



NRLCA / Priority

| Base Plan Benefits | | |
|---|---|--------------------|
| Daily In-Hospital Indemnity Benefit | Benefit per overnight stay of hospital confinement | \$750 |
| | Maximum days per confinement | 30 days |
| Additional Benefits | | |
| Outpatient Physician Office Visit Indemnity Benefit | Benefit per visit per calendar year per insured | \$80 |
| | Maximum visits per calendar year per insured | 6 visits |
| Outpatient Diagnostic X-Ray & Laboratory Indemnity Benefit | Per testing day for tests performed | \$100 |
| | Maximum test days per year per insured | 3 test days |
| Surgical & Anesthesia Indemnity Benefit | Per benefit amount shown in the Surgical Schedule, based on the benefit level chosen for the type of surgery performed, Benefit Level | \$2,500 |
| | Percentage of the surgery benefit for anesthesia administration | 20% |
| Off-the-Job Accidental Injury Benefit | Pays actual charges incurred per covered accident; up to the benefit amount. Maximum benefit of 5 accidents per calendar year, per insured (<i>off-the-job only</i>) | \$300 |
| Critical Illness Indemnity Benefit & Subsequent Critical Illness Indemnity Benefit | Benefit per initial positive diagnosis of a covered critical illness and an additional lump-sum benefit of the same amount for a subsequent and separate covered critical illness | \$10,000 |
| Additional Coverages | | |
| Group Term Life Insurance Policy with Accidental Death & Dismemberment (AD&D) Rider | Member: \$ 5,000 Spouse: \$ 2,500 Child: \$ 2,500 (<i>AD&D coverage is not available for dependent children</i>) | |
| Non-Insurance Discount Programs | | |
| Prescription Drug Discount Card | By presenting a Caremark prescription drug discount card, provided by KBA, to one of Caremark's 55,000 participating providers. | Included |
| PPO Network <i>offered by KBA</i> | Employee and covered dependents will receive contracted savings from the normal fees charged by network physicians, hospitals and outpatient X-ray and laboratory providers | Included |
| Monthly Premium* | | |
| Member | \$ 117.00 | |
| Member plus Spouse | \$ 203.00 | |
| Member plus Child(ren) | \$ 177.00 | |
| Member plus Family | \$ 263.00 | |

*The above rates include a \$4.00 per month billing and administration fee.

CHP01C-C(NRLCA2)-0209

Underwritten by Transamerica Life Insurance Company,
Home Office, Cedar Rapids, Iowa. Policy Form Series CPCH0200 and CCCH0200.
Administration provided by Key Benefit Administrators, Inc. (KBA), Fort Mills, SC.

TransChoice® Plus — A Group Hospital Indemnity Insurance Policy

Policy Benefits

Daily In-Hospital Indemnity Benefit

When an insured is confined in a hospital as a result of a covered sickness or accident, this benefit pays the benefit amount for each overnight stay the insured is confined in a hospital, up to a maximum of 30 days per confinement.

Additional TransChoice Plus Benefits (Association Elected)

Outpatient Physician Office Visit Indemnity Benefit

This benefit pays the amount shown on the benefit page per physician's office visit as a result of a covered sickness or accident. Benefits are payable for a maximum number of visits per calendar year for each insured or a maximum amount per calendar year for each insured shown on the benefit page.

Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit

This benefit pays the per test per testing day for tests performed for the purpose of diagnosis of a covered sickness or accident, as indicated by symptoms that would suggest a covered sickness or injury had occurred as shown on the benefit page. The benefit is limited to the number of tests or days of testing per calendar year per insured or maximum amount per calendar year shown on the benefit page and is not payable while he/she is confined in a hospital (i.e., it applies to outpatient services only).

Surgical and Anesthesia Indemnity Benefit

When an insured undergoes a surgical procedure listed in the Table of Surgical Indemnity Benefits in the certificate as a result of an accident or sickness, the policy pays the benefit amount shown in the table based on the plan level selected. The policy also pays the anesthesia benefit percentage shown on the benefits page of the surgical benefit amount.

If two or more procedures are performed through the same incision or operative field, the benefit paid will be for only the procedure that has the larger benefit. If more than one procedure is performed, but each through a separate incision or in a separate operative field, the amount payable will be the specified amount for the primary procedure plus 50% of the amount payable for all other surgical procedures performed.

Off-the-Job Accidental Injury Indemnity Benefit

This benefit pays based on the actual charges* incurred, up to a maximum shown on the benefit page for each covered accident (maximum of five covered accidents per insured per calendar year), for X-rays used to diagnose an accidental injury and for treatment of a covered accident by a physician in the physician's office, clinic, urgent care facility, or hospital emergency room. Treatment must be received within 72 hours of the accident for benefits to be payable.

**Pays actual charges as the amount actually paid by or on behalf of the insured, and accepted by a provider as payment in full for services provided.*

Wellness Indemnity Benefit (Express Plan only)

This benefit pays the amount shown on the benefit page for each insured who undergoes the following:

| | | | | | | |
|------------------|------------|---------------------------------|------------------------|-----------|---------------|-----------------------|
| blood screenings | mammograms | prostate-specific antigen tests | flexible sigmoidoscopy | pap smear | immunizations | physical examinations |
|------------------|------------|---------------------------------|------------------------|-----------|---------------|-----------------------|

The benefit has a calendar year maximum number of visits or a maximum amount per year or visits shown on the benefit page for each insured. Benefits are also paid for well-baby visits. For children 0-12 months, up to 4 visits per year are allowed and from 12-24 months up to 2 visits per year are allowed. Services must be under the supervision of or recommended by a physician, and a charge must be incurred.

Critical Illness Indemnity Benefit and Subsequent Critical Illness Indemnity Benefit

When an insured is first positively diagnosed with a covered critical illness, amount shown on the benefit page is paid. This amount is payable up to two times for each insured, once under the Critical Illness Indemnity Benefit and once under the Subsequent Critical Illness Indemnity Benefit and is paid in addition to any other benefits paid by the TransChoice Plus policy.

The Subsequent Critical Illness Indemnity Benefit is paid if the insured is diagnosed for the first time as having a subsequent and separate covered critical illness more than 60 days after the first covered critical illness.

For example: If an insured is first diagnosed with a heart attack, and then is diagnosed for the first time with a stroke more than 60 days later, he or she will receive the benefit amount selected for each illness. This benefit is payable one time for each insured. The Subsequent Critical Illness Indemnity Benefit is not payable for skin cancer or carcinoma in situ.

Benefits are payable for the following critical illnesses (see the certificate's Definitions section for a complete definition):

- ▶ **Cancer**—including leukemia and Hodgkin's Disease (except Stage 1 Hodgkin's Disease);
- ▶ **Heart attack**—diagnosis must be based on EKG changes consistent with injury, elevation of cardiac enzymes, and confirmatory imaging studies;
- ▶ **Stroke**—the diagnosis must be based on documented neurological deficits and confirmatory neuroimaging studies;
- ▶ **End-stage renal failure**—chronic, irreversible failure of the function of both kidneys, such that an insured must undergo regular hemodialysis or peritoneal dialysis at least weekly;
- ▶ **Major organ transplant**—undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney or pancreas;
- ▶ **Skin cancer**—including basal cell epitheloma or squamous cell carcinoma; does not include malignant melanoma or mycosis fungoides; and
- ▶ **Carcinoma in situ**—cancer that is confined to the site of origin without having invaded neighboring tissue.

| Condition | % of Elected Benefit Amount |
|--|-----------------------------|
| Cancer*, Heart attack*, Stroke*, End-stage renal failure*, Major organ transplant surgery* | 100% |
| Skin cancer, Carcinoma in situ | 5% |

**This benefit is paid on a first occurrence of a condition ever basis. **Eligible dependent coverage equal to 50% of this benefit.*

Emergency Room Sickness Benefit (Express Plan only)

This benefit pays the amount shown on the benefit page for each sickness visit to the emergency room for a maximum number of visits shown on the benefit page per year per insured. Emergency room visits for accidents are not covered under this benefit; they would be covered under the Off-the-Job Accident Benefit.

Intensive Care Indemnity Benefit (Express Plan only)

This benefit pays the amount shown on the benefit page per day for confinement in an intensive care unit, up to the number of maximum days per calendar year as shown on the benefit page. This daily benefit must be less than or equal to twice the Daily Inpatient Hospital Indemnity Benefit amount.

Ambulance Benefit (Express Plan only)

This benefit pays the amount shown on the benefit page per trip in an ambulance. This benefit allows a maximum of 3 trips per year per insured, with a lifetime maximum of 6 trips per insured. Treatment must be received within 72 hours of the accident or onset of sickness, and must be provided by a licensed ambulance company for benefits to be payable.

Additional Coverages **(may be sold in conjunction with TransChoice Plus)**

The benefits below will be provided under separate policies/certificates.

Group Term Life Insurance Policy with AD&D Rider — Form Series CP100200, CC100400 and CR101100

Underwritten by Transamerica Life Insurance Company, Home Office, Cedar Rapids, Iowa

This policy pays the benefit amount shown on the benefit page upon the death of the insured, subject to any limitations/exclusions. Please refer to www.transamericiaworksite.com for state product availability. No additional riders may be added to the Group Term Life with AD&D.

- ▶ Member—\$ 5,000
- ▶ Spouse—\$ 2,500)
- ▶ Child(ren) (older than 6 months)—\$2,500 *

Benefit amounts are selected by the member. All eligible dependent children in each family will be covered for the same amount.

The AD&D coverage amount will match the amount of group term life insurance. Under the AD&D rider, when a covered accident results in any of the following losses, benefits are payable for the following specified percentages of the coverage amount subject to any limitations and exclusions.

| Loss | Percentage Payable |
|---|---------------------------|
| Loss of life or loss of two or more members (hand, foot, sight of an eye) | 100% |
| Quadriplegia (total and permanent paralysis of both upper and lower limbs) | 100% |
| Loss of speech AND hearing in both ears | 100% |
| Paraplegia (loss or paralysis of both lower limbs) | 75% |
| Loss of one member, or loss of speech, or loss of hearing in both ears | 50% |
| Hemiplegia (total and permanent paralysis of the upper and lower limbs of one side of the body) | 50% |
| Loss of hearing of one ear, or loss of thumb and index finger of same hand | 25% |

Only one such amount will be paid as a result of a single covered accident. AD&D coverage is not available for eligible dependent children.

* *Eligible dependent child(ren) (less than 6 months) are covered for 10% of member amount selected.*

Non-Insurance Discount Programs (Provided by KBA)

A fulfillment package, sent to each insured member by KBA, will contain access information for the member and prescription drug discount cards. Network access information for the Preferred Provider Network (PPO) will be included in the package if they are available.

Prescription Drug Discount Card

By presenting a Caremark prescription drug discount card, provided by KBA, to one of Caremark's 55,000 participating providers, an insured can receive a savings of at least 14% on retail pharmacy prices for brand-name drugs and up to 60% for generic drugs. The insured will continue to receive the savings even after his or her TransChoice Plus benefit has been used for the year.

Please call the NRLCA Insurance Department at 1-703-684-5552.

PPO Network Benefit (offered by KBA)

Multiplan's network is composed of more than 4,000 hospitals, nearly 100,000 ancillary facilities and 550,000 health care professionals.

A member's PPO savings continue even after the TransChoice Plus benefits have been exhausted

* *Savings on professional services are not available where prohibited by law.*

Exclusions and Limitations

TransChoice Plus Policy

TransChoice Plus contains certain limitations and exclusions, which are listed below. It's important to fully understand these limitations and exclusions and to properly explain them to clients. Doing so will avoid problems at claim time. Specifically, no benefits will be payable as the result of

- ▶ In the event of suicide, the Company's liability may be limited to only the return of premiums paid. In Missouri, suicide is no defense to payment of benefits unless the Company can show the insured intended suicide when he/she applied/enrolled for coverage.;
- ▶ any intentionally self-inflicted injury or sickness;
- ▶ rest care or rehabilitative care and treatment (unless provided as a benefit on the Schedule of Benefits);
- ▶ immunization shots and routine examinations such as physical examinations, mammograms, pap smears, immunizations, flexible sigmoidoscopy, prostate-specific antigen tests and blood screenings unless the Wellness Benefit is included;
- ▶ routine newborn care (unless covered under the Wellness Indemnity Benefit);
- ▶ the treatment of mental illness; functional or organic nervous disorder, regardless of cause (unless the daily Inpatient Mental and Nervous Benefit is shown on the Schedule of Benefits); alcohol abuse; and drug use, unless such drugs were taken on the advice of a physician and taken as prescribed (unless the daily inpatient Drug and Alcohol Benefit is shown on the Schedule of Benefits);
- ▶ participation in a riot, civil commotion, civil disobedience or unlawful assembly;
- ▶ committing, attempting to commit or taking part in a felony, or assault, or engaging in an illegal occupation;
- ▶ participation in an organized contest of speed, parachuting, parasailing, bungee jumping or hang gliding;
- ▶ air travel, except as a fare-paying passenger on a commercial airline on a regularly scheduled route, or as a passenger for transportation only and not as a pilot or crew member;
- ▶ any accident caused by the participation in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a physician or taken according to the physician's instructions) or while intoxicated (intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred);
- ▶ any procedure or treatment to change physical characteristics to those of the opposite sex and other treatment related to sex change;
- ▶ the reversal of tubal ligation or vasectomy;
- ▶ artificial insemination, in vitro fertilization and test tube fertilization, including any related testing, medications or physician's services, unless required by law;
- ▶ any loss incurred while on active duty status in the armed forces (if the insured notifies Transamerica of such active duty, Transamerica will refund any premiums paid for any period for which no coverage is provided as a result of this exception);
- ▶ accidents or sicknesses arising out of and in the course of any occupation for compensation, wage, or profit OR expenses which are payable under Occupational Disease Law or similar law, whether or not application for such benefits has been made;
- ▶ air or ground ambulance transportation (unless the Ambulance Benefit has been included);
- ▶ routine eye examinations or fitting of eye glasses;
- ▶ hearing aids or fitting of hearing aids;
- ▶ dental examinations or dental care other than expenses resulting from an accident;
- ▶ care or treatment of an accident or sickness not specifically provided for in the plan;
- ▶ with respect to the Off-the-Job Accidental Injury Benefit only, charges that the insured is not legally required to pay, or charges which would not have been made if this coverage had not existed; or
- ▶ treatment of an accident or sickness made necessary by or arising from war, declared or undeclared, or any act of war.

Termination — Your insurance will cease on the earliest of:

1. The last day of the payroll deduction period during which You cease to be eligible for coverage;
2. The end of the last period for which premium payment has been made to Us;
3. The date the Policy terminates; or
4. The last day of the payroll deduction period during which You terminate employment.

The insurance on a Dependent will cease on the earliest of:

1. The date Your coverage terminates;
2. The end of the last period for which premium payment has been made to Us;
3. The date the Dependent no longer meets the definition of Dependent; or
4. The date the Policy is modified so as to exclude Dependent coverage.

We will have the right to terminate the coverage of any Covered Person who submits a fraudulent claim under the Policy.

Extension of Benefits — Whenever termination of coverage under this section occurs due to termination of Your employment or membership, such termination will be without prejudice to any Hospital Confinement which commenced while coverage was in force, with respect to Daily In-Hospital Indemnity Benefits; or any covered treatment or service for which benefits would be provided and which commenced while coverage was in force; provided, however, that the Covered Person is and continues to be Hospital Confined or Disabled.

Such Extension of Benefits will continue for up to the earlier of 30 days; or The date on which the Covered Person is no longer Disabled.

Group Term Life Insurance Policy with AD&D Rider

Exclusions – Group Term Life Insurance Policy

Suicide Exclusion: We will not pay a death benefit if an insured dies by suicide, while sane or insane, within two years of the date his or her insurance starts. If the insured or his or her spouse die by suicide, we will refund the premiums paid for the insurance. If a dependent child dies by suicide, we will refund the premiums paid for the dependent children's insurance only if there are no surviving insured dependent children. If any death benefit is increased, this suicide exclusion starts anew, but will apply only to the amount of the increase.

Exclusions – AD&D Rider

We will not pay any benefits if the loss, directly or indirectly, results from any of the following, even if the means or cause of the loss is accidental:

- ▶ In the event of suicide, the Company's liability may be limited to only the return of premiums paid. In Missouri, suicide is no defense to payment of benefits unless the Company can show the insured intended suicide when he/she applied/enrolled for coverage;
- ▶ commission of or attempt to commit an assault or felony;
- ▶ sickness or mental illness, disease of any kind, or medical or surgical treatment for any sickness, illness or disease;
- ▶ injuries received while under the influence of alcohol, a controlled substance or other drugs as defined by the laws of the state where the accident occurs, except as prescribed by a doctor;
- ▶ any poison or gas voluntarily taken, administered, absorbed or inhaled (except in the course of employment);
- ▶ flight in any kind of aircraft, except as a fare paying passenger on a regularly scheduled commercial aircraft;
- ▶ any bacterial or viral infection;
- ▶ declared or undeclared war, or any act of war; and
- ▶ taking part in an insurrection.

This Rider stops on the member's 70th Birthday.



VIP Health & Wellness Program

Welcome

We are delighted to welcome you to the premier benefits program! You can enjoy savings on your health care needs immediately by using your new membership card, which is enclosed in your new member packet, to save money.

For your convenience, our Member Services department is available during business hours to assist you in locating providers in your area when you call the toll-free number located on your membership card, or you may go to the internet at the web address of www.locateproviders.com any time, day or night. If your favorite provider is not already on our program, you may nominate him or her to Member Services for additional follow-up.

Please keep in mind that your membership with New Benefits VIP Health & Wellness Program is NOT insurance, so it is simple and easy to use. There are no claim forms, pre-existing condition exclusions, deductibles, reimbursement procedures, or waiting periods. When you present your card to a participating provider, you will receive a discount at the time of purchase.

By the way, we know that your family's health is your number one priority. So all your legal dependents may use your membership card.

In order to maximize your savings, please take a moment to familiarize yourself with the enclosed descriptions for each benefit available. The more informed you are, the more often you will remember to take advantage of the tremendous savings your new membership card offers you, and the more money you will save!!



VIP HEALTH – WELLNESS

Highlights

- Save 30% to 50% off retail prices when you purchase any of the Wellness Systems.
- All three programs feature audio technology, advanced information, and nutritional support.
- Choose from the following programs:
 1. Lose weight with the successful Weight Loss System, which includes two audio tapes, an information brochure, and nutritional support supplements.
 2. Achieve serenity with the Stress Control System, which is a three-part detailed program that helps you increase personal productivity, learn to relax quickly, and control your attitude and mood.
 3. Free yourself from nicotine with the Stop Smoking System, which is a successful method for breaking the tobacco habit naturally, in the comfort of your own home.

Benefit Details

- Simply call toll-free (800) 345-2476 and be sure to identify yourself as a “VIP Health & Wellness Member.”

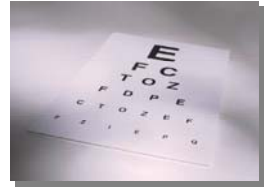
VIP HEALTH – VITAMINS

Highlights

- Enjoy extremely low prices on vitamins and nutritional supplements.
- Receive an additional \$5.00 off your first order.
- Take advantage of an additional 5% savings off everyday low prices and sale items when you order through the catalog.

Benefit Details

- Call toll-free (877) 412-1700 to place an order or request a free catalog filled with extensive savings on vitamin and nutritional supplements.
- You must mention code UH992 to receive your extra 5% discount savings. Be sure to identify yourself as a “VIP Health & Wellness Member.”
- Automatic monthly shipments are available for products you need on a regular basis.



VISION CARE

Highlights

- Save 20% to 60% on eyeglasses, non-prescription sunglasses, and contact lenses (excluding disposables).
- Access over 10,000 independent retail optical locations nationwide, including Pearle and LensCrafters.
- Save on most frames, lenses, and specialty items.
- Save on eyeglasses purchased online at www.800800eyes.com 24 hours a day.
- Enjoy a 30-day money-back guarantee. If for any reason you are not satisfied with an eyewear purchase at a provider location, simply return the merchandise within 30 days for a full refund or exchange.
- Save 10% to 30% on medical eye exams and surgical procedures, including LASIK where available.
- Save 20% to 60% on eyeglasses, contact lenses, and non-prescription sunglasses at dispensing ophthalmology locations.

Benefit Details

- Call the toll-free number (800) 800-3937 to locate a provider near you.
- Enjoy a low price guarantee. If you find a lower price on the exact same pair of eyeglasses purchased through a coast-to-coast retail location within 30 days of purchase, the difference will be cheerfully refunded.

MAIL ORDER CONTACTS

Highlights

- Save 20% to 50% on most major brands of soft lenses including disposables, torics, and bifocals. Gas permeable materials are also available.

Benefit Details

- Call America's Eyewear at (800) 878-3901 from 8am to 6pm central time on weekdays for a price quote or to place an order for replacement contact lenses.
- Federal law requires you to mail or fax a copy of your prescription to the contact lens company before you can place an order. Mail to America's Eyewear; 13748 Neutron Road; Dallas, Texas 75244, or fax to (972) 503-5671. Once a valid doctor's contact lens prescription is received, you and your family may place orders as often as you wish prior to the expiration date of the prescription.

RETAIL HEARING

Highlights

- Members receive up to 50% savings on over 90 models of hearing aids at over 1,000 locations nationwide.
- Members also receive a one-year supply of batteries and a two-year warranty on their hearing aids at no additional charge.
- Members receive a 15% discount on over 50 models of hearing aids at over 1,200 Beltone locations nationwide. (Year supply of batteries and two year warranty do not apply.)

Benefit Details

- Call toll-free (866) 755-4327 to speak with your regional service representative who will provide you with a detailed explanation of procedures and assist in scheduling a hearing test with your chosen network provider.
- Upon completion of the exam, a final consultation is completed to arrange payment for the hearing aid, your hearing aid(s) is ordered, and the aid(s) is then returned to your local clinic for fitting.
- You will then be fit for the hearing aid(s), and your 45-day free trial will begin.

Beltone Locations

- Call toll-free (800) 235-8663 or go to www.locateproviders.com for Beltone provider locations near you.
- Call the provider in your area to set up an appointment. Be sure to show your card to the provider at the time of service to receive your discount.

MAIL ORDER HEARING AIDS*

Highlights

- Save up to 60% on over 80 models of major brand name hearing instruments.
- Enjoy a 30-day home trial period and a one-year factory warranty.
- Receive the lowest price available. If you find an equal or better price advertised for the same make or model hearing aid within 30 days of purchase, you will be refunded the difference and you will receive a free 12-month supply of batteries.

Benefit Details

- Call 800-333-HEAR (800-333-4327), Monday through Friday, 8:00 am to 5:00 pm mountain time for a brochure to be mailed to you. You will be called in 7 to 10 days for a detailed case history of the hearing problem.
- Testing is recommended by an American Speech and Hearing Association (ASHA) or other certified audiologists. If you live in an area without access to an American Speech and Hearing Association (ASHA) certified audiologist, a recommendation can be made.
- Your hearing aid comes with a 12-month standard manufacturer's warranty. Modifications will be made without cost during warranty should a change in hearing levels require different circuitry.

*Due to state regulations, the mail order hearing aid service is not available to residents of Colorado, Missouri, or Texas.

COUNSELING SERVICES

Highlights

- Speak with a telephone counselor 24 hours a day, 7 days a week regarding any personal problems you may be facing. These calls are free for you and your family.
- Receive help on a multitude of issues including:
 1. Conflicts at work or home
 2. Co-dependency
 3. Reliance on alcohol, tobacco, or drugs
 4. Eating disorders
 5. Marital, family, and relationship concerns
 6. Child or elder care matters
 7. Stress or anxiety
 8. Sexual, physical, or emotional abuse
 9. Difficulty communicating with people
 10. Depression or grief at home or work
- Save 20% to 35% off normal billing charges when referred to a local counselor selected from over 27,000 providers nationwide.

Benefit Details

- Call toll-free (800) 871-8558 to speak with a phone counselor.
- If you need additional help, your counselor may refer you to a local therapist in your area.

NURSE HOTLINE

Highlights

- Receive help at any time of day or night. Because your family's illnesses and medical emergencies do not always occur during business hours, Nurse Hotline is staffed by registered nurses ready to answer your calls 24 hours a day, 7 days a week, 365 days a year.
- Access detailed information on a range of concerns including interpretation of a diagnosis, appropriate treatment for minor emergencies or illnesses, or suggestions for using area support groups.

Benefit Details

- To access Nurse Hotline, simply call (877) 285-1286 (toll-free) 24 hours a day, 7 days a week. When you call Nurse Hotline, the nurse will ask for some basic information including your name, age, phone number, and type of health insurance coverage. The nurse will assess your situation and provide information to help you decide how to solve or treat your problem.
- **VERY IMPORTANT:** In life-threatening emergencies, call 911 or go directly to the nearest hospital emergency room for treatment. If 911 is not available in your area, call the local police or fire department or go directly to the nearest hospital or emergency room.



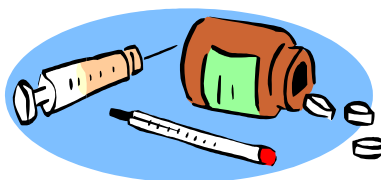
DIABETIC SUPPLIES

Highlights

- Save 15% on all orders.
- Enjoy direct-to-home delivery.
- Pay no shipping charges.
- Order individual diabetic testing supplies such as lancets, insulin, syringes and more.
- Choose from three nationally recognized blood glucose meters:
 1. HDI IQ – Discounted price of \$149.55
 2. MediSense Optium – Discounted price of \$199.07
 3. Bayer Elite Xl or Dex – Discounted price of \$231.97
- Each meter comes with 300 test strips, control solution, lancing device, 300 lancets, and 300 alcohol pads.

Benefit Details


- To receive your discount, simply call Liberty Medical Supply toll- free at (800) 830-1799 and identify yourself as a VIP Health and Wellness member. A friendly operator will assist you in placing your order, and your supplies will be shipped directly to your home.



TERMS AND CONDITIONS

1. Companies providing benefits and discounts in this program are not licensed to provide and do not provide medical services or items to individuals. Providers contracted by each network associated with this program are solely responsible for the professional advice and treatment rendered to members, and each company disclaims any liability with respect to such matters.
2. At any time a participating professional may be eliminated from the respective network in which they are associated.
3. Companies providing benefits and discounts in this program are not a licensed insurer, health maintenance organization, or other underwriter of health care services. No portion of any provider's fees will be reimbursed or otherwise paid.
4. The discounts contained herein may not be used in conjunction with any other discount plan or program. All listed or quoted prices are current prices from participating providers and subject to change without notice. From time to time, certain providers may offer products and/or services to the general public at prices lower than the discounted prices available through this program. In such event, members will be charged the lowest price.
5. Providers are subject to change without notice and programs may vary in some states. This is a discount membership program only, not insurance, and may be discontinued or modified at anytime.
6. Savings are based upon the provider's usual and customary fees. Actual savings will vary depending upon location and specific services or products purchased.
7. Discounts on professional services are not available where prohibited by law. This program is a referral and discount plan and does not warrant professional services, nor is it responsible for the quality of care received. This program makes no warranties express or implied concerning services or care provided.

Note: This contract is not covered by any life and health guarantee association.

| | | | | | | |
|--|---------------------------------|--|---|--|--|------------------------------------|
| <input type="checkbox"/> First Application | | <input type="checkbox"/> Add Dependents – Certificate # _____ | | <input type="checkbox"/> Increase Coverage – Certificate # _____ | | |
| Group Name NRLCA | | Group Number B00075 | | Location _____ | | |
| Member (Last, First, M.I.) | | <input type="checkbox"/> Male <input type="checkbox"/> Female | Social Security No. _____ | | Date of birth _____ | |
| Spouse** (Last, First, M.I.) | | <input type="checkbox"/> Male <input type="checkbox"/> Female | Social Security No. _____ | | Date of birth _____ | |
| Date of hire _____ | Avg hours worked per week _____ | Annual salary _____ | Occupation _____ | | Member _____ | |
| Home address _____ | | | | | Work phone/ext. _____ | |
| City _____ | | | State _____ | Zip code _____ | Home phone _____ | |
| Child(ren) name _____ | Date of birth _____ | Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> F | Full time student <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | Child(ren) name _____ | Date of birth _____ | |
| | | | | | | |
| | | | | | | |
| Primary Beneficiary: (Last, First, M.I.) _____ | | | | | Relationship: _____ | |
| Contingent Beneficiary: (Last, First, M.I.) _____ | | | | | Relationship: _____ | |
| <i>Member will be the beneficiary for any spouse** and/or child(ren) coverage</i> | | | | | | |
| TransChoice® Plus Underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA | | | | | | |
|  | First Class Plan | <i>Monthly Premium</i> | Priority Plan | <i>Monthly Premium</i> | Express Plan | <i>Monthly Premium</i> |
| | Member Only | <input type="checkbox"/> \$ 93.00 | | <input type="checkbox"/> \$ 117.00 | | <input type="checkbox"/> \$ 138.00 |
| | Member plus Spouse | <input type="checkbox"/> \$ 158.00 | | <input type="checkbox"/> \$ 203.00 | | <input type="checkbox"/> \$ 242.00 |
| | Member plus Child(ren) | <input type="checkbox"/> \$ 138.00 | | <input type="checkbox"/> \$ 177.00 | | <input type="checkbox"/> \$ 218.00 |
| | Member plus Family | <input type="checkbox"/> \$ 204.00 | | <input type="checkbox"/> \$ 263.00 | | <input type="checkbox"/> \$ 323.00 |
| Is anyone proposed for coverage covered by any Title XIX program (e.g. Medicaid)? (<i>Residents of KY or VA- do not answer.</i>) If "Yes", List name(s) _____, who will be excluded from coverage. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| APPLICANT'S STATEMENTS AND AGREEMENTS: | | | | | | |
| I represent that all statements and answers made on or attached to this application are true to the best of my knowledge and belief, and realize that any false statements herein which materially affect the acceptance of the risk or the hazard assumed may result in loss of coverage under the policy/certificate to which this application is attached. | | | | | | |
| All states except FL, LA, NJ, or VA- I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (may be a crime and may subject such person to criminal and civil penalties in OR). | | | | | | |
| FL- I understand that any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. | | | | | | |
| LA- I understand that any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. | | | | | | |
| NJ- I understand that any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. | | | | | | |
| VA- I understand that any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statements may have violated state law. | | | | | | |
| I also understand that coverage will become effective only after all of the following conditions have been met: a) I must be a member of an eligible class of members; b) I must have satisfied the employer waiting period; c) the employer group must have met the insurer's minimum participation requirement; d) I must satisfactorily answer all questions on this form; e) I must be actively at work, and for my dependents, they must not be disabled, on the effective date (according to the insurer's rules); and f) the first months premium must have been received by the underwriting company at its administrative office. | | | | | | |
| Lastly, I understand that completion of this enrollment form in no way implies that I will be accepted for insurance coverage. | | | | | | |
| Signed in (City/State) _____ | | This _____ | | Day of (Month/Year) _____ | | |
| Member's Signature _____ | | Spouse's** Signature (if applicable) _____ | | | | |
| Licensed Representative's Name _____ | | Licensed Representative's Signature _____ | | Agent # _____ | | |

Please send this application, along with your first month's premium, made payable to GIS, to:
Greater Insurance Service
P.O. Box 8633
Madison, WI 53708-8663



Greater Insurance Service Corp. Payment Option Form

Please Complete the Following Information

Please Print

Insured Name: _____ Phone: _____

Address: _____
Street City ST ZIP

Please Select and Check one of the Following Payment Methods

VISA Monthly MasterCard Monthly

There is a 4% service fee for this option.

Instructions for Credit Cards

1. Please complete the following account information and return with a check made payable to Greater Insurance Service for one month's premium
2. Credit cards will be charged around the 20th of the month for the next month's premium (*see example at bottom)

Account # _____ - _____ - _____ - _____

Expiration Date: ____/____

Name as it appears on the card: _____

Cardholders Signature: _____

Personal Account Insurance Deduction (P.A.I.D.) Arranged by Greater Insurance Service Corp

Instructions for P.A.I. D.

- 1.-Please submit voided check (no deposit slips) and a check for one month's premium made payable to GIS.
- 2.-Premium will be deducted around the 15th of each month for the next month's premium (*see example at bottom)

Please Select the Account Type for Withdrawal

WITHDRAWAL AUTHORIZATION

Checking Account Savings Account

Name of Depositor _____
(Print name as shown on Financial Institution Records)

Bank Information _____
(Bank Name, Address and Phone # where account is maintained)

TRANSMIT/ROUTING ABA# _____ ACCT. NO. _____

PRE-AUTHORIZED WITHDRAWAL PAYMENT METHOD

As a convenience to me, I hereby request and authorize Greater Insurance Service Corp. to pay and charge to my account, maintained at the above named financial institution, for the payment of premiums due on policies I currently have or may purchase and desire to include under the P.A.I.D. Agreement. The amounts will be drawn on my account by and payable to the order of Greater Insurance Service Corp. provided there are sufficient funds in said account to pay the same upon presentation. This authorization will remain in effect until revoked by me in writing and until Greater Insurance Service Corp. actually receives such notice. I agree that Greater Insurance Service Corp. shall be fully protected in honoring any withdrawals. I understand that if the withdrawal is presented and not honored for any reason and the amount due is not paid, Greater Insurance Service Corp. assumes no responsibility for a policy lapse or cancellation due to non-payment. This arrangement shall terminate immediately upon the closing of my account with you or upon receipt by you of notice of my bankruptcy. I agree that your treatment of my rights in respect to each such charge shall be the same as if they were signed personally by me. A customer has the right to stop payment of a debit entry by notification to Financial Institution prior to charging account. After account has been charged the customer has the right to have the amount of an erroneous entry immediately credited to their account by Financial Institution up to 15 days following the issuance of statement or 45 days after posting, whichever occurs first.

Date

Signature of Depositor

***An example of deductions is as follows: July's premium will be deducted June 20th for Credit Cards or June 15th for PAIDS. If you have any questions, please call our office at 1-800-747-4472.**