Employer's Statement on the front of the PROOF OF DEATH Claim Form (CL-PD). Attach the Authorization to Obtain Information, Beneficiary's Statement a certified copy of the death certificate.

Death of an Insured Dependent

Employer - Complete the Employer's Statement on the front of the PROOF OF DEATH Claim Form (CL-PD).

Insured Employee - Complete the Employee's Statement on the reverse side of the PROOF OF DEATH Claim Form (CL-PD) and attach a certified copy of the death certificate.

Extended Insurance (Waiver of Premium)

The group policy contains waiver of premium benefits, which means that we will continue an insured employee's life insurance in force, without premium payment, while he remains totally disabled.

Total disability must begin before age 60 and proof of total disability must be given within the time period specified in your policy.

Insured Employee and Attending Physician - Complete the APPLICATION FOR EXTENDED INSURANCE BENEFITS (WAIVER OF PREMIUM) (CL-WAIVER) and return it to our office within the allotted time period.

Employees becoming disabled after age 60 should refer to the Conversion Privilege provisions of their Certificate of Insurance.

Note: If your group life contract has a standard waiver of premium provision and it should terminate for any reason, employees who have been approved for waiver of premium benefits should be notified of their right to convert their coverage. Please note that this conversion privilege will depend upon how long the group contract had been in force. Please check your contract or call our Customer Service Department for assistance.

Accidental Death Benefits

Employer - If the death of the employee was due to an accident, follow the above instructions for Death of an Insured Employee. In addition, complete the STATEMENT OF CLAIM – GROUP ACCIDENT INSURANCE (CL-VADD). A copy of the report made by the investigating authorities is required.

Accidental Dismemberment Benefits

Employer - Complete the STATEMENT OF CLAIM – GROUP ACCIDENT INSURANCE (CL-VADD).

Accelerated Death Benefit

Employer - Complete the ACCELERATED DEATH BENEFITS – STATEMENT OF CLAIM (CL-ADB).

Assignment of Benefits

The right to designate a beneficiary may have been assigned to a party other than the insured employee. If an assignment has been executed, the assignment document must be submitted at the time the claim form and death certificate are sent to our offices.

Note: Failure to complete ALL sections of claim forms and/or submit other required documents may prevent a claim from being processed in a timely manner.
Mail forms to:

ATTN: Claims Department
USAble Life
PO Box 1650
Little Rock, AR 72203-1650

SHORT TERM DISABILITY CLAIMS PROCEDURES

The forms described below are available on www.usablelife.com.

Completing the Claim Form

Please see instruction numbers 1, 2 and 3 on the front of the claim form.
Insured Employee - Complete the Employee's Statement and the Authorization to Obtain Information sections of the claim form only. The authorization to release medical information should be signed prior to giving the claim form to the physician.

Employer - Complete the Employer's Statement section of the claim form. If the employee is still disabled at the time the claim is filed, the Date Returned To Work block should be left blank.

Attending Physician - Complete and sign the Attending Physician's Statement portion of the form.

NOTE: Failure to complete ALL sections of the claim form may prevent a claim from being processed in a timely manner.
Mail forms to:

ATTN: Claims Department
USAble Life
PO Box 1650
Little Rock, AR 72203-1650

Claim Payments

Disability claim payments are computer generated each Friday and mailed each Monday (unless Monday is a holiday) for the total period of disability due, if the employee has returned to work, or in weekly increments for continuing disabilities. Checks are mailed to the employer for delivery to the employee, unless you requested otherwise.

Payment Process

Benefits will begin on the day specified in the policy (e.g. benefits begin on the 8th day for sickness, 8th day for accident, 8th day for hospital). Once a claim is established, and as long as disability is medically supported and certified by the physician, continuing payments are made up to the maximum duration as defined in the Schedule of Benefits of the Group Policy.

When claims are paid to the maximum duration, the insured employee will be notified by mail at the time of the final benefit check. A copy of the correspondence will be provided to you.

Disability payments are based on a weekly benefit amount. If disability is for a portion of a week, the benefit will be prorated based on 7 days in a week.

Medical Records

Medical records may be required if a claim is received during the first 2 years of coverage or of an increase in coverage. These records are requested through a medical records retrieval firm and are usually received within 4 to 6 weeks. This is a routine procedure and the records are obtained at no cost to the employee or you.

Medical Updates

For continuing disabilities, an UPDATE FORM - SHORT TERM DISABILITY (CL-STD-SP) is usually required every four weeks. These forms do not require an Employer's Statement and are mailed directly to the employee's home address. The statement must be returned within 10 working days in order to avoid interruption of benefit payments.

When the Employee Returns to Work

When a claim for continuing disability is approved, often benefits are set in advance to release future benefit weeks. It is very important that you notify us promptly when the employee returns to work, The return to work date should be reported by telephone, faxed notice or by mail. Prompt notice may avoid overpayment of benefits.

LONG TERM DISABILITY CLAIMS PROCEDURES

Employer - Complete the Employer's Report of Claims on the claim form (CL-LTD); attach a completed Job Description (LTD-CLM-JD) and a copy of the employee's original application.

Please make sure that you have included all information requested regarding basic monthly earnings and other sources of income for which the employee may be eligible. If your company provides a pension program, please enclose copies of the eligibility information from the plan document.

Insured Employee – Complete the Employee's Disability Benefits Application for Benefits Form (CL-LTD) and sign/date the Employee's Authorization for Release of Information (CL-LTD). The employee should have his/her personal physician complete the Attending Physician's Statement on the form (CL-LTD).

NOTE:Failure to complete ALL sections of the claim form and job description may prevent a claim from being processed in a timely manner.

Mail forms to:

ATTN: Claims Department
USAble Life
PO Box 1650
Little Rock, AR 72203-1650

Claims Payment

Long Term Disability (LTD) benefits begin after the completion of the Elimination Period specified in your Master Policy. Similar to payroll, LTD benefit checks are issued monthly at the end of each month. LTD benefit payments are mailed directly to the employee at his/her home address.

Medical Updates

Insured Employee and Attending Physician – For continuing disabilities, a Long Term Disability Update Form (CL-LTD-SP) is required from time to time to verify continuing disability as well as to monitor recovery and progress. These forms do NOT require an Employer's Statement and are mailed directly to the employee's home address. The statement must be returned within 30 days to avoid interruption of benefit payments.

When the Employee Returns to work

Employer – Notify USAble Life's Claims Department as soon as possible when an employee who has been on LTD benefits returns to work in order to avoid overpayment of benefits, which must be repaid.

The employee will be notified of approval status by mail at his/her home address following review by our Claim Department. If approved, the employee's name will continue to appear on the monthly premium statement, but no amount of premium will be shown opposite his/her name.

Premium Statements

BILLING STATEMENT PROVIDED BY USABLE LIFE (LIST BILL)

Under this billing method, we send you automated billing statements based on your group's eligibility information, maintained by USAble Life. When you report current-month or prior-month (retroactive) eligibility adjustments to us, the appropriate premium adjustments will appear on your next list bill or if because of an increase in coverage, in the month coverage is effective.

List bill statements are issued automatically on a given date every month. If needed, list bills are available for each of your organizations, locations or departments.

Procedure for Premium Submission With a List Bill

1. Review the statement for accuracy.
2. Make sure all persons listed on the bill are active employees and eligible to participate in this program.
3. If an application or change does not reach USAble Life in time for the employee to appear on the bill, which corresponds to the employee's effective date, the employee will be placed on the first possible bill following receipt of the application. In this case, USAble Life will bill arrears for any previous month(s) of coverage. If you find an employee listed on a bill more than one time, this indicates that the premium for his/her coverage is being billed in arrears. Each time he/she is listed, indicates a previous one-month period for which he was insured, but not billed. Arrears charges must be paid. However, if you disagree with these charges, please contact USAble Life Customer Service Department immediately.
4. Draw a line through the amount of premium shown and mark the date of termination opposite the person's name for employees who terminate coverage. (If termination is due to death, refer to the Claims Procedures on Page 14.) Below the line on your premium billing, which states the total amount due, subtract the amounts billed for any person who has terminated coverage. Subtract only amounts billed if the employee terminated prior to the premium due date noted on the top right section of the billing statement.

Changes in Amount of Premium Charged

Changes in premium on your bill may occur in the following instances:

1. An employee attains an age that qualifies him/her to be in the next higher age bracket of the age-rated premium chart. The effective date of the rate increase will be the next anniversary date corresponding with or the next following the attainment of the age. Approximately 120 days before the change is effective, we will send you a listing of each employee whose premium is changing with both the old and new changed premiums.
2. There is a benefit increase or decrease for the employee and/or dependents.
3. The premium rates are changed for your plan.

Terminations

Insurance automatically terminates upon cessation of active work, except in the case of leave of absence, layoff, disability, retirement, etc., where contractually applicable. The actual date on which employment terminates is the date to be recorded in your records. Premiums for insurance terminated within a policy month cease on the last day of the policy month in which the insurance terminates.

Should an employee become Totally Disabled prior to age 60, he/she may be eligible for waiver of his/her life insurance premiums. Refer to the section entitled How To File An Extended Insurance Benefits Claim (Waiver of Premium) for complete details. It is important to remember that premiums should be continued until approval for waiver has been received from the Home Office. Employees approved for waiver of premium should be reflected as terminated on the back of the premium report with waiver of premium noted by the name.

Mail a copy of the bill, along with a check, to:
ATTN: Premium Accounting
USAble Life
PO Box 1861
Little Rock, Arkansas 72203 - 1861

IMPORTANT NOTE: The timely payment of your bill will enable us to include all changes on your next premium statement. We need to receive your remittance within 10 days of the due date.

If there is a credit or shortage on your bill that you disagree with or do not understand, please contact our Customer Service Department.

EBILLING SOLUTIONS (ONLINE BILLING)

Accessing Your Statements

Each month, you will be notified by E-mail when your statement is available online. After receiving your notification, go to the USAble Life website, www.usablelife.com, and click on eBilling Solutions. There you will be able to view, make changes and authorize payment of your bills. A comprehensive online manual is available, as well as an eBilling Solutions demonstration.

Benefits of eBilling Solutions:

You will be able to:

- access your bill online sooner than waiting for "old-fashioned" mail;
- add coverage for new employees;
- add additional insurance products for current participants;
- change coverage or premium or terminate coverage;
- sort your bill by employees' last names, Social Security Number or Department;
- condense or expand your bill, based on the level of detail you wish to view;
- stop working on your bill at any time and come back later to continue;
- make payments through the convenience of Electronic Funds Transfer or send payment through regular mail;
- make changes between bills so your next bill is accurate and up-to-date (some coverages and changes may be subject to approval by USAble Life before becoming effective); and
- view historical statements.

SUPPLIES

Initial Supplies

When your group is first effective, we will mail or deliver a supply of Certificates of Insurance to be distributed to each employee insured on the effective date and extra Certificates for future hires.

Additional Certificates

To order additional Certificates, complete a Supply Request or call our Customer Service Department.

How to Order Supplies

Email custserv@usablelife.com, write to or call, 1-800-370-5856, the Customer Service Department at the Home Office in Little Rock, AR, to order supplies, such as claim forms and enrollment cards. Be sure to include your group number, group name, form name and number, and the quantity needed. Enrollment and claim forms may be downloaded and printed from www.usablelife.com.

Please call USAble Life's Customer Service Department at 1-800-370-5856 if you have any questions.

VAM (8-06)