



SUPPLEMENTAL BENEFITS PRESENTATION

MAY 28th, 2021

Prepared for
**Claysburg-Kimmel
School District**

Allstate Accident

The plans you have the options to enroll in are:

- 1. Low Plan
- 2. High Plan

Open-Enrollment:
May 28th- June 25th

Eligibility:
All active full-time employees working **20 hours** per week are eligible to enroll. Under the plan, you may cover your spouse and/or children. Children are only eligible to be covered until age 26 no matter their residence, marital status or full-time student status.

For any new hires, the benefits will begin on the 1st day of the month following Hire

Your Cost:
Employees costs are listed below:

| Allstate Accident Employee Cost (Bi-Weekly) | | |
|---|----------|-----------|
| | Low Plan | High Plan |
| Employee Only | \$7.28 | \$13.12 |
| Employee & Child(ren) | \$15.46 | \$28.10 |
| Employee & Spouse | \$12.60 | \$22.66 |
| Employee & Family | \$20.30 | \$36.22 |

Benefit Outline:
The chart on the next page outlines the coverage of the Allstate Accident Insurance.

Group Voluntary Accident (GVAP6)

24-Hour Accident Insurance from Allstate Benefits

BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted here or in the brochure

| BASE POLICY BENEFIT | | PLAN 1 | PLAN 2 |
|---|--------------------|-----------|-----------|
| Initial Hospital Confinement (pays once/year) | | \$1,000 | \$2,000 |
| Daily Hospital Confinement (pays daily) | | \$200 | \$400 |
| Intensive Care (pays daily) | | \$400 | \$800 |
| RIDER BENEFITS | | PLAN 1 | PLAN 2 |
| Accident Treatment & Urgent Care Rider | | | |
| Ambulance | Ground | \$200 | \$400 |
| | Air | \$600 | \$1,200 |
| Accident Physician's Treatment | | \$100 | \$200 |
| X-ray | | \$200 | \$400 |
| Urgent Care | | \$100 | \$200 |
| Dislocation/Fracture Rider ¹ | | \$4,000 | \$8,000 |
| Emergency Room Services Rider | | \$200 | \$400 |
| Outpatient Physician's Benefit Rider (OPT) (pays daily) | | \$50.00 | \$50.00 |
| Accidental Death ² , Dismemberment ¹ and Functional Loss ³ Rider | | \$40,000 | \$80,000 |
| Common Carrier (fare-paying passenger) | | \$100,000 | \$200,000 |
| BENEFIT ENHANCEMENT RIDER | | PLAN 1 | PLAN 2 |
| Accident Follow-Up Treatment (pays daily) | | \$100 | \$200 |
| Lacerations | | \$100 | \$200 |
| Burns | < 15% body surface | \$200 | \$400 |
| | 15% or more | \$1,000 | \$2,000 |
| Skin Graft (% of Burns Benefit) | | 50% | 50% |
| Brain Injury Diagnosis | | \$600 | \$1,200 |
| Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/year) | | \$100 | \$200 |
| Paralysis (pays once) | Paraplegia | \$15,000 | \$30,000 |
| | Quadriplegia | \$30,000 | \$60,000 |
| Coma with Respiratory Assistance | | \$20,000 | \$40,000 |
| Open Abdominal or Thoracic Surgery | | \$2,000 | \$4,000 |
| Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery | Surgery | \$1,000 | \$2,000 |
| | Exploratory | \$300 | \$600 |
| Ruptured Spinal Disc Surgery | | \$1,000 | \$2,000 |
| Eye Surgery | | \$200 | \$400 |
| General Anesthesia | | \$200 | \$400 |
| Blood and Plasma | | \$600 | \$1,200 |
| Appliance | | \$250.00 | \$500.00 |
| Medical Supplies | | \$10.00 | \$20.00 |
| Medicine | | \$10.00 | \$20.00 |
| Prosthesis | 1 device | \$1,000 | \$2,000 |
| | 2 or more devices | \$2,000 | \$4,000 |
| Physical, Occupational or Speech Therapy (pays daily) | | \$60 | \$120 |
| Rehabilitation Unit (pays daily) | | \$200 | \$400 |
| Non-Local Transportation | | \$500 | \$1,000 |
| Family Member Lodging (pays daily) | | \$200 | \$400 |
| Post-Accident Transportation (pays once/year) | | \$400 | \$800 |
| Broken Tooth | | \$200 | \$400 |
| Residence/Vehicle Modification | | \$1,000 | \$2,000 |
| Pain Management (Epidural Injection) | | \$100 | \$200 |
| Miscellaneous Outpatient Surgery | | \$200 | \$400 |

¹Each benefit pays the amount shown. ²Up to amount shown; see Injury Benefit Schedule on reverse.

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

| COMPLETE DISLOCATION | PLAN 1 | PLAN 2 |
|---|----------|----------|
| Hip joint | \$4,000 | \$8,000 |
| Knee or ankle joint [^] , bone or bones of the foot [^] | \$1,600 | \$3,200 |
| Wrist joint [·] | \$1,400 | \$2,800 |
| Elbow joint | \$1,200 | \$2,400 |
| Shoulder joint | \$800 | \$1,600 |
| Bone or bones of the hand [^] , collarbone | \$600 | \$1,200 |
| Two or more fingers or toes | \$280 | \$560 |
| One finger or toe | \$120 | \$240 |
| COMPLETE, SIMPLE OR CLOSED FRACTURE | PLAN 1 | PLAN 2 |
| Hip, thigh (femur), pelvis ^{**} | \$4,000 | \$8,000 |
| Skull ^{**} | \$3,800 | \$7,600 |
| Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula) | \$2,200 | \$4,400 |
| Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle) | \$1,600 | \$3,200 |
| Foot ^{**} , hand or wrist ^{**} | \$1,400 | \$2,800 |
| Lower jaw ^{**} | \$800 | \$1,600 |
| Two or more ribs, fingers or toes, bones of face or nose | \$600 | \$1,200 |
| One rib, finger or toe, coccyx | \$280 | \$560 |
| LOSS | PLAN 1 | PLAN 2 |
| Life, hearing, speech, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg | \$40,000 | \$80,000 |
| One eye, hand, arm, foot, or leg | \$40,000 | \$80,000 |
| One or more entire toes or fingers | \$4,000 | \$8,000 |

[^]Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). ^{**}Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

PLAN 1 PREMIUMS

| MODE | EE | EE + SP | EE + CH | F |
|--------------|---------|---------|---------|---------|
| Weekly | \$3.64 | \$6.30 | \$7.73 | \$10.15 |
| Bi-Weekly | \$7.28 | \$12.60 | \$15.46 | \$20.30 |
| Semi-Monthly | \$7.89 | \$13.64 | \$16.75 | \$21.99 |
| Monthly | \$15.77 | \$27.27 | \$33.50 | \$43.98 |

PLAN 2 PREMIUMS

| MODE | EE | EE + SP | EE + CH | F |
|--------------|---------|---------|---------|---------|
| Weekly | \$6.56 | \$11.33 | \$14.05 | \$18.11 |
| Bi-Weekly | \$13.12 | \$22.66 | \$28.10 | \$36.22 |
| Semi-Monthly | \$14.21 | \$24.55 | \$30.43 | \$39.24 |
| Monthly | \$28.41 | \$49.09 | \$60.86 | \$78.48 |

Issue ages: 18 and over if actively at work

Allstate Critical Illness

The plans you have the options to enroll in are:

- 1. Plan 1
- 2. Plan 2

Open-Enrollment:
May 28th- June 25th

Eligibility:
All active full-time employees working **20 hours** per week are eligible to enroll. Under the plan, you may cover your spouse and/or children. Children are only eligible to be covered until age 26 no matter their residence, marital status or full-time student status.

For any new hires, the benefits will begin on the 1st day of the month following **Date of Hire**.

Your Cost:
Employees costs are listed below. If you are looking to add your spouse or have full family coverage or are a tobacco user, the costs will increase.

| Allstate Critical Illness Employee Cost (Bi-Weekly) | | |
|---|-------------------|-------------------|
| Age: | Plan 1 (\$10,000) | Plan 2 (\$20,000) |
| 18-29 | \$2.44 | \$4.20 |
| 30-39 | \$4.72 | \$8.54 |
| 40-49 | \$9.10 | \$16.92 |
| 50-59 | \$15.90 | \$30.02 |
| 60-64 | \$21.80 | \$41.46 |
| 65+ | \$34.72 | \$66.82 |

*Please note these rates are for a non-tobacco user and are only the employee rates. If you would like to see what the rates for family coverage or for a tobacco user would be, please view them on the next page.

Critical Illness Insurance (GVCIP4)

from Allstate Benefits

BENEFIT AMOUNTS

Percentages below are based on the Basic Benefit Amount chosen by your employer.

†Covered dependents receive 50% of your benefit amount.

| INITIAL CRITICAL ILLNESS BENEFITS† | PLAN 1 | PLAN 2 |
|--|----------|----------|
| Heart Attack (100%) | \$10,000 | \$20,000 |
| Stroke (100%) | \$10,000 | \$20,000 |
| End Stage Renal Failure (100%) | \$10,000 | \$20,000 |
| Major Organ Transplant (100%) | \$10,000 | \$20,000 |
| Coronary Artery Bypass Surgery (25%) | \$2,500 | \$5,000 |
| Waiver of Premium (employee only) | Yes | Yes |
| CANCER CRITICAL ILLNESS BENEFITS† | PLAN 1 | PLAN 2 |
| Invasive Cancer (100%) | \$10,000 | \$20,000 |
| Carcinoma In Situ (25%) | \$2,500 | \$5,000 |
| REOCCURRENCE OF CRITICAL ILLNESS BENEFITS† | PLAN 1 | PLAN 2 |
| Initial Critical Illness | | |
| (same amount as Initial Critical Illness Benefit) | Yes | Yes |
| Cancer Critical Illness | | |
| (same amount as Cancer Critical Illness Benefit) | Yes | Yes |
| RIDER BENEFITS | PLAN 1 | PLAN 2 |
| Skin Cancer Rider | \$250 | \$250 |
| Cardiopulmonary Enhancement Rider† | | |
| Sudden Cardiac Arrest (25%) | \$2,500 | \$5,000 |
| Pulmonary Embolism (25%) | \$2,500 | \$5,000 |
| Pulmonary Fibrosis (25%) | \$2,500 | \$5,000 |
| Second Evaluation, Transportation and Lodging Rider | | |
| Second Evaluation | \$1,000 | \$1,000 |
| Non-Local Transportation ¹ | | |
| Air Fare | \$500 | \$500 |
| (per trip or mile ³) | | |
| Personal Vehicle | \$0.50 | \$0.50 |
| Outpatient Lodging ² (daily) | \$100 | \$100 |
| Family Member Lodging ² (daily) | \$100 | \$100 |
| and Transportation ¹ (per trip or mile ³) | | |
| Air Fare | \$500 | \$500 |
| Personal Vehicle | \$0.50 | \$0.50 |
| Specified Chronic Illness Rider† (50%) | \$5,000 | \$10,000 |
| Specified Chronic Illness or Injury Rider† | | |
| Illness (50%) | \$5,000 | \$10,000 |
| Injury (100%) | \$10,000 | \$20,000 |
| Supplemental Critical Illness Rider† | | |
| Advanced Alzheimer's Disease (100%) | \$10,000 | \$20,000 |
| Advanced Parkinson's Disease (100%) | \$10,000 | \$20,000 |
| Benign Brain Tumor (100%) | \$10,000 | \$20,000 |
| Coma (100%) | \$10,000 | \$20,000 |
| Complete Loss of Hearing (100%) | \$10,000 | \$20,000 |
| Complete Loss of Sight (100%) | \$10,000 | \$20,000 |
| Complete Loss of Speech (100%) | \$10,000 | \$20,000 |
| Paralysis (100%) | \$10,000 | \$20,000 |
| Fixed Wellness Rider (per year) | \$50 | \$50 |

¹Limit of \$5,000 in a calendar year. ²Limit of \$1,000 in a calendar year. ³Maximum of 1,000 miles.

Offered to the employees of:
R & B Insurance Clients

ISSUE AGE PREMIUMS

PLAN 1 - BI-WEEKLY PREMIUMS

| AGE | EE+CH | F | EE+CH | F |
|-------|-------------|---------|---------|---------|
| | Non-Tobacco | | Tobacco | |
| 18-29 | \$2.44 | \$4.02 | \$3.12 | \$5.04 |
| 30-39 | \$4.72 | \$7.54 | \$6.48 | \$10.18 |
| 40-49 | \$9.10 | \$14.30 | \$13.48 | \$20.84 |
| 50-59 | \$15.90 | \$24.74 | \$24.06 | \$37.00 |
| 60-64 | \$21.80 | \$33.76 | \$32.94 | \$50.48 |
| 65+ | \$34.72 | \$53.38 | \$51.88 | \$79.10 |

PLAN 2 - BI-WEEKLY PREMIUMS

| AGE | EE+CH | F | EE+CH | F |
|-------|-------------|----------|----------|----------|
| | Non-Tobacco | | Tobacco | |
| 18-29 | \$4.20 | \$6.62 | \$5.56 | \$8.68 |
| 30-39 | \$8.54 | \$13.26 | \$12.06 | \$18.52 |
| 40-49 | \$16.92 | \$26.02 | \$25.66 | \$39.12 |
| 50-59 | \$30.02 | \$45.92 | \$46.36 | \$70.42 |
| 60-64 | \$41.46 | \$63.24 | \$63.76 | \$96.70 |
| 65+ | \$66.82 | \$101.52 | \$101.12 | \$152.98 |

EE + CH = Employee + Child(ren); F = Family
See additional premiums on reverse

**Specified Chronic Illness Rider/
Specified Chronic Illness or Injury
Rider - Adrenal Hypofunction**
(Addison's Disease); Lou Gehrig's
Disease (ALS); Arthritis; Huntington's
Chorea; Multiple Sclerosis; Muscular
Dystrophy; Osteomyelitis; Osteoporosis.

Fixed Wellness Rider - Biopsy for
skin cancer; Blood tests for tri-
glycerides, CA15-3 (breast cancer),
CA125 (ovarian cancer), CEA (colon
cancer), PSA (prostate cancer); Bone
Marrow Testing; Sampling of blood or
tissue for genetic testing for cancer
risk; Chest X-ray; Colonoscopy; Dop-
pler screening for carotids or peripheral
vascular disease; Echocardiogram; EKG;
Flexible sigmoidoscopy; Hemocult
stool analysis; HPV (Human Papillo-
mavirus) Vaccination; Lipid panel (total
cholesterol count); Mammography, in-
cluding Breast Ultrasound; Pap Smear,
including ThinPrep Pap Test; Serum
Protein Electrophoresis (test for my-
eloma); Stress test on bike or treadmill;
Thermography; Ultrasound screening
for abdominal aortic aneurysms.

FOR HOME OFFICE USE ONLY - GVCIP4

Opt 1 - No Pre-Ex; 1.0U Base; CCILB; RCIB; RCCIB; SCI W/O; SCR; CER; SCIR90; SCIR365; 2U FWR; 2ndETL
Opt 2 - No Pre-Ex; 2.0U Base; CCILB; RCIB; RCCIB; SCI W/O; SCR; CER; SCIR90; SCIR365; 2U FWR; 2ndETL
ABQ V 06.01.2020 Proposal Creation Date: 6/24/2020



For use in enrollments situated in: PA. This rate insert is part of the approved brochure for R & B Insurance Clients. It is not to be used on its own.

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Allstate Whole Life

Open-Enrollment:
May 28th-June 25th

Eligibility:
All active full-time employees working **20 hours** per week are eligible to enroll.
For any new hires, the benefits will begin on the 1st day of the month following **Date of Hire**.
Guarantee Issue Coverage for you and your Spouse.
Up to \$70,000 GI for Employee and \$20,000 for Spouses

Your Cost:
Employees costs examples are listed below.

| Allstate Whole Life Employee Cost Examples(Bi-Weekly) | | |
|---|----------|----------|
| Age: | \$10,000 | \$50,000 |
| 25 | \$2.72 | \$13.58 |
| 35 | \$4.54 | \$22.66 |
| 45 | \$7.42 | \$37.06 |
| 55 | \$14.14 | \$70.64 |

Benefit Outline:
The chart below outlines the coverage of the Allstate Whole Life Insurance.

Allstate Benefits Group Whole Life Insurance (GWL) for Employee/Member with rider (when available for the issue age):

Accelerated Death Benefit for Terminal Illness or Condition

| NON-TOBACCO PREMIUM RATES AND VALUES (These are CGI quotes, unless otherwise noted) | | | | | | | | | | | | | | | |
|---|------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|-------------|
| Face Amount | \$10,000 | | \$20,000 | | \$30,000 | | \$40,000 | | \$50,000 | | \$60,000 | | \$70,000 | | Face Amount |
| Issue Age | Biweekly Premium | CV @ age 65 or 10 years¹ | Biweekly Premium | CV @ age 65 or 10 years¹ | Biweekly Premium | CV @ age 65 or 10 years¹ | Biweekly Premium | CV @ age 65 or 10 years¹ | Biweekly Premium | CV @ age 65 or 10 years¹ | Biweekly Premium | CV @ age 65 or 10 years¹ | Biweekly Premium | CV @ age 65 or 10 years¹ | Issue Age |
| 18 | \$2.36 | \$3,517 | \$4.70 | \$7,034 | \$7.04 | \$10,551 | \$9.40 | \$14,068 | \$11.74 | \$17,585 | \$14.08 | \$21,102 | \$16.42 | \$24,619 | 18 |
| 19 | 2.16 | 3,498 | 4.32 | 6,997 | 6.46 | 10,495 | 8.62 | 13,993 | 10.78 | 17,492 | 12.94 | 20,990 | 15.08 | 24,488 | 19 |
| 20 | 2.22 | 3,479 | 4.44 | 6,957 | 6.66 | 10,436 | 8.86 | 13,914 | 11.08 | 17,393 | 13.30 | 20,872 | 15.52 | 24,350 | 20 |
| 21 | 2.30 | 3,458 | 4.60 | 6,916 | 6.88 | 10,374 | 9.18 | 13,832 | 11.46 | 17,290 | 13.76 | 20,748 | 16.06 | 24,206 | 21 |
| 22 | 2.40 | 3,436 | 4.78 | 6,873 | 7.16 | 10,309 | 9.54 | 13,745 | 11.92 | 17,182 | 14.32 | 20,618 | 16.70 | 24,054 | 22 |
| 23 | 2.50 | 3,413 | 4.96 | 6,827 | 7.46 | 10,240 | 9.94 | 13,653 | 12.42 | 17,067 | 14.90 | 20,480 | 17.38 | 23,893 | 23 |
| 24 | 2.60 | 3,389 | 5.20 | 6,778 | 7.80 | 10,168 | 10.40 | 13,557 | 13.00 | 16,946 | 15.58 | 20,335 | 18.18 | 23,724 | 24 |
| 25 | 2.72 | 3,364 | 5.44 | 6,727 | 8.16 | 10,091 | 10.86 | 13,455 | 13.58 | 16,819 | 16.30 | 20,182 | 19.02 | 23,546 | 25 |
| 26 | 2.84 | 3,337 | 5.68 | 6,674 | 8.52 | 10,011 | 11.36 | 13,348 | 14.20 | 16,685 | 17.04 | 20,021 | 19.88 | 23,358 | 26 |
| 27 | 2.98 | 3,308 | 5.94 | 6,617 | 8.92 | 9,925 | 11.88 | 13,234 | 14.86 | 16,542 | 17.82 | 19,850 | 20.80 | 23,159 | 27 |
| 28 | 3.10 | 3,278 | 6.20 | 6,557 | 9.28 | 9,835 | 12.38 | 13,114 | 15.46 | 16,392 | 18.56 | 19,670 | 21.66 | 22,949 | 28 |
| 29 | 3.24 | 3,247 | 6.48 | 6,494 | 9.72 | 9,741 | 12.94 | 12,988 | 16.18 | 16,235 | 19.42 | 19,481 | 22.66 | 22,728 | 29 |
| 30 | 3.40 | 3,214 | 6.78 | 6,427 | 10.18 | 9,641 | 13.56 | 12,855 | 16.96 | 16,069 | 20.34 | 19,282 | 23.72 | 22,496 | 30 |
| 31 | 3.56 | 3,179 | 7.10 | 6,357 | 10.66 | 9,536 | 14.20 | 12,715 | 17.76 | 15,894 | 21.30 | 19,072 | 24.86 | 22,251 | 31 |
| 32 | 3.74 | 3,142 | 7.46 | 6,284 | 11.20 | 9,426 | 14.92 | 12,568 | 18.64 | 15,710 | 22.36 | 18,851 | 26.10 | 21,993 | 32 |
| 33 | 3.94 | 3,103 | 7.86 | 6,207 | 11.80 | 9,310 | 15.74 | 12,414 | 19.66 | 15,517 | 23.60 | 18,620 | 27.52 | 21,724 | 33 |
| 34 | 4.24 | 3,063 | 8.46 | 6,126 | 12.70 | 9,189 | 16.94 | 12,252 | 21.16 | 15,316 | 25.40 | 18,379 | 29.62 | 21,442 | 34 |
| 35 | 4.54 | 3,021 | 9.06 | 6,042 | 13.60 | 9,064 | 18.14 | 12,085 | 22.66 | 15,106 | 27.20 | 18,127 | 31.72 | 21,148 | 35 |
| 36 | 4.70 | 2,978 | 9.38 | 5,955 | 14.08 | 8,933 | 18.76 | 11,910 | 23.44 | 14,888 | 28.14 | 17,866 | 32.82 | 20,843 | 36 |
| 37 | 4.84 | 2,932 | 9.70 | 5,864 | 14.54 | 8,797 | 19.38 | 11,729 | 24.22 | 14,661 | 29.06 | 17,593 | 33.90 | 20,525 | 37 |
| 38 | 5.12 | 2,885 | 10.22 | 5,769 | 15.32 | 8,654 | 20.42 | 11,539 | 25.52 | 14,424 | 30.64 | 17,308 | 35.74 | 20,193 | 38 |
| 39 | 5.38 | 2,835 | 10.72 | 5,670 | 16.10 | 8,505 | 21.46 | 11,340 | 26.82 | 14,175 | 32.18 | 17,010 | 37.54 | 19,845 | 39 |
| 40 | 5.64 | 2,782 | 11.26 | 5,565 | 16.90 | 8,347 | 22.54 | 11,130 | 28.16 | 13,912 | 33.80 | 16,694 | 39.42 | 19,477 | 40 |
| 41 | 5.94 | 2,727 | 11.86 | 5,454 | 17.80 | 8,180 | 23.72 | 10,907 | 29.64 | 13,634 | 35.56 | 16,361 | 41.50 | 19,088 | 41 |
| 42 | 6.28 | 2,668 | 12.58 | 5,336 | 18.86 | 8,004 | 25.12 | 10,672 | 31.42 | 13,340 | 37.70 | 16,007 | 43.98 | 18,675 | 42 |
| 43 | 6.66 | 2,605 | 13.32 | 5,211 | 19.98 | 7,816 | 26.64 | 10,422 | 33.30 | 13,027 | 39.96 | 15,632 | 46.62 | 18,238 | 43 |
| 44 | 7.06 | 2,539 | 14.10 | 5,078 | 21.16 | 7,617 | 28.20 | 10,156 | 35.26 | 12,695 | 42.30 | 15,233 | 49.36 | 17,772 | 44 |
| 45 | 7.42 | 2,468 | 14.84 | 4,936 | 22.24 | 7,405 | 29.66 | 9,873 | 37.06 | 12,341 | 44.48 | 14,809 | 51.88 | 17,277 | 45 |
| 46 | 7.86 | 2,393 | 15.74 | 4,786 | 23.60 | 7,179 | 31.46 | 9,572 | 39.32 | 11,966 | 47.18 | 14,359 | 55.04 | 16,752 | 46 |
| 47 | 8.38 | 2,313 | 16.72 | 4,626 | 25.10 | 6,940 | 33.46 | 9,253 | 41.82 | 11,566 | 50.18 | 13,879 | 58.54 | 16,192 | 47 |
| 48 | 8.90 | 2,228 | 17.80 | 4,456 | 26.70 | 6,685 | 35.60 | 8,913 | 44.50 | 11,141 | 53.40 | 13,369 | 62.30 | 15,597 | 48 |
| 49 | 9.46 | 2,138 | 18.92 | 4,276 | 28.38 | 6,414 | 37.84 | 8,552 | 47.30 | 10,690 | 56.76 | 12,827 | 66.22 | 14,965 | 49 |
| 50 | 10.06 | 2,042 | 20.10 | 4,084 | 30.14 | 6,125 | 40.20 | 8,167 | 50.24 | 10,209 | 60.28 | 12,251 | 70.34 | 14,293 | 50 |

This rate insert is for use with materials for accounts situated in Pennsylvania, and is not to be used on its own.

¹ CV @ age 65 or 10 years - Value shown is at attained age 65 or the end of year 10 if later, and assumes all premiums have been paid, no changes have been made to the certificate, and there is no certificate debt.

EXCLUSIONS AND LIMITATIONS: Suicide Exclusion - If a covered person commits suicide, the death benefit may be limited to the premiums paid for that covered person.

Other Exclusions and Limitations - The policy and riders (if included) have other elimination periods, exclusions and limitations that may affect coverage. Please refer to the certificate for details.

Rates shown are based on Tobacco/Non-tobacco, Issue Age Specific rating structure. BIWEEKLY means 26 times per year.

This information is valid as long as information remains current, but in no event later than 12/31/2022. Group Whole Life Insurance benefits are provided under form GWLC, or state variations thereof. Rider benefits are provided under the following forms, or state variations thereof: Accelerated Death Benefit for Terminal Illness or Condition (GWPTI) and Children's Term (GWPCT).



This is a brief overview of the benefits available under the group voluntary policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL).

Details of the insurance, including exclusions, restrictions, and other provisions are included in the certificates issued.

For additional information, you may contact your Allstate Benefits Representative.

The Children's Term (GWCCT)† rider may be added to the Employee/Member's certificate for an additional premium. The additional biweekly premium for \$10,000 is \$2.10.

Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2021 Allstate Insurance Company. www.allstate.com or allstatebenefits.com

HO Use Only: faee-20210510-0211-PA-TNITS-B_STD_FALSE-130-PA-10000-70000-10000-PA-E-26x-TLT-PWP-F-ACB-F-TYT-0-None-CT-T-ST-F

† Issue Ages 18-65 Only for Children's Term (GWCCT).

Ratecard generated May 10, 2021 - 10:08 AM by ABQuote 04.30.2021.

Allstate Benefits Group Whole Life Insurance (GWL) for Employee/Member with riders (when available for the issue age):

Accelerated Death Benefit for Terminal Illness or Condition

| NON-TOBACCO PREMIUM RATES AND VALUES (These are CGI quotes, unless otherwise noted) | | | | | | | | | | | | | | | |
|---|------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|-------------|
| Face Amount | \$10,000 | | \$20,000 | | \$30,000 | | \$40,000 | | \$50,000 | | \$60,000 | | \$70,000 | | Face Amount |
| Issue Age | Biweekly Premium | CV @ age 65 or 10 years¹ | Biweekly Premium | CV @ age 65 or 10 years¹ | Biweekly Premium | CV @ age 65 or 10 years¹ | Biweekly Premium | CV @ age 65 or 10 years¹ | Biweekly Premium | CV @ age 65 or 10 years¹ | Biweekly Premium | CV @ age 65 or 10 years¹ | Biweekly Premium | CV @ age 65 or 10 years¹ | Issue Age |
| 51 | \$10.68 | \$1,940 | \$21.36 | \$3,879 | \$32.02 | \$5,819 | \$42.70 | \$7,759 | \$53.38 | \$9,699 | \$64.04 | \$11,638 | \$74.72 | \$13,578 | 51 |
| 52 | 11.48 | 1,831 | 22.96 | 3,663 | 34.42 | 5,494 | 45.90 | 7,325 | 57.38 | 9,157 | 68.84 | 10,988 | 80.32 | 12,819 | 52 |
| 53 | 12.28 | 1,716 | 24.58 | 3,433 | 36.86 | 5,149 | 49.12 | 6,866 | 61.42 | 8,582 | 73.70 | 10,298 | 85.98 | 12,015 | 53 |
| 54 | 13.12 | 1,594 | 26.24 | 3,189 | 39.36 | 4,783 | 52.48 | 6,378 | 65.58 | 7,972 | 78.70 | 9,566 | 91.82 | 11,161 | 54 |
| 55 | 14.14 | 1,465 | 28.26 | 2,930 | 42.40 | 4,395 | 56.52 | 5,860 | 70.64 | 7,326 | 84.76 | 8,791 | 98.90 | 10,256 | 55 |
| 56 | 15.22 | 1,538 | 30.42 | 3,075 | 45.62 | 4,613 | 60.82 | 6,150 | 76.02 | 7,688 | 91.24 | 9,226 | 106.44 | 10,763 | 56 |
| 57 | 16.30 | 1,614 | 32.60 | 3,228 | 48.90 | 4,842 | 65.20 | 6,456 | 81.50 | 8,070 | 97.80 | 9,683 | 114.10 | 11,297 | 57 |
| 58 | 17.50 | 1,694 | 35.00 | 3,388 | 52.50 | 5,082 | 70.00 | 6,776 | 87.48 | 8,470 | 104.98 | 10,164 | 122.48 | 11,858 | 58 |
| 59 | 18.64 | 1,778 | 37.28 | 3,557 | 55.92 | 5,335 | 74.56 | 7,113 | 93.20 | 8,892 | 111.84 | 10,670 | 130.48 | 12,448 | 59 |
| 60 | 19.86 | 1,867 | 39.70 | 3,733 | 59.54 | 5,600 | 79.40 | 7,467 | 99.24 | 9,334 | 119.08 | 11,200 | 138.94 | 13,067 | 60 |
| 61 | 21.44 | 1,959 | 42.88 | 3,919 | 64.30 | 5,878 | 85.72 | 7,837 | 107.16 | 9,797 | 128.60 | 11,756 | 150.02 | 13,715 | 61 |
| 62 | 22.82 | 2,056 | 45.62 | 4,113 | 68.44 | 6,169 | 91.24 | 8,225 | 114.04 | 10,282 | 136.86 | 12,338 | 159.66 | 14,394 | 62 |
| 63 | 25.00 | 2,158 | 49.98 | 4,315 | 74.96 | 6,473 | 99.94 | 8,630 | 124.94 | 10,788 | 149.92 | 12,945 | 174.90 | 15,103 | 63 |
| 64 | 25.08 | 2,263 | 50.14 | 4,526 | 75.22 | 6,789 | 100.28 | 9,052 | 125.36 | 11,315 | 150.42 | 13,577 | 175.50 | 15,840 | 64 |
| 65 | 25.16 | 2,372 | 50.30 | 4,744 | 75.46 | 7,117 | 100.60 | 9,489 | 125.76 | 11,861 | 150.90 | 14,233 | 176.06 | 16,605 | 65 |
| 66 | 29.30 | 2,486 | 58.58 | 4,971 | 87.88 | 7,457 | 117.16 | 9,942 | 146.44 | 12,428 | 175.74 | 14,913 | 205.02 | 17,399 | 66 |
| 67 | 31.60 | 2,603 | 63.20 | 5,205 | 94.80 | 7,808 | 126.40 | 10,411 | 158.00 | 13,014 | 189.60 | 15,616 | 221.20 | 18,219 | 67 |
| 68 | 36.28 | 2,724 | 72.54 | 5,447 | 108.82 | 8,171 | 145.08 | 10,894 | 181.36 | 13,618 | 217.62 | 16,341 | 253.90 | 19,065 | 68 |
| 69 | 37.38 | 2,848 | 74.76 | 5,695 | 112.16 | 8,543 | 149.54 | 11,390 | 186.92 | 14,238 | 224.30 | 17,085 | 261.68 | 19,933 | 69 |
| 70 | 40.30 | 2,974 | 80.58 | 5,947 | 120.88 | 8,921 | 161.16 | 11,895 | 201.46 | 14,869 | 241.74 | 17,842 | 282.02 | 20,816 | 70 |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

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EXCLUSIONS AND LIMITATIONS: Suicide Exclusion - If a covered person commits suicide, the death benefit may be limited to the premiums paid for that covered person.

Other Exclusions and Limitations - The policy and riders (if included) have other elimination periods, exclusions and limitations that may affect coverage. Please refer to the certificate for details.

Rates shown are based on Tobacco/Non-tobacco, Issue Age Specific rating structure. BIWEEKLY means 26 times per year.

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This is a brief overview of the benefits available under the group voluntary policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL).

Details of the insurance, including exclusions, restrictions, and other provisions are included in the certificates issued.

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† Issue Ages 18-65 Only for Children's Term (GWCCCT).



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Ratecard generated May 10, 2021 - 10:08 AM by ABQuote 04.30.2021.

Allstate Benefits Group Whole Life Insurance (GWL) for Employee/Member with rider (when available for the issue age):

Accelerated Death Benefit for Terminal Illness or Condition

| TOBACCO PREMIUM RATES AND VALUES (These are CGI quotes, unless otherwise noted) | | | | | | | | | | | | | | | |
|---|------------------|--------------------------------------|------------------|--------------------------------------|------------------|--------------------------------------|------------------|--------------------------------------|------------------|--------------------------------------|------------------|--------------------------------------|------------------|--------------------------------------|-------------|
| Face Amount | \$10,000 | | \$20,000 | | \$30,000 | | \$40,000 | | \$50,000 | | \$60,000 | | \$70,000 | | Face Amount |
| Issue Age | Biweekly Premium | CV @ age 65 or 10 years ¹ | Biweekly Premium | CV @ age 65 or 10 years ¹ | Biweekly Premium | CV @ age 65 or 10 years ¹ | Biweekly Premium | CV @ age 65 or 10 years ¹ | Biweekly Premium | CV @ age 65 or 10 years ¹ | Biweekly Premium | CV @ age 65 or 10 years ¹ | Biweekly Premium | CV @ age 65 or 10 years ¹ | Issue Age |
| 19 | \$3.60 | \$4,397 | \$7.18 | \$8,794 | \$10.78 | \$13,192 | \$14.36 | \$17,589 | \$17.96 | \$21,986 | \$21.54 | \$26,383 | \$25.12 | \$30,780 | 19 |
| 20 | 3.62 | 4,373 | 7.24 | 8,745 | 10.84 | 13,118 | 14.46 | 17,491 | 18.06 | 21,864 | 21.68 | 26,236 | 25.30 | 30,609 | 20 |
| 21 | 3.78 | 4,347 | 7.56 | 8,694 | 11.36 | 13,041 | 15.14 | 17,388 | 18.92 | 21,735 | 22.70 | 26,081 | 26.48 | 30,428 | 21 |
| 22 | 3.96 | 4,320 | 7.92 | 8,640 | 11.86 | 12,959 | 15.82 | 17,279 | 19.78 | 21,599 | 23.74 | 25,919 | 27.68 | 30,239 | 22 |
| 23 | 4.14 | 4,291 | 8.28 | 8,582 | 12.42 | 12,873 | 16.54 | 17,164 | 20.68 | 21,456 | 24.82 | 25,747 | 28.96 | 30,038 | 23 |
| 24 | 4.32 | 4,261 | 8.64 | 8,522 | 12.96 | 12,783 | 17.28 | 17,044 | 21.60 | 21,306 | 25.92 | 25,567 | 30.24 | 29,828 | 24 |
| 25 | 4.54 | 4,230 | 9.06 | 8,459 | 13.60 | 12,689 | 18.14 | 16,918 | 22.66 | 21,148 | 27.20 | 25,377 | 31.72 | 29,607 | 25 |
| 26 | 4.74 | 4,196 | 9.46 | 8,392 | 14.20 | 12,589 | 18.92 | 16,785 | 23.64 | 20,981 | 28.36 | 25,177 | 33.10 | 29,373 | 26 |
| 27 | 4.94 | 4,161 | 9.88 | 8,322 | 14.82 | 12,483 | 19.74 | 16,644 | 24.68 | 20,805 | 29.62 | 24,966 | 34.54 | 29,127 | 27 |
| 28 | 5.16 | 4,124 | 10.30 | 8,247 | 15.46 | 12,371 | 20.60 | 16,495 | 25.76 | 20,619 | 30.90 | 24,742 | 36.06 | 28,866 | 28 |
| 29 | 5.36 | 4,084 | 10.72 | 8,169 | 16.08 | 12,253 | 21.44 | 16,337 | 26.80 | 20,422 | 32.16 | 24,506 | 37.52 | 28,590 | 29 |
| 30 | 5.56 | 4,043 | 11.10 | 8,085 | 16.64 | 12,128 | 22.18 | 16,170 | 27.72 | 20,213 | 33.26 | 24,256 | 38.80 | 28,298 | 30 |
| 31 | 5.82 | 3,999 | 11.62 | 7,997 | 17.44 | 11,996 | 23.24 | 15,994 | 29.04 | 19,993 | 34.86 | 23,992 | 40.66 | 27,990 | 31 |
| 32 | 6.10 | 3,952 | 12.18 | 7,904 | 18.28 | 11,857 | 24.36 | 15,809 | 30.46 | 19,761 | 36.54 | 23,713 | 42.62 | 27,665 | 32 |
| 33 | 6.40 | 3,903 | 12.80 | 7,806 | 19.20 | 11,709 | 25.60 | 15,612 | 31.98 | 19,516 | 38.38 | 23,419 | 44.78 | 27,322 | 33 |
| 34 | 6.74 | 3,852 | 13.46 | 7,703 | 20.18 | 11,555 | 26.90 | 15,407 | 33.62 | 19,259 | 40.34 | 23,110 | 47.08 | 26,962 | 34 |
| 35 | 7.04 | 3,798 | 14.06 | 7,596 | 21.10 | 11,394 | 28.12 | 15,192 | 35.14 | 18,990 | 42.16 | 22,787 | 49.20 | 26,585 | 35 |
| 36 | 7.36 | 3,741 | 14.70 | 7,483 | 22.06 | 11,224 | 29.40 | 14,965 | 36.76 | 18,707 | 44.10 | 22,448 | 51.46 | 26,189 | 36 |
| 37 | 7.76 | 3,682 | 15.50 | 7,364 | 23.26 | 11,046 | 31.00 | 14,728 | 38.76 | 18,411 | 46.50 | 22,093 | 54.26 | 25,775 | 37 |
| 38 | 8.18 | 3,620 | 16.36 | 7,240 | 24.52 | 10,861 | 32.70 | 14,481 | 40.88 | 18,101 | 49.04 | 21,721 | 57.22 | 25,341 | 38 |
| 39 | 8.60 | 3,555 | 17.20 | 7,110 | 25.78 | 10,666 | 34.38 | 14,221 | 42.96 | 17,776 | 51.56 | 21,331 | 60.16 | 24,886 | 39 |
| 40 | 8.98 | 3,487 | 17.96 | 6,974 | 26.94 | 10,460 | 35.92 | 13,947 | 44.90 | 17,434 | 53.86 | 20,921 | 62.84 | 24,408 | 40 |
| 41 | 9.50 | 3,415 | 18.98 | 6,829 | 28.48 | 10,244 | 37.96 | 13,659 | 47.44 | 17,074 | 56.94 | 20,488 | 66.42 | 23,903 | 41 |
| 42 | 10.04 | 3,339 | 20.06 | 6,677 | 30.08 | 10,016 | 40.10 | 13,354 | 50.12 | 16,693 | 60.14 | 20,031 | 70.18 | 23,370 | 42 |
| 43 | 10.60 | 3,258 | 21.18 | 6,515 | 31.76 | 9,773 | 42.34 | 13,031 | 52.94 | 16,289 | 63.52 | 19,546 | 74.10 | 22,804 | 43 |
| 44 | 11.20 | 3,172 | 22.36 | 6,344 | 33.56 | 9,516 | 44.74 | 12,688 | 55.92 | 15,860 | 67.10 | 19,032 | 78.28 | 22,204 | 44 |
| 45 | 11.74 | 3,081 | 23.50 | 6,161 | 35.24 | 9,242 | 46.98 | 12,323 | 58.72 | 15,404 | 70.46 | 18,484 | 82.20 | 21,565 | 45 |
| 46 | 12.38 | 2,984 | 24.74 | 5,967 | 37.10 | 8,951 | 49.48 | 11,935 | 61.84 | 14,919 | 74.20 | 17,902 | 86.56 | 20,886 | 46 |
| 47 | 13.08 | 2,881 | 26.14 | 5,762 | 39.20 | 8,642 | 52.26 | 11,523 | 65.34 | 14,404 | 78.40 | 17,285 | 91.46 | 20,166 | 47 |
| 48 | 13.82 | 2,772 | 27.64 | 5,543 | 41.44 | 8,315 | 55.26 | 11,086 | 69.06 | 13,858 | 82.88 | 16,630 | 96.70 | 19,401 | 48 |
| 49 | 14.58 | 2,656 | 29.14 | 5,311 | 43.72 | 7,967 | 58.28 | 10,623 | 72.86 | 13,279 | 87.42 | 15,934 | 102.00 | 18,590 | 49 |
| 50 | 15.40 | 2,533 | 30.76 | 5,065 | 46.16 | 7,598 | 61.54 | 10,130 | 76.92 | 12,663 | 92.30 | 15,195 | 107.68 | 17,728 | 50 |

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Ratecard generated May 10, 2021 - 10:08 AM by ABQuote 04.30.2021.

Allstate Benefits Group Whole Life Insurance (GWL) for Employee/Member with riders (when available for the issue age):

Accelerated Death Benefit for Terminal Illness or Condition

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|---|------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|-------------|
| Face Amount | \$10,000 | | \$20,000 | | \$30,000 | | \$40,000 | | \$50,000 | | \$60,000 | | \$70,000 | | Face Amount |
| Issue Age | Biweekly Premium | CV @ age 65 or 10 years¹ | Biweekly Premium | CV @ age 65 or 10 years¹ | Biweekly Premium | CV @ age 65 or 10 years¹ | Biweekly Premium | CV @ age 65 or 10 years¹ | Biweekly Premium | CV @ age 65 or 10 years¹ | Biweekly Premium | CV @ age 65 or 10 years¹ | Biweekly Premium | CV @ age 65 or 10 years¹ | Issue Age |
| 51 | \$16.32 | \$2,401 | \$32.62 | \$4,803 | \$48.94 | \$7,204 | \$65.24 | \$9,606 | \$81.54 | \$12,007 | \$97.86 | \$14,408 | \$114.16 | \$16,810 | 51 |
| 52 | 17.28 | 2,262 | 34.56 | 4,524 | 51.86 | 6,786 | 69.14 | 9,048 | 86.42 | 11,311 | 103.70 | 13,573 | 120.98 | 15,835 | 52 |
| 53 | 18.32 | 2,114 | 36.62 | 4,227 | 54.94 | 6,341 | 73.24 | 8,455 | 91.54 | 10,569 | 109.86 | 12,682 | 128.16 | 14,796 | 53 |
| 54 | 19.40 | 1,956 | 38.80 | 3,912 | 58.18 | 5,867 | 77.58 | 7,823 | 96.96 | 9,779 | 116.36 | 11,735 | 135.76 | 13,691 | 54 |
| 55 | 20.48 | 1,788 | 40.94 | 3,575 | 61.40 | 5,363 | 81.88 | 7,150 | 102.34 | 8,938 | 122.80 | 10,725 | 143.26 | 12,513 | 55 |
| 56 | 21.82 | 1,843 | 43.62 | 3,686 | 65.42 | 5,528 | 87.22 | 7,371 | 109.02 | 9,214 | 130.84 | 11,057 | 152.64 | 12,900 | 56 |
| 57 | 23.12 | 1,898 | 46.24 | 3,795 | 69.36 | 5,693 | 92.48 | 7,590 | 115.60 | 9,488 | 138.72 | 11,386 | 161.84 | 13,283 | 57 |
| 58 | 24.52 | 1,953 | 49.06 | 3,905 | 73.58 | 5,858 | 98.10 | 7,811 | 122.62 | 9,764 | 147.14 | 11,716 | 171.66 | 13,669 | 58 |
| 59 | 25.88 | 2,008 | 51.74 | 4,017 | 77.62 | 6,025 | 103.48 | 8,034 | 129.36 | 10,042 | 155.22 | 12,050 | 181.10 | 14,059 | 59 |
| 60 | 27.14 | 2,065 | 54.26 | 4,130 | 81.40 | 6,196 | 108.52 | 8,261 | 135.64 | 10,326 | 162.76 | 12,391 | 189.90 | 14,456 | 60 |
| 61 | 28.64 | 2,123 | 57.26 | 4,245 | 85.90 | 6,368 | 114.52 | 8,491 | 143.14 | 10,614 | 171.76 | 12,736 | 200.40 | 14,859 | 61 |
| 62 | 30.48 | 2,182 | 60.96 | 4,364 | 91.44 | 6,546 | 121.92 | 8,728 | 152.40 | 10,910 | 182.86 | 13,092 | 213.34 | 15,274 | 62 |
| 63 | 32.32 | 2,244 | 64.62 | 4,488 | 96.92 | 6,732 | 129.22 | 8,976 | 161.52 | 11,220 | 193.84 | 13,464 | 226.14 | 15,708 | 63 |
| 64 | 34.28 | 2,315 | 68.54 | 4,631 | 102.80 | 6,946 | 137.08 | 9,261 | 171.34 | 11,577 | 205.60 | 13,892 | 239.86 | 16,207 | 64 |
| 65 | 35.82 | 2,405 | 71.64 | 4,811 | 107.46 | 7,216 | 143.28 | 9,621 | 179.10 | 12,027 | 214.92 | 14,432 | 250.74 | 16,837 | 65 |
| 66 | 37.38 | 2,501 | 74.76 | 5,002 | 112.12 | 7,502 | 149.50 | 10,003 | 186.88 | 12,504 | 224.24 | 15,005 | 261.62 | 17,506 | 66 |
| 67 | 40.04 | 2,603 | 80.06 | 5,206 | 120.08 | 7,809 | 160.10 | 10,412 | 200.12 | 13,015 | 240.14 | 15,618 | 280.18 | 18,221 | 67 |
| 68 | 43.20 | 2,713 | 86.40 | 5,425 | 129.60 | 8,138 | 172.80 | 10,851 | 216.00 | 13,564 | 259.20 | 16,276 | 302.40 | 18,989 | 68 |
| 69 | 46.42 | 2,831 | 92.82 | 5,662 | 139.24 | 8,493 | 185.64 | 11,324 | 232.04 | 14,156 | 278.46 | 16,987 | 324.86 | 19,818 | 69 |
| 70 | 49.66 | 2,957 | 99.34 | 5,914 | 149.00 | 8,871 | 198.66 | 11,828 | 248.32 | 14,785 | 297.98 | 17,742 | 347.64 | 20,699 | 70 |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

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Ratecard generated May 10, 2021 - 10:08 AM by ABQuote 04.30.2021.

Policyholder: Claysburg Kimmel School District



Group voluntary short-term disability insurance Benefit summary for all members

Effective date: 07/01/2021

| Eligibility | |
|--------------------------|--|
| Eligible employees | All active, full-time employees working at least 30 hours a week |
| Benefits | |
| Primary weekly benefit | Available in increments of \$50, between \$100 and \$1,500, up to 60% of your earnings |
| Benefit amount | Your primary weekly benefit minus other income sources |
| Elimination period | 15th day for accidents and 15th day for sickness |
| Benefit payment period | Up to 24 weeks |
| Maternity | Pregnancy and childbirth are treated the same as any other disability |
| Limitations & exclusions | |
| Pre-existing conditions | 3 months prior / 12 months insured |
| Other limitations | A complete list is included in your booklet |

What's available to me?

Help protect one of your most valuable assets - the ability to earn an income. If you're temporarily disabled and can't work for a short amount of time, you can rely on short-term disability insurance to replace a portion of your weekly income.

Your primary weekly benefit is available in increments of \$50, between \$100 and \$1,500, up to of 60% your predisability earnings. Other income sources could include but aren't limited to Social Security, other earnings, worker's compensation, and state disability (if applicable).

Your benefits are determined by your base wage. This is your definition of earnings and is outlined further in the booklet you'll receive following enrollment.

Compensation for business owners covers business profits plus salaries averaged over the prior two years.

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee working at least 30 hours a week. Seasonal, temporary, or contract employees can't purchase.
 - If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
 - You must enroll within 31 days of being eligible. If you don't, you'll need to provide health information for us to review for approval, or if you have a qualifying event.

Additional eligibility requirements may apply.

Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

When do I begin receiving disability benefits?

Your elimination period is completed on the 15th day for accidents and the 15th day for sickness. The elimination period is the amount of time before you start receiving benefits.

Once I start receiving benefits, how long will they continue?

Short-term disability benefits can continue up to 24 weeks.

What types of conditions may qualify as a disability?

You'll be considered disabled due to sickness or injury, or pregnancy.

During your elimination period and your benefit payment period (how long benefit is paid), one of the following must apply:

- You're unable to perform the majority of substantial duties of your own job; or
- You're unable to earn 80% of your income prior to your disability while working in a modified capacity.

Do I qualify if I have a preexisting condition?

You may. If you haven't been seen by a doctor or prescribed medication for an injury or sickness in the last 3 months or if your disability happens after 12 consecutive months of coverage, you may qualify.

Additional benefits:

| | |
|---|--|
| Work incentive benefit | If you're working on a limited or part-time basis, you can keep your work earnings and may still receive your disability benefit. You can't receive more than 100% of your earnings prior to your disability. |
| Rehabilitation plan | <p>If you're disabled, our staff may work with you, your physician and employer to create an individual rehabilitation plan to help you return to work.</p> <p>You may also receive this benefit if you're not disabled but have a condition that prevents you from working.</p> |
| Rehabilitation incentive benefit | If you're totally disabled and satisfy the requirements of an individual rehabilitation plan, your benefit percentage may increase by 5%. |
| Mandatory rehabilitation | You may be paid for any expenses associated with an approved rehabilitation plan. |

What are the limitations and exclusions of my coverage?

Preexisting conditions

A preexisting condition is an injury or sickness (including pregnancy) and all related conditions and complications, in the three months prior to your effective date under this policy, for which you:

- Received medical treatment, consultation, care or service; or
- Were prescribed or took prescription medications

In the event an investigation is necessary to determine if a disability is preexisting, benefits may be payable for up to six weeks while The Principal is conducting its preexisting condition investigation. Once the investigation is complete and if the disability is deemed to be a preexisting condition, no further benefits will be payable. Benefits will not be paid beyond the date six weeks following the date of disability for disabilities resulting from preexisting conditions unless, when you become disabled, you have been actively at work for one full day after being covered under the policy for 12 consecutive months. No benefits will be paid for a subsequent claim subject to a preexisting condition investigation for the same condition.

No benefits will be paid for any disability that is caused by, a complication of, or resulting from the same preexisting condition that you had previously received benefits for.

Preexisting condition limitations also apply to benefit increases due to:

- Policy amendments
- Changes in earnings of 25% or greater



This is a summary of short-term disability coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

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Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

Claysburg Kimmel School District

Short-term disability

Estimated employee bi-weekly premium amounts

End of the rate guarantee period: 06/30/2023

| Benefit amount | Minimum annual salary required | 24 & under | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60 & over |
|----------------|--------------------------------|------------|---------|---------|---------|---------|---------|---------|---------|-----------|
| \$100 | \$8,667 | \$1.85 | \$1.85 | \$2.08 | \$2.08 | \$2.54 | \$2.54 | \$2.54 | \$2.54 | \$2.77 |
| \$150 | \$13,000 | \$2.77 | \$2.77 | \$3.12 | \$3.12 | \$3.81 | \$3.81 | \$3.81 | \$3.81 | \$4.15 |
| \$200 | \$17,333 | \$3.69 | \$3.69 | \$4.15 | \$4.15 | \$5.08 | \$5.08 | \$5.08 | \$5.08 | \$5.54 |
| \$250 | \$21,667 | \$4.62 | \$4.62 | \$5.19 | \$5.19 | \$6.35 | \$6.35 | \$6.35 | \$6.35 | \$6.92 |
| \$300 | \$26,000 | \$5.54 | \$5.54 | \$6.23 | \$6.23 | \$7.62 | \$7.62 | \$7.62 | \$7.62 | \$8.31 |
| \$350 | \$30,333 | \$6.46 | \$6.46 | \$7.27 | \$7.27 | \$8.88 | \$8.88 | \$8.88 | \$8.88 | \$9.69 |
| \$400 | \$34,667 | \$7.38 | \$7.38 | \$8.31 | \$8.31 | \$10.15 | \$10.15 | \$10.15 | \$10.15 | \$11.08 |
| \$450 | \$39,000 | \$8.31 | \$8.31 | \$9.35 | \$9.35 | \$11.42 | \$11.42 | \$11.42 | \$11.42 | \$12.46 |
| \$500 | \$43,333 | \$9.23 | \$9.23 | \$10.38 | \$10.38 | \$12.69 | \$12.69 | \$12.69 | \$12.69 | \$13.85 |
| \$550 | \$47,667 | \$10.15 | \$10.15 | \$11.42 | \$11.42 | \$13.96 | \$13.96 | \$13.96 | \$13.96 | \$15.23 |
| \$600 | \$52,000 | \$11.08 | \$11.08 | \$12.46 | \$12.46 | \$15.23 | \$15.23 | \$15.23 | \$15.23 | \$16.62 |
| \$650 | \$56,333 | \$12.00 | \$12.00 | \$13.50 | \$13.50 | \$16.50 | \$16.50 | \$16.50 | \$16.50 | \$18.00 |
| \$700 | \$60,667 | \$12.92 | \$12.92 | \$14.54 | \$14.54 | \$17.77 | \$17.77 | \$17.77 | \$17.77 | \$19.38 |
| \$750 | \$65,000 | \$13.85 | \$13.85 | \$15.58 | \$15.58 | \$19.04 | \$19.04 | \$19.04 | \$19.04 | \$20.77 |
| \$800 | \$69,333 | \$14.77 | \$14.77 | \$16.62 | \$16.62 | \$20.31 | \$20.31 | \$20.31 | \$20.31 | \$22.15 |
| \$850 | \$73,667 | \$15.69 | \$15.69 | \$17.65 | \$17.65 | \$21.58 | \$21.58 | \$21.58 | \$21.58 | \$23.54 |
| \$900 | \$78,000 | \$16.62 | \$16.62 | \$18.69 | \$18.69 | \$22.85 | \$22.85 | \$22.85 | \$22.85 | \$24.92 |
| \$950 | \$82,333 | \$17.54 | \$17.54 | \$19.73 | \$19.73 | \$24.12 | \$24.12 | \$24.12 | \$24.12 | \$26.31 |
| \$1,000 | \$86,667 | \$18.46 | \$18.46 | \$20.77 | \$20.77 | \$25.38 | \$25.38 | \$25.38 | \$25.38 | \$27.69 |
| \$1,050 | \$91,000 | \$19.38 | \$19.38 | \$21.81 | \$21.81 | \$26.65 | \$26.65 | \$26.65 | \$26.65 | \$29.08 |
| \$1,100 | \$95,333 | \$20.31 | \$20.31 | \$22.85 | \$22.85 | \$27.92 | \$27.92 | \$27.92 | \$27.92 | \$30.46 |
| \$1,150 | \$99,667 | \$21.23 | \$21.23 | \$23.88 | \$23.88 | \$29.19 | \$29.19 | \$29.19 | \$29.19 | \$31.85 |
| \$1,200 | \$104,000 | \$22.15 | \$22.15 | \$24.92 | \$24.92 | \$30.46 | \$30.46 | \$30.46 | \$30.46 | \$33.23 |
| \$1,250 | \$108,333 | \$23.08 | \$23.08 | \$25.96 | \$25.96 | \$31.73 | \$31.73 | \$31.73 | \$31.73 | \$34.62 |
| \$1,300 | \$112,667 | \$24.00 | \$24.00 | \$27.00 | \$27.00 | \$33.00 | \$33.00 | \$33.00 | \$33.00 | \$36.00 |
| \$1,350 | \$117,000 | \$24.92 | \$24.92 | \$28.04 | \$28.04 | \$34.27 | \$34.27 | \$34.27 | \$34.27 | \$37.38 |
| \$1,400 | \$121,333 | \$25.85 | \$25.85 | \$29.08 | \$29.08 | \$35.54 | \$35.54 | \$35.54 | \$35.54 | \$38.77 |
| \$1,450 | \$125,667 | \$26.77 | \$26.77 | \$30.12 | \$30.12 | \$36.81 | \$36.81 | \$36.81 | \$36.81 | \$40.15 |
| \$1,500 | \$130,000 | \$27.69 | \$27.69 | \$31.15 | \$31.15 | \$38.08 | \$38.08 | \$38.08 | \$38.08 | \$41.54 |

Rates are estimated due to rounding of numbers when calculated.

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

Short Term Disability insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392. This summary is not a complete statement of the rights, benefits, limitations and exclusions of the coverage described here. For cost and coverage details, contact your Principal® representative.

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Policyholder: Claysburg Kimmel School District



Group voluntary long-term disability insurance Benefit summary for all members

Effective date: 07/01/2021

| Eligibility | |
|--------------------------|---|
| Eligible employees | All active, full-time employees working at least 30 hours a week |
| Benefits | |
| Primary monthly benefit | Available in increments of \$100, between \$500 and \$6,000, up to 60% of your earnings |
| Benefit amount | Your primary monthly benefit minus other income sources |
| Elimination period | 180 days |
| Own occupation period | 2 year |
| Benefit payment period | Up to 5 years |
| Limitations & exclusions | |
| Pre-existing conditions | 3 months prior / 12 months insured |
| Other limitations | A complete list is included in your booklet |

What's available to me?

Your income is important - you depend on it for almost everything. If you're too sick or hurt to work for a long period of time, you can rely on long-term disability insurance to replace a portion of your monthly income.

Your primary monthly benefit is available in increments of \$100, between \$500 and \$6,000, up to 60% of your predisability earnings. Other income sources could include but aren't limited to Social Security for you and your dependents, other earnings, worker's compensation and state disability (if applicable).

Your benefits are determined by your base wage. This is your definition of earnings and is outlined further in the booklet you'll receive following enrollment.

Compensation for business owners covers business profits plus salaries averaged over the prior two years.

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee working at least 30 hours a week. Seasonal, temporary, or contract employees can't purchase.
 - If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
 - You must enroll within 31 days of being eligible. If you don't, you'll need to provide health information for us to review for approval, or if you have a qualifying event.

Additional eligibility requirements may apply.

Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

When do I begin receiving disability benefits?

Your elimination period is 180 days. The elimination period is the amount of time before you start receiving benefits.

If you recover and return to work during your elimination period and become disabled again, you may not have to satisfy a new elimination period. If you qualify for this, your elimination period will pick up at the point where it was left off when you recovered.

Once I start receiving benefits, how long will they continue?

| Age disability occurs | Benefits are payable until the later of: |
|-----------------------|---|
| Under age 62 | Until the earlier of the date you reach age 65 or 5 years |
| Age 62 | 42 months |
| Age 63 | 36 months |
| Age 64 | 30 months |
| Age 65 | 24 months |
| Age 66 | 21 months |
| Age 67 | 18 months |
| Age 68 | 15 months |
| Age 69 and over | 12 months |

What types of conditions may qualify as a disability?

You'll be considered disabled due to sickness or injury, or pregnancy.

During the first 2 years of receiving benefits, your disability is based on your own occupation, known as the own occupation period. This is the occupation you're routinely performing at the time of disability. After 2 years, we'll evaluate for any occupation based on education, training or experience.

During your elimination period and your own occupation period, one of the following must apply:

- You're unable to perform the majority of the substantial and material duties of your own occupation; or
- You're unable to earn 80% of your indexed income prior to your disability while working in a modified capacity.

After completing the own occupation period, one of the following must apply:

- You're unable to perform the majority of the substantial and material duties of any occupation for which you are or may reasonably become qualified based on education, training, or experience.
- You're performing the substantial and material duties of your own occupation or any occupation on a modified basis and are unable to earn more than 80% of your indexed income prior to your disability.

Do I qualify if I have a preexisting condition?

- You may. If you haven't been seen by a doctor or prescribed medication for an injury or sickness in the last 3 months or if your disability happens after 12 consecutive months of coverage, you may qualify.

Are mental nervous and drug/alcohol covered?

- It'll be considered a disability if it's caused by:
 - A mental health condition for up to a lifetime maximum of 24 months
 - Abuse, dependency, or addiction to alcohol, drug, or chemicals for up to a lifetime maximum of 24 months
- The amount of time you receive benefits for these covered conditions will be limited to a combined lifetime maximum of 24 months.

Additional benefits:

| | |
|---|---|
| Work incentive benefit | If you're working on a limited or part-time basis, you can keep your work earnings and may still receive your disability benefit for 12 months. You can't receive more than 100% of your earnings prior to your disability. |
| Rehabilitation plan | If you're disabled, our staff may work with you, your physician and employer to create an individual rehabilitation plan to help you return to work. You may also receive this benefit if you're not disabled but have a condition that prevents you from working. |
| Rehabilitation incentive benefit | If you're totally disabled and satisfy the requirements of an individual rehabilitation plan, your benefit percentage may increase by 5%. |
| Mandatory rehabilitation | You may be paid for any expenses associated with an approved rehabilitation plan. |

What are the limitations and exclusions of my coverage?

| | |
|-------------------------------|---|
| Preexisting conditions | <p>A preexisting condition is an injury or sickness (including pregnancy) and all related conditions and complications, in the three months prior to your effective date under this policy, for which you:</p> <ul style="list-style-type: none">• Received medical treatment, consultation, care or service; or• Were prescribed or took prescription medications <p>Benefits will not be paid for disabilities resulting from preexisting conditions unless, when you become disabled, you have been actively at work for one full day after being covered under the policy for 12 consecutive months.</p> <p>Preexisting condition exclusions also apply to benefit increases due to policy amendments and changes in earnings of 25% or greater.</p> |
|-------------------------------|---|

Treatment of mental health conditions and drug and alcohol abuse conditions

A disability is considered due to alcohol, drug or chemical abuse, dependency or addiction or a mental health condition if the disability is caused by one of these condition(s) and not by other disabling conditions.

Maximum benefit payment periods for:

Mental health conditions – 24 months

Alcohol, drug or chemical abuse conditions – 24 months

The benefit payment period listed above is a lifetime maximum for all periods of disability. All disabilities from conditions with the same maximum benefit payment period contribute towards one lifetime maximum.

However, if at the end of the benefit payment period, you are confined in a hospital or any other type of facility providing treatment for any of these conditions, the benefit payment period may be extended to include the time period you are confined for treatment.



This is a summary of long-term disability coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

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Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

Claysburg Kimmel School District

Long-term disability

Estimated employee bi-weekly premium amounts

End of the rate guarantee period: 06/30/2023

| Monthly benefit amount | Minimum annual salary required | 24 & under | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65 & over |
|------------------------|--------------------------------|------------|--------|--------|--------|--------|--------|--------|---------|---------|-----------|
| \$500 | \$10,000 | \$0.69 | \$0.69 | \$0.92 | \$0.92 | \$1.15 | \$1.38 | \$1.62 | \$1.85 | \$2.08 | \$2.31 |
| \$600 | \$12,000 | \$0.83 | \$0.83 | \$1.11 | \$1.11 | \$1.38 | \$1.66 | \$1.94 | \$2.22 | \$2.49 | \$2.77 |
| \$700 | \$14,000 | \$0.97 | \$0.97 | \$1.29 | \$1.29 | \$1.62 | \$1.94 | \$2.26 | \$2.58 | \$2.91 | \$3.23 |
| \$800 | \$16,000 | \$1.11 | \$1.11 | \$1.48 | \$1.48 | \$1.85 | \$2.22 | \$2.58 | \$2.95 | \$3.32 | \$3.69 |
| \$900 | \$18,000 | \$1.25 | \$1.25 | \$1.66 | \$1.66 | \$2.08 | \$2.49 | \$2.91 | \$3.32 | \$3.74 | \$4.15 |
| \$1,000 | \$20,000 | \$1.38 | \$1.38 | \$1.85 | \$1.85 | \$2.31 | \$2.77 | \$3.23 | \$3.69 | \$4.15 | \$4.62 |
| \$1,100 | \$22,000 | \$1.52 | \$1.52 | \$2.03 | \$2.03 | \$2.54 | \$3.05 | \$3.55 | \$4.06 | \$4.57 | \$5.08 |
| \$1,200 | \$24,000 | \$1.66 | \$1.66 | \$2.22 | \$2.22 | \$2.77 | \$3.32 | \$3.88 | \$4.43 | \$4.98 | \$5.54 |
| \$1,300 | \$26,000 | \$1.80 | \$1.80 | \$2.40 | \$2.40 | \$3.00 | \$3.60 | \$4.20 | \$4.80 | \$5.40 | \$6.00 |
| \$1,400 | \$28,000 | \$1.94 | \$1.94 | \$2.58 | \$2.58 | \$3.23 | \$3.88 | \$4.52 | \$5.17 | \$5.82 | \$6.46 |
| \$1,500 | \$30,000 | \$2.08 | \$2.08 | \$2.77 | \$2.77 | \$3.46 | \$4.15 | \$4.85 | \$5.54 | \$6.23 | \$6.92 |
| \$1,600 | \$32,000 | \$2.22 | \$2.22 | \$2.95 | \$2.95 | \$3.69 | \$4.43 | \$5.17 | \$5.91 | \$6.65 | \$7.38 |
| \$1,700 | \$34,000 | \$2.35 | \$2.35 | \$3.14 | \$3.14 | \$3.92 | \$4.71 | \$5.49 | \$6.28 | \$7.06 | \$7.85 |
| \$1,800 | \$36,000 | \$2.49 | \$2.49 | \$3.32 | \$3.32 | \$4.15 | \$4.98 | \$5.82 | \$6.65 | \$7.48 | \$8.31 |
| \$1,900 | \$38,000 | \$2.63 | \$2.63 | \$3.51 | \$3.51 | \$4.38 | \$5.26 | \$6.14 | \$7.02 | \$7.89 | \$8.77 |
| \$2,000 | \$40,000 | \$2.77 | \$2.77 | \$3.69 | \$3.69 | \$4.62 | \$5.54 | \$6.46 | \$7.38 | \$8.31 | \$9.23 |
| \$2,100 | \$42,000 | \$2.91 | \$2.91 | \$3.88 | \$3.88 | \$4.85 | \$5.82 | \$6.78 | \$7.75 | \$8.72 | \$9.69 |
| \$2,200 | \$44,000 | \$3.05 | \$3.05 | \$4.06 | \$4.06 | \$5.08 | \$6.09 | \$7.11 | \$8.12 | \$9.14 | \$10.15 |
| \$2,300 | \$46,000 | \$3.18 | \$3.18 | \$4.25 | \$4.25 | \$5.31 | \$6.37 | \$7.43 | \$8.49 | \$9.55 | \$10.62 |
| \$2,400 | \$48,000 | \$3.32 | \$3.32 | \$4.43 | \$4.43 | \$5.54 | \$6.65 | \$7.75 | \$8.86 | \$9.97 | \$11.08 |
| \$2,500 | \$50,000 | \$3.46 | \$3.46 | \$4.62 | \$4.62 | \$5.77 | \$6.92 | \$8.08 | \$9.23 | \$10.38 | \$11.54 |
| \$2,600 | \$52,000 | \$3.60 | \$3.60 | \$4.80 | \$4.80 | \$6.00 | \$7.20 | \$8.40 | \$9.60 | \$10.80 | \$12.00 |
| \$2,700 | \$54,000 | \$3.74 | \$3.74 | \$4.98 | \$4.98 | \$6.23 | \$7.48 | \$8.72 | \$9.97 | \$11.22 | \$12.46 |
| \$2,800 | \$56,000 | \$3.88 | \$3.88 | \$5.17 | \$5.17 | \$6.46 | \$7.75 | \$9.05 | \$10.34 | \$11.63 | \$12.92 |
| \$2,900 | \$58,000 | \$4.02 | \$4.02 | \$5.35 | \$5.35 | \$6.69 | \$8.03 | \$9.37 | \$10.71 | \$12.05 | \$13.38 |
| \$3,000 | \$60,000 | \$4.15 | \$4.15 | \$5.54 | \$5.54 | \$6.92 | \$8.31 | \$9.69 | \$11.08 | \$12.46 | \$13.85 |

Long Term Disability insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.

This summary is not a complete statement of the rights, benefits, limitations and exclusions of the coverage described here. For cost and coverage details, contact your Principal® representative.

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Claysburg Kimmel School District

Long-term disability

Estimated employee bi-weekly premium amounts

End of the rate guarantee period: 06/30/2023

| Monthly benefit amount | Minimum annual salary required | 24 & under | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65 & over |
|------------------------|--------------------------------|------------|--------|---------|---------|---------|---------|---------|---------|---------|-----------|
| \$3,100 | \$62,000 | \$4.29 | \$4.29 | \$5.72 | \$5.72 | \$7.15 | \$8.58 | \$10.02 | \$11.45 | \$12.88 | \$14.31 |
| \$3,200 | \$64,000 | \$4.43 | \$4.43 | \$5.91 | \$5.91 | \$7.38 | \$8.86 | \$10.34 | \$11.82 | \$13.29 | \$14.77 |
| \$3,300 | \$66,000 | \$4.57 | \$4.57 | \$6.09 | \$6.09 | \$7.62 | \$9.14 | \$10.66 | \$12.18 | \$13.71 | \$15.23 |
| \$3,400 | \$68,000 | \$4.71 | \$4.71 | \$6.28 | \$6.28 | \$7.85 | \$9.42 | \$10.98 | \$12.55 | \$14.12 | \$15.69 |
| \$3,500 | \$70,000 | \$4.85 | \$4.85 | \$6.46 | \$6.46 | \$8.08 | \$9.69 | \$11.31 | \$12.92 | \$14.54 | \$16.15 |
| \$3,600 | \$72,000 | \$4.98 | \$4.98 | \$6.65 | \$6.65 | \$8.31 | \$9.97 | \$11.63 | \$13.29 | \$14.95 | \$16.62 |
| \$3,700 | \$74,000 | \$5.12 | \$5.12 | \$6.83 | \$6.83 | \$8.54 | \$10.25 | \$11.95 | \$13.66 | \$15.37 | \$17.08 |
| \$3,800 | \$76,000 | \$5.26 | \$5.26 | \$7.02 | \$7.02 | \$8.77 | \$10.52 | \$12.28 | \$14.03 | \$15.78 | \$17.54 |
| \$3,900 | \$78,000 | \$5.40 | \$5.40 | \$7.20 | \$7.20 | \$9.00 | \$10.80 | \$12.60 | \$14.40 | \$16.20 | \$18.00 |
| \$4,000 | \$80,000 | \$5.54 | \$5.54 | \$7.38 | \$7.38 | \$9.23 | \$11.08 | \$12.92 | \$14.77 | \$16.62 | \$18.46 |
| \$4,100 | \$82,000 | \$5.68 | \$5.68 | \$7.57 | \$7.57 | \$9.46 | \$11.35 | \$13.25 | \$15.14 | \$17.03 | \$18.92 |
| \$4,200 | \$84,000 | \$5.82 | \$5.82 | \$7.75 | \$7.75 | \$9.69 | \$11.63 | \$13.57 | \$15.51 | \$17.45 | \$19.38 |
| \$4,300 | \$86,000 | \$5.95 | \$5.95 | \$7.94 | \$7.94 | \$9.92 | \$11.91 | \$13.89 | \$15.88 | \$17.86 | \$19.85 |
| \$4,400 | \$88,000 | \$6.09 | \$6.09 | \$8.12 | \$8.12 | \$10.15 | \$12.18 | \$14.22 | \$16.25 | \$18.28 | \$20.31 |
| \$4,500 | \$90,000 | \$6.23 | \$6.23 | \$8.31 | \$8.31 | \$10.38 | \$12.46 | \$14.54 | \$16.62 | \$18.69 | \$20.77 |
| \$4,600 | \$92,000 | \$6.37 | \$6.37 | \$8.49 | \$8.49 | \$10.62 | \$12.74 | \$14.86 | \$16.98 | \$19.11 | \$21.23 |
| \$4,700 | \$94,000 | \$6.51 | \$6.51 | \$8.68 | \$8.68 | \$10.85 | \$13.02 | \$15.18 | \$17.35 | \$19.52 | \$21.69 |
| \$4,800 | \$96,000 | \$6.65 | \$6.65 | \$8.86 | \$8.86 | \$11.08 | \$13.29 | \$15.51 | \$17.72 | \$19.94 | \$22.15 |
| \$4,900 | \$98,000 | \$6.78 | \$6.78 | \$9.05 | \$9.05 | \$11.31 | \$13.57 | \$15.83 | \$18.09 | \$20.35 | \$22.62 |
| \$5,000 | \$100,000 | \$6.92 | \$6.92 | \$9.23 | \$9.23 | \$11.54 | \$13.85 | \$16.15 | \$18.46 | \$20.77 | \$23.08 |
| \$5,100 | \$102,000 | \$7.06 | \$7.06 | \$9.42 | \$9.42 | \$11.77 | \$14.12 | \$16.48 | \$18.83 | \$21.18 | \$23.54 |
| \$5,200 | \$104,000 | \$7.20 | \$7.20 | \$9.60 | \$9.60 | \$12.00 | \$14.40 | \$16.80 | \$19.20 | \$21.60 | \$24.00 |
| \$5,300 | \$106,000 | \$7.34 | \$7.34 | \$9.78 | \$9.78 | \$12.23 | \$14.68 | \$17.12 | \$19.57 | \$22.02 | \$24.46 |
| \$5,400 | \$108,000 | \$7.48 | \$7.48 | \$9.97 | \$9.97 | \$12.46 | \$14.95 | \$17.45 | \$19.94 | \$22.43 | \$24.92 |
| \$5,500 | \$110,000 | \$7.62 | \$7.62 | \$10.15 | \$10.15 | \$12.69 | \$15.23 | \$17.77 | \$20.31 | \$22.85 | \$25.38 |
| \$5,600 | \$112,000 | \$7.75 | \$7.75 | \$10.34 | \$10.34 | \$12.92 | \$15.51 | \$18.09 | \$20.68 | \$23.26 | \$25.85 |
| \$5,700 | \$114,000 | \$7.89 | \$7.89 | \$10.52 | \$10.52 | \$13.15 | \$15.78 | \$18.42 | \$21.05 | \$23.68 | \$26.31 |

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Claysburg Kimmel School District

Long-term disability

Estimated employee bi-weekly premium amounts

End of the rate guarantee period: 06/30/2023

| Monthly benefit amount | Minimum annual salary required | 24 & under | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65 & over |
|------------------------|--------------------------------|------------|--------|---------|---------|---------|---------|---------|---------|---------|-----------|
| \$5,800 | \$116,000 | \$8.03 | \$8.03 | \$10.71 | \$10.71 | \$13.38 | \$16.06 | \$18.74 | \$21.42 | \$24.09 | \$26.77 |
| \$5,900 | \$118,000 | \$8.17 | \$8.17 | \$10.89 | \$10.89 | \$13.62 | \$16.34 | \$19.06 | \$21.78 | \$24.51 | \$27.23 |
| \$6,000 | \$120,000 | \$8.31 | \$8.31 | \$11.08 | \$11.08 | \$13.85 | \$16.62 | \$19.38 | \$22.15 | \$24.92 | \$27.69 |

Rates are estimated due to rounding of numbers when calculated.

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

Long Term Disability insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392. This summary is not a complete statement of the rights, benefits, limitations and exclusions of the coverage described here. For cost and coverage details, contact your Principal® representative.

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Classification: Customer Confidential

Help handling life's ups and downs

Life can be unpredictable. And it's not always easy. So it's a big deal to know there's help available when you need it. That's what the Employee Assistance Program (EAP), provided by Magellan Healthcare, is all about.



With an EAP, you and your family household members have access to free, confidential resources to help handle life's everyday — and not so everyday — challenges.

Services for you and your family

Your EAP offers these services to help you and your family deal with the big and little things:

- LifeMart Discount Center, with savings on a variety of products and services
- Self-care mobile apps to help with insomnia, anxiety, depression, substance use, obsessive compulsive disorder and chronic pain
- Health and wellness articles, guides, webinars and podcasts
- Online assistance with elder care, child care and other family life resources
- Help with teen and adolescent issues, including eating disorders and relationships
- Tips on parenting and grandparenting
- 24/7 phone consultation with licensed mental health professionals and referrals to supportive resources*
- Ongoing personal coaching sessions with scheduled telephonic appointments

Help when and where you need it — day or night

Life's challenges don't always happen during regular business hours. That's why you and your family have 24/7 access to your EAP.



800-450-1327

International: 800-662-4504

TTY: 800-456-4006



MagellanAscend.com

When you create an account, use **Principal Core** for the company name.

* You're responsible for any fees resulting from referrals outside the EAP, including those associated with medical benefits.

Help is just a click or call away —24/7

Online: MagellanAscend.com

Enter **Principal Core** for the company name

Call: 800-450-1327 | **TTY:** 800-456-4006

International: 800-662-4504

Magellan
HEALTHCARESM

Your Employee Assistance Program is provided by Magellan Healthcare.



Claysburg-Kimmel School District Benefit Information Form

Full Name: _____ ☐ Male ☐ Female

Contact Phone: _____ Best Time to Contact: _____

Email: _____ DOB: _____

Location: _____ Dept: _____

Please check the type and level of coverage you are interested in and return this form to the R&B Benefit Advisor before leaving.

Completing this form does not obligate you to any program.

| Benefit | Individual | One-Parent Family | Employee & Spouse | Two-Parent Family |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Allstate Accident | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Principal Short-Term Disability | <input type="checkbox"/> | | | |
| Principal Long-Term Disability | <input type="checkbox"/> | | | |
| Allstate Whole Life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Allstate Critical Illness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The purpose of this form is to help you determine the coverage you need, at a price you can afford.

Contact Information



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