

ALLIEDSM

Life & Disability

Term Life/AD&D, STD & LTD for groups of 2-99



Administered by:



www.alliednational.com



Policy issued by:

The United States Life
Insurance Company
in the City of New York

A subsidiary of American International Group, Inc. (AIG)
New York, New York

Standard Plans for groups of 2-24

- Simple plan designs
- Field quoting rate card
- No occupational class coding for disability

Custom Plans for groups of 10-99

- Lower rates
- Full range of benefit options
- Generous Guarantee Issue Life limits
- Accelerated excess Life underwriting

Term Life/AD&D

For Groups of 2-99

Allied™ Group Life Plan provides Term Life and AD&D benefits to the small group market. The Standard Plan is available for groups of 2 to 24 insured employees. Custom plans are available for groups of 10+ (required for groups of 25+) and provide lower premiums and additional options for AD&D and Dependent Life. The Standard Plan may be hand rated using the rates shown here or can be rated using our custom proposal software. All Custom plans are computer rated.



Benefits

Coverage Amounts Allied Life benefits are rated in units of \$1,000 with a \$10,000 minimum benefit.

The employer determines the amount of coverage each employee receives based on one of the following, subject to the maximum benefit based on the size of group:

- *Annual Earnings* - Benefit can equal one, one and a half, two or three times annual earnings.
- *Job Class* - Benefit levels can be arranged by job titles.
- *Income Class* - Benefits can reflect a company's pay scale with a predetermined benefit amount set for each pay level.
- *Level Coverage* - All eligible employees can be covered for the same benefit amount.

Benefits determined by salary or calculated by age reduction are rounded up to the nearest unit of \$1,000.

Guarantee Issue Limits

Number of Enrolled Employees	Non-Takeover Group	Takeover Group*
2 to 4	\$10,000	\$50,000
5 to 9	\$50,000 if classed \$75,000 if not classed	\$100,000
10 to 24	\$100,000	\$100,000
25+	\$100,000	\$150,000

Maximum Benefit Amounts in excess of the guarantee issue limit are subject to medical underwriting.

*Takeover group is a group with life coverage of similar benefit and class structure for a minimum of one year prior to the requested effective date.

Plan Features & Options

Guaranteed Acceptance Coverage will be guaranteed acceptance to eligible groups to maximums determined by group size. Additional amounts requiring evidence of insurability are available. Late entrants are medically underwritten.

Dependent Term Life Benefit This is an employer selected option and is available for groups of 2 or more. When selected, all participating employees with dependents must have dependent life (not available in HI and NJ). The benefit for spouses is \$10,000 and for children is \$2,000.

Benefit Reduction for Age Employee benefits reduce 35% at age 65 and an additional 35% every five years thereafter. Spousal benefits do not reduce but end at age 70.

Waiver of Premium for Total Disability

Premiums will be waived to age 70 if the insured employee becomes totally disabled. See certificate for complete details.

Accidental Death and Dismemberment Coverage

Employee AD&D is automatically included in the Standard Plan for employees and is available as an employee option in the Custom Plan (spouse and dependent benefits do not include AD&D). This coverage pays an additional amount, equal to the life insurance benefit, in the event the insured employee dies as a result of an accidental injury. It also pays a benefit equal to the life insurance benefit in the event the insured employee suffers loss of multiple limbs and/or the sight in both eyes as a result of an accident. The plan pays one-half of the amount of the life insurance benefit in the event the insured employee suffers the loss of one limb or the sight in one eye as a result of an accident. Benefits for AD&D are only payable when the employee suffers the loss within 365 days of the accident.

Seat Belt Benefit* If the insured employee is:

- insured for AD&D benefits and
- is injured in an automobile accident while wearing a seatbelt and
- dies as a result of the accident within 1 year of the accident

an additional benefit equal to the life benefit up to \$50,000 will be paid.

*Benefit not available in AL, AZ, DE, FL, IA, MT, NJ, NY, NC, PA, SD, UT, VT, WA

Term Life Insurance Accelerated Death Benefit

An insured employee covered for at least 180 consecutive days and under age 70 is eligible for an Accelerated Death Benefit provision without additional charge. It allows a ter-

minally ill (life expectancy 6 months or less***) covered person to receive a part of his or her life insurance benefit while living. Such a covered person may elect to have up to 50% of his or her life insurance benefit accelerated. The benefit payment is subject to a discount. See certificate for details.

***This time frame may vary by state.

Conversion Privilege If insurance ends, an insured employee may buy an individual policy of life insurance from The United States Life Insurance Company in the City of New York during the conversion period. See certificate for details.



Standard Plan Rates for Groups of 2-24

How to use this chart:

1. Locate the group's SIC code on page 8 to determine the rating class.
2. Within the proper Class Base Rate table, locate the age and gender for each employee. This will provide you the rate to include on the Rate Calculation Worksheet located on page 9 of this booklet.

Age	SIC Class A Base Rates			SIC Class B Base Rates			SIC Class C Base Rates		
	Male	Female	Unisex**	Male	Female	Unisex**	Male	Female	Unisex**
0 to 29	0.18	0.12	0.16	0.22	0.15	0.20	0.25	0.17	0.22
30 to 34	0.19	0.13	0.17	0.23	0.16	0.21	0.26	0.18	0.23
35 to 39	0.26	0.17	0.22	0.31	0.21	0.26	0.35	0.23	0.30
40 to 44	0.36	0.19	0.29	0.44	0.23	0.36	0.49	0.26	0.40
45 to 49	0.60	0.33	0.49	0.72	0.40	0.60	0.82	0.46	0.68
50 to 54	0.93	0.48	0.75	1.13	0.59	0.91	1.27	0.66	1.03
55 to 59	1.54	0.71	1.21	1.86	0.86	1.46	2.11	0.98	1.65
60 to 64	2.02	0.86	1.56	2.45	1.04	1.89	2.77	1.17	2.13
65 to 69	3.14	1.48	2.47	3.80	1.79	2.99	4.29	2.03	3.38
70 to 74	4.85	2.57	3.93	5.87	3.11	4.76	6.63	3.51	5.38
75 to 79	11.22	7.84	9.87	13.58	9.49	11.95	15.35	10.73	13.51
80 to 84	12.64	8.59	11.02	15.31	10.40	13.34	17.30	11.75	15.08
85 to 89	23.81	18.76	21.79	28.82	22.71	26.38	32.58	25.68	29.82
90 to 94	44.77	41.08	43.29	54.20	49.73	52.41	61.27	56.21	59.24
95 to 99	84.35	84.35	84.35	102.11	102.11	102.11	115.43	115.43	115.43

Premium for Dependent Life*:

To determine spouse life rate, use the employee's age and spouse's gender rate factor and multiply by 10. (Spouse benefit amount is fixed at \$10,000.)

*dependent Life not available in HI or NJ

The \$2,000 children life benefit is fixed at .48 per employee insuring children.

** Unisex rates used in MT only.

Custom Plan Rates for Groups of 10 or More

Custom Plans provide the option to remove AD&D coverage and add higher levels of dependent life coverage. Custom quotes can be obtained using Allied proposal software.

Short Term Disability

For Groups of 2-99

Allied™ Group Short Term Disability (STD) plan provides weekly disability income to covered employees for groups of 2 to 99. The Standard Plan is available for groups of 2 to 24 insured employees. Custom Plans are available for groups of 10+ (required for groups of 25+) and provide lower premiums, additional elimination periods and benefit options. No occupational class coding is required for the Standard Plan. The Standard Plan may be hand rated using the rates shown here or can be rated using our custom proposal software. All Custom Plans are computer rated.



Benefits

Coverage Amounts Allied STD Standard Plan insures 60% of salary with a maximum weekly benefit of \$1,000. The Custom Plan provides the option to insure 40% to 66²/₃% of salary with a maximum weekly benefit of \$1,250. \$100 per week is the minimum purchased benefit. Benefits are rated in units of \$10 and purchased in increments of \$10.

Regular Earnings are defined as earnings received by an employee from the employer excluding overtime, bonuses, expenses, allowances, etc. However, for commissioned employees such earnings will be averaged from the preceding 12 months earnings (or the length of employment if less than 12 months).

Benefits can be classed using either percentage of salary or fixed dollar amount. The fixed dollar amount cannot be less than 25% or more than 60% of earnings without approval from Allied National.

Elimination Periods For the Standard Plan, elimination periods of 1 or 8 days for accident and 8 days for illness are available. For Custom plans, 1, 8, 15 or 30 days for accident and 8, 15 or 30 days for illness are available. The last day of an elimination period represents the day on which the benefit will begin. For example, on a 1-8 plan, benefits begin on the first day of an accident and eighth day of a sickness.

Maximum Benefit Period 13 or 26 weeks as selected by the employer. 52 week plans are available with Custom Plans only. When STD is purchased in connection with LTD, the STD benefit period cannot be longer than the LTD elimination period.

Plan Features & Options

Guaranteed Acceptance Coverage will be guaranteed acceptance for all qualifying groups. Late entrants are medically underwritten.

Total Disability Benefit Disability exists when injury, sickness or pregnancy prevents the covered employee from performing ANY work for pay or profit. Further the employee must not be receiving ANY earnings for performing any work or service. The employee must be under the care of a physician. Maternity is covered as any other illness.

Partial Disability Benefit The Standard Plan requires Total Disability. The Custom Plan allows the option for a Partial Disability benefit. The benefit is the lesser of 50% of the insured benefit or the difference between pre-disability earnings and earnings during the period of partial disability. The insured is no longer considered partially disabled once he/she reaches greater than 80% of his/her pre-disability earnings. To qualify for the partial disability benefit, the insured must:

- Be unable to perform the material duties of his/her occupation on a full-time basis, but able to perform at least one of his/her material duties on a part-time basis, and;
- have received benefits for total disability for at least four weeks and the partial disability must be from the same condition as the total disability.

Recurring Disability Successive periods of disability will be considered one period unless separated by a return to full time work for two weeks if less than age 70 or six months if age 70 or older.

Exclusions No benefits are payable for disability if:

- Not under the care of a physician;
- Performing ANY work for pay or profit (except when qualified for a Partial Disability benefit); or
- Receiving benefits under worker's compensation or similar law.

Pre-Existing Conditions A pre-existing condition is defined as a condition that required medical treatment or advice during the 3-month period immediately preceding the effective date of coverage under the policy. This

limitation does not apply to a disability that begins more than 6 months after the effective date of coverage. If an insured is treatment free for 3 months after the effective date, the pre-existing exclusion may not apply. The pre-existing exclusion period will be reduced by any period the employee had been covered by another comparable disability policy immediately prior to the effective date and sponsored by the employer.

Benefit Reduction Benefits will be reduced for similar income from the following sources.

- For businesses and employees located in California, Hawaii, New Jersey, New York, Puerto Rico, Rhode Island or any other state which provides a State Cash Sickness Plan;
- Mandatory portion of “no fault” motor vehicle plan;
- Social Security Act or Railroad Retirement Act benefits.



Standard Plan Rates for Groups of 2-24

How to use this chart:

1. Locate the group's SIC code on page 8 to determine the rating class.
2. Within the proper Class Base Rate table, locate the age and gender, along with the desired elimination period and benefit period for each employee. This will provide you the rate to include on the Rate Calculation Worksheet located on page 9 of this booklet.

Class A Base Rates												
Age	1-8-13			8-8-13			1-8-26			8-8-26		
	Male	Female	Unisex**	Male	Female	Unisex**	Male	Female	Unisex**	Male	Female	Unisex**
0 to 44	0.35	0.50	0.41	0.33	0.47	0.39	0.45	0.64	0.53	0.44	0.63	0.52
45 to 49	0.48	0.48	0.48	0.46	0.46	0.46	0.63	0.63	0.63	0.61	0.61	0.61
50 to 54	0.60	0.60	0.60	0.57	0.57	0.57	0.79	0.79	0.79	0.77	0.77	0.77
55 to 59	0.76	0.76	0.78	0.72	0.72	0.72	1.00	1.00	1.00	0.97	0.97	0.97
60 to 64	1.03	1.03	1.03	0.97	0.97	0.97	1.33	1.33	1.33	1.29	1.29	1.29
65 to 99	1.39	1.39	1.39	1.32	1.32	1.32	1.82	1.82	1.82	1.76	1.76	1.76
Class B Base Rates												
0 to 44	0.39	0.55	0.45	0.36	0.52	0.42	0.50	0.70	0.58	0.48	0.69	0.56
45 to 49	0.53	0.53	0.53	0.51	0.51	0.51	0.69	0.69	0.69	0.67	0.67	0.67
50 to 54	0.66	0.66	0.66	0.63	0.63	0.63	0.87	0.87	0.87	0.85	0.85	0.85
55 to 59	0.84	0.84	0.84	0.79	0.79	0.79	1.10	1.10	1.10	1.07	1.07	1.07
60 to 64	1.13	1.13	1.13	1.07	1.07	1.07	1.46	1.46	1.46	1.42	1.42	1.42
65 to 99	1.53	1.53	1.53	1.45	1.45	1.45	2.00	2.00	2.00	1.94	1.94	1.94
Class C Base Rates												
0 to 44	0.40	0.58	0.47	0.38	0.54	0.44	0.52	0.74	0.61	0.51	0.72	0.59
45 to 49	0.55	0.55	0.55	0.53	0.53	0.53	0.72	0.72	0.72	0.70	0.70	0.70
50 to 54	0.69	0.69	0.69	0.66	0.66	0.66	0.91	0.91	0.91	0.89	0.89	0.89
55 to 59	0.87	0.87	0.87	0.83	0.83	0.83	1.15	1.15	1.15	1.12	1.12	1.12
60 to 64	1.18	1.18	1.18	1.12	1.12	1.12	1.53	1.53	1.53	1.48	1.48	1.48
65 to 99	1.60	1.60	1.60	1.52	1.52	1.52	2.09	2.09	2.09	2.02	2.02	2.02
Class D Base Rates												
0 to 44	0.44	0.63	0.52	0.41	0.59	0.48	0.56	0.80	0.66	0.55	0.79	0.65
45 to 49	0.60	0.60	0.60	0.58	0.58	0.58	0.79	0.79	0.79	0.76	0.76	0.76
50 to 54	0.75	0.75	0.75	0.71	0.71	0.71	0.99	0.99	0.99	0.96	0.96	0.96
55 to 59	0.95	0.95	0.95	0.90	0.90	0.90	1.25	1.25	1.25	1.21	1.21	1.21
60 to 64	1.29	1.29	1.29	1.21	1.21	1.21	1.66	1.66	1.66	1.61	1.61	1.61
65 to 99	1.74	1.74	1.74	1.65	1.65	1.65	2.28	2.28	2.28	2.20	2.20	2.20

*Contribution Load: For STD and LTD plans, if plan is noncontributory (100% employer paid), the load is 1.0. If plan is contributory, the load is 1.25. Multiply this load times the premium.

** Unisex rates used in MT only.

Custom Plan Rates for Groups of 10 or More

Custom Plans provide higher benefit maximums and additional elimination and benefit period options. Custom quotes can be obtained using Allied proposal software.



Long Term Disability

For Groups of 2-99

Allied™ Group Long Term Disability (LTD) plan provides monthly disability income to covered employees for groups of 2 to 99. The Standard Plan is available for groups of 2 to 24 insured employees. Custom Plans are available for groups of 10+ (required for groups of 25+) and provide additional benefit options. No occupational class coding is required for the Standard Plan. The Standard Plan may be hand rated using the rates shown here or can be rated using our custom proposal software. All Custom Plans are computer rated.

Benefits

Coverage Amounts Allied LTD Standard Plan insures 60% of monthly salary and the Custom Plan insures 40% to 66²/₃% of monthly salary up to the standard maximum insured benefit of \$6,000 per month. \$500 per month is the minimum available benefit. Custom Plan groups with very high compensation may qualify for a higher insured benefit up to \$10,000 based upon the average benefit of the five highest paid participants (HAM – high average maximum rule). Benefits are rated in units of \$100 and purchased in \$100 increments.

Elimination Periods

Standard Plan: 90 or 180 days

Custom Plan: 30, 60, 90, 120, 150, 180 or 360 days

Limited return to work of up to 7 days for less than 90 day elimination periods and 14 days for longer elimination periods will be considered part of the qualifying elimination period.

Maximum Benefit Periods

Standard Plan:

- Industry Classes* A, B and C: Social Security Normal Retirement Age (SSNRA) for owners and white collar; 5 years for all others.
- Industry Class* D: 5 years for all employees.

Custom Plan Options:

- 2 years, 5 years Reducing Benefit Duration (RBD), age 65 or SSNRA.

*See SIC Chart on page 8 for Industry Rating Classes.

Plan Features & Options

Guaranteed Acceptance Coverage will be guaranteed acceptance for all qualifying groups. Late entrants are medically underwritten.

Definition of Disability During the selected Own Occupation Period, a covered person is considered disabled if they are limited from performing the material duties of their regular occupation due to injury and/or sickness (including pregnancy). Benefits may continue beyond the Own Occupation Period if the insured is unable to perform the duties of any gainful occupation suited by training and education.

Partial Disability An insured is considered partially disabled if they are unable to perform at least one of their material duties part-time or at least one, but not all, of their duties full-time. During a period of partial disability, the insured will remain eligible for benefits. Under the Standard Plan they will receive a dollar for dollar offset for any earnings. Under the Custom Plan they will continue to receive benefits without offsets until they reach 100% of pre-disability earnings.

Own Occupation Period Standard plan will be two years for all employees. Custom plan options are two year, three year or five year. For white collar workers earning more than \$50,000 per year and not in a restricted industry, another custom plan option is to age 65.

Benefit Integration and Coordination Integration in the Standard Plan is full family. Custom Plan also includes options for primary only and 70% all sources. Long term disability benefits paid will be reduced by income received from (1) an employer or self-employment, (2) an employer retirement plan, (3) the retirement system of any government agency including the Veterans Administration, (4) the Railroad Retirement Act, the Canada Pension Plan or the Quebec Pension Plan, (5) any other employer disability plan, (6) Workers' Compensation or any other government disability program, or (7) the Social Security Act.

Waiver of Premium Premiums with respect to the disabled employee will be waived during any period of disability for which benefits are payable.

Minimum Paid Benefit The Minimum Paid Benefit is the greater of \$50 or 10% of the insured's salary per month unless the period of disability is less than one month, in which case the Minimum Benefit is 1/30 of the monthly minimum paid benefit for each day of disability after the Elimination Period.

Successive Periods of Disability Successive periods of disability due to different and unrelated illnesses are considered different disability periods when separated by at least one complete day of active, full-time work. Disability due to the same or to a related cause is considered to have occurred during a single disability period if not separated by six months or more of active, full-time work.

Survivor Benefit If, after 180 days of disability, a disabled insured dies while receiving disability benefits, the gross disability benefit will continue to be paid for three months to the person's spouse. If the spouse is not living, the benefit will be paid to the children, if under 21 (or under 25 if a full time student) and unmarried on the day the disabled insured dies. If there are no such survivors, no benefit will be paid.

Occupational Coverage This plan provides for both on and off-the-job coverage.

Limitations Benefits for disability due to alcohol abuse, drug abuse, chemical dependency, and mental illness are limited to a maximum benefit period of 24 months or the maximum benefit period for sickness, whichever is less. This is not a separate maximum for each such condition

but a combined maximum for all periods of disability and for all of these conditions. If the insured is in the hospital at the end of the 24 month period and the normal maximum period for sickness has not been exhausted, the monthly benefit will be paid during the confinement up to the maximum period payable.

Exclusions No benefits are payable for disability caused by:

- intentional self-inflicted injury of any kind;
- war or any act of war; or
- commission of a crime.

Pre-Existing Conditions Benefits for disabilities caused by pre-existing conditions are excluded if:

- Medical advice or treatment had been received within the 12 month period immediately preceding the effective date of coverage under the policy, and
- Less than 24 months have elapsed since the effective date of the policy. If an insured is treatment free for 6 months after the effective date, the pre-existing period may not apply.
- The pre-existing exclusion period will be reduced by any period the employee had been covered by another comparable disability policy immediately prior to the effective date and sponsored by the employer.



Standard Plan Rates for Groups of 2-24

How to use this chart:

1. Locate the group's SIC code on page 8 to determine the rating class.
2. Within the proper Class Base Rate table, locate the age along with the desired elimination period, for each employee. This will provide the rate to include on the Rate Calculation Worksheet located on page 9 of this booklet.

Age	Class A Base Rates*		Class B Base Rates*		Class C Base Rates*		Class D Base Rates*	
	90 Day EP	180 Day EP	90 Day EP	180 Day EP	90 Day EP	180 Day EP	90 Day EP	180 Day EP
0 to 24	0.23	0.16	0.27	0.19	0.30	0.21	0.33	0.23
25 to 29	0.27	0.19	0.32	0.22	0.35	0.24	0.38	0.26
30 to 34	0.43	0.30	0.50	0.35	0.55	0.38	0.60	0.41
35 to 39	0.51	0.39	0.60	0.45	0.66	0.49	0.71	0.54
40 to 44	0.77	0.58	0.89	0.67	0.98	0.74	1.06	0.80
45 to 49	1.12	0.86	1.30	1.00	1.43	1.09	1.55	1.19
50 to 54	1.54	1.19	1.80	1.39	1.97	1.52	2.14	1.65
55 to 99	1.83	1.39	2.13	1.62	2.33	1.77	2.54	1.93

*Contribution Load: For STD and LTD plans, if plan is noncontributory (100% employer financed), the load is 1.0. If plan is contributory, the load is 1.25

Custom Plan Rates for Groups of 10 or More

Custom Plans provide higher benefit maximums and additional elimination and benefit period options. Custom quotes can be obtained using Allied proposal software.

Agent Information

Appointment Information The insurer of these plans, The United States Life Insurance Company in the city of New York, a member company of American International Group, Inc., accepts appointment applications at the time of your first case submission*. You can obtain an appointment form and producer commission agreement by downloading them from the Allied National website at www.alliednational.com or by calling Allied Sales Support at 1-888-767-7133. If you have not worked with Allied previously, we will also need a copy of a completed W-9 form and signed commission agreement.

**Important Note: State appointment requirements vary. It is your responsibility to know and comply with all appointment requirements in the states in which you do business. Allied covers all costs of appointments.*

Participation Requirements

# of Eligible Employees	Participation Required
2 to 5	100%
6 to 9	all but one
10+	75%

Group Eligibility

Allied Life and Short Term Disability: Groups of any size must have been in business for at least 6 months.

Allied Long Term Disability: Groups with 2 to 9 eligible employees are required to have been in business for at least two years; groups with 10 to 99 eligible employees need to have been in business for at least six months.

Employee Eligibility For an employee to be eligible, he or she must be a permanent full-time employee (this includes owners, partners and officers) or a 1099 employee of the enrolling firm. The employee must perform all the duties of his or her occupation at least 30 hours weekly (less hours to comply with state mandates are permitted or when coordinated with other benefit plans upon underwriting approval) on a regular basis at the Employer's place of business.

Coverage begins on either the case effective date or the first day of the month coinciding with or following the completion of the eligibility period selected by the employer. This eligibility period must be the same for all employees.

Dependent Eligibility For Allied Life ONLY—Eligible dependents are: an employee's legal spouse who is not legally separated and is not a member of the armed forces; and, an employee's unmarried children, including step children, legally adopted or foster children, who are: under the age of 19; or under 25 if a full-time student in an accredited school; and are primarily dependent (at least 50%) on the employee for support and maintenance.

Please Note: Plan provisions may vary by state. Exact plan provisions are listed in the Policy and Certificate of Insurance issued to each employee.

Effective Dates for Current and New Employees Current employees are subject to a period of 0, 1, 2, or 3 months from their date of hire (as selected by the employer) before they are eligible for coverage.

New employees hired after the firm's effective date of insurance become eligible on the first of the month coinciding with or following the completion of the waiting period selected by the employer. In certain circumstances such as high employee turnover industries, the employer may, with Underwriting approval, elect longer waiting periods.

Application for new employees must be received by Allied no later than 31 days from when the employee first becomes eligible for coverage or they will be considered late applicants and subject to late applicant provisions.

Waivers Waivers do not need to be filled out for Allied Life and Allied Disability.

Case Effective Dates A new case can be effective any day of the month for Allied Life and Allied Disability. All papers must be signed and dated on or before the requested effective date and Allied must receive them in complete and acceptable form within five working days of that date (including the effective date). When other than the first of the month dating is granted, second month premiums will be prorated so that the billing due dates and renewal always fall on the first day of the month.

SIC Codes and Standard Plans Rating Class Chart*

SIC Range	Rating Class			SIC Range	Rating Class		
	STD	LTD	Life		STD	LTD	Life
111 – 199	C	C	B	5921 – 5921	C	C	B
211 – 799	C	C	A	2931 – 5989	C	C	A
811 – 999	C	C	C	5992 – 5992	C	C	NA
1011 – 1499	NA	NA	NA	5993 – 5999	C	C	A
1521 – 1529	NA	NA	B	6011 – 6199	A	A	A
1531 – 1542	C	C	B	6211 – 6289	D	D	A
1611 – 1699	C	C	C	6311 – 6499	A	A	A
1711 – 1799	C	C	B	6511 – 6559	B	B	A
2011 – 2015	NA	D	B	6711 – 6799	A	A	B
2021 – 2099	A	A	B	7011 – 7099	D	D	B
2111 – 2199	D	D	C	7211 – 7221	B	B	A
2211 – 2399	C	C	A	7231 – 7241	B	B	NA
2411 – 2429	NA	NA	C	7251 – 7299	B	B	A
2431 – 2431	C	C	C	7311 – 7319	A	A	A
2434 – 2499	C	C	B	7322 – 7322	D	D	A
2511 – 2599	A	A	B	7323 – 7339	B	B	A
2611 – 2639	C	C	A	7342 – 7342	D	D	NA
2651 – 2779	A	A	A	7349 – 7349	D	D	A
2781 – 2799	B	B	A	7351 – 7369	B	B	A
2811 – 2819	B	B	B	7371 – 7379	A	A	A
2821 – 2839	A	A	B	7381 – 7382	C	C	NA
2841 – 2849	B	B	B	7383 – 7383	A	A	A
2851 – 2891	C	C	B	7384 – 7384	B	B	A
2892 – 2892	NA	C	NA	7389 – 7389	C	C	A
2893 – 2899	C	C	B	7511 – 7539	B	B	B
2911 – 2999	D	D	C	7542 – 7542	B	B	C
3011 – 3099	A	A	A	7549 – 7599	B	B	B
3111 – 3111	C	C	NA	7611 – 7639	C	C	B
3131 – 3199	C	C	A	7641 – 7699	D	D	B
3211 – 3291	A	A	C	7811 – 7829	A	A	B
3292 – 3292	NA	NA	NA	7831 – 7849	B	B	B
3293 – 3299	A	A	C	7911 – 7911	NA	C	B
3311 – 3499	C	C	C	7922 – 7929	NA	C	NA
3511 – 3569	A	A	B	7933 – 7941	NA	C	B
3571 – 3581	A	A	A	7948 – 7948	NA	C	NA
3582 – 3599	A	A	B	7991 – 7992	NA	C	B
3611 – 3699	A	A	A	7993 – 7993	NA	C	NA
3711 – 3799	A	A	B	7996 – 7999	NA	C	B
3811 – 3999	A	A	A	8010 – 8032	D	D	A
4011 – 4013	D	D	C	8033 – 8033	NA	D	A
4111 – 4119	C	C	C	8034 – 8049	D	D	A
4121 – 4121	NA	C	NA	8051 – 8059	C	C	A
4131 – 4173	C	C	C	8061 – 8069	D	D	A
4211 – 4214	NA	C	NA	8071 – 8089	B	B	A
4215 – 4215	NA	C	B	8091 – 8099	D	D	A
4221 – 4221	NA	C	C	8111 – 8199	B	B	A
4222 – 4231	C	C	C	8211 – 8299	A	A	A
4311 – 4399	NA	NA	NA	8311 – 8361	D	D	B
4411 – 4499	NA	D	C	8399 – 8399	D	D	C
4512 – 4512	NA	NA	A	8411 – 8599	D	D	A
4513 – 4513	NA	NA	B	8611 – 8629	A	A	B
4522 – 4581	NA	NA	A	8631 – 8639	NA	NA	B
4611 – 4699	B	B	C	8641 – 8699	A	A	B
4721 – 4749	C	C	A	8711 – 8743	A	A	A
4781 – 4789	B	B	A	8744 – 8744	NA	NA	A
4811 – 4899	A	A	A	8745 – 8749	A	A	A
4911 – 4949	A	A	C	8811 – 8811	NA	NA	NA
4951 – 4959	C	C	C	8911 – 8999	D	D	B
4961 – 4999	A	A	C	9111 – 9199	B	B	B
5011 – 5299	A	A	B	9211 – 9211	NA	NA	B
5311 – 5399	D	D	B	9221 – 9221	NA	NA	NA
5411 – 5499	D	D	A	9222 – 9222	NA	NA	B
5511 – 5599	B	B	B	9223 – 9229	NA	NA	NA
5611 – 5699	B	B	A	9311 – 9311	NA	NA	A
5712 – 5799	B	B	B	9411 – 9661	NA	NA	B
5811 – 5899	C	C	C	9711 – 9799	NA	NA	C
5912 – 5912	C	C	A				

N/A - This is an ineligible industry for Standard Plans. Custom Plan quotes may be available. Contact Allied for details.

***100 percent family groups are ineligible for Allied Life and Disability Plans.**

Rating Worksheet & Instructions

Quote Information There are four ways you can obtain a quote for the Allied Life and Allied Disability Plans:

1. For a Standard Plan, you can use the enclosed Life, STD and LTD rating worksheet.
2. For Standard and Custom Plans, if you have access to WINAllied Proposal software, you can generate a quote in the field. This software has instructions to guide you through the quote process.
3. For Standard and Custom Plans, call your Allied General Agent or Allied's Sales Support Team at 1-888-767-7133, for directions.
4. Or, simply fax a completed Request for Proposal to Allied at 913-945-4390 or email to sales@alliednational.com.

Manual Rate Calculations for Standard Plans

To calculate rates, use the appropriate worksheet column for each plan for which the group is enrolling. Enter the name, age and class (if applicable). Then, for each plan, calculate the monthly premium for each employee using the rating chart for that plan. (For dependent life, see special instructions at the bottom of page 3.) Add the monthly premium amounts to determine the firm's total monthly premium for that plan.

Transfer the total monthly premium for each plan to the area provided on the back of the Group Membership Application. Use the Application to determine the total first month's premium due (including fees).

If discount factors are used, manual calculations may differ slightly from computer generated proposals. This is due to the fact that computer proposals apply the discount factor to each applicant's monthly premium rather than to the group's monthly premium total. This will result in slight differences due to rounding of the rates.

Please note that the disability rates are based upon each employee's regular monthly earnings, not including overtime, expenses, allowances or bonuses. Commissioned employees whose earnings fluctuate from month to month receive benefits based on their average earnings for the preceding 12 months.

IMPORTANT NOTE: All worksheets used for rate calculations must be submitted to Allied with the groups membership application and enrollment form. This is necessary to verify the benefits applicable to each enrolling employee. If a computer generated proposal is used for rating, please submit a copy of this proposal with the case.

Benefits By Job/Income Class

Benefits for all plans may be based on job classification, income classes or on a percentage or multiple of employee earnings. The use of job classification or income classes allows an employer to provide different benefit levels to each insured class. If benefits are based on classes, the following guidelines apply:

1. Class descriptions must be nondiscriminatory.
2. At least two employees must participate in each class.
3. The benefit for each class may not be more than 2 ½ times the benefit for the next lower class.
4. The maximum benefit level selected for the highest class cannot be more than 10 times the benefit of the lowest class.
5. A maximum of five classes may be designated.
6. Blue collar only groups via carveout are not permitted.

Use the reverse side of the employer application to briefly describe each class and list the benefit level for each class.

Worksheet Beginning

Please complete the information below about the group you are submitting.

Name of Group: _____

SIC Code: _____

(Use the company's Workmans Compensation policy to find the SIC code. Or, visit Allied's website at www.alliednational.com/helpful_links.htm to link to an online SIC code finder.)

Rating Classes Used: STD ___ LTD ___ Life ___

Class Definitions (up to 5):

1. _____
2. _____
3. _____
4. _____
5. _____

Life Benefits:

Flat Amount: \$ _____ ; or

Salary Based: 1x 1-1/2x 2x 3x

Short Term Disability Benefits:

Accident Elimination Period: 1 8

Duration: 13 week 26 week

Long Term Disability Benefits:

Elimination Period: 90 Day 180 day



EMPLOYER ENROLLMENT FOR GROUP COVERAGE

(Please type or print in ink - May be photocopied or duplicated)

AIG AMERICAN GENERAL

POLICY ISSUED BY THE UNITED STATES LIFE INSURANCE COMPANY IN THE CITY OF NEW YORK

A SUBSIDIARY OF AMERICAN INTERNATIONAL GROUP, INC. (AIG) NEW YORK, NEW YORK

FIRM NAME _____ PHONE () _____

ADDRESS _____ FAX () _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

1. I hereby apply to participate in the following Allied™ Plan(s) (check all that apply):

- Dental, Takeover, Orthodontia, Enhanced Benefits, Life/AD&D, STD, LTD options with checkboxes and fields for carrier name and effective date.

Attach a copy of proposal for each desired benefit plan to describe the purchased benefits

2. Minimum contribution of 25% of all employee costs. Employer contribution is % STD, % LTD, % Life, % Dental
2. Type of Business Organization: Sole Proprietorship Partnership Corporation LLC Not-For-Profit Other

3. Exact Nature of Employer's Business _____

4. Date company first began operating _____ SIC Code (often found on work comp policy) _____

5. Name of individual employee at business handling insurance details _____

6. Subsidiary or Affiliated Companies - (The employees of the following subsidiary or affiliated companies also request participation):

Table with 3 columns: NAME, FULL ADDRESS, NATURE OF BUSINESS

7. An employee must work at least 30 hours per week (less than 30 hours must comply with state law and requires approval) to be considered full time. I hereby certify that there are, as of this date, a total of () full-time (working 30 hours or more per week) eligible employees (including owner(s), partners and officers in the employment of this firm). If any class or classes are to be excluded from eligibility describe them briefly. (Such class exclusions must be non-discriminatory.)

8. I understand and agree that only those full-time employees who meet the eligibility requirements are to be included and that participation must be met before the insurance can be made effective. Participation, as outlined in the brochure under the heading "Participation Requirements" including a minimum of two insured employees, must be maintained continuously while insurance is in force to prevent cancellation of coverage. The undersigned employer understands that if participation falls below minimum requirements for three consecutive months, coverage will be automatically terminated at the end of the third month without further notice.

9. I understand and agree that the following benefit waiting period will apply to all employees of this firm
A. All full-time employees actively at work on or before the case effective date are eligible on completion of:
B. All new employees (actively at work after the case effective date) shall become eligible on the first day of the month coinciding with or next following the completion of:

10. I understand and agree that investigation(s) will be made by Allied, now and in the future, to verify the number and names of full-time employees of this firm and I will furnish with this application, and upon any future request, a current census and State Quarterly Unemployment Tax Report, and any other information requested.

11. DESIRED EFFECTIVE DATE: Month _____ Day _____ Year _____ May be any day of the month. All papers must be signed and dated on or before the requested effective date and be received by the Administrator within 5 working days (including the effective date) after that date in complete and acceptable form. No insurance is effective until approved in writing by Allied.

12. I verify that all employees enrolling for coverage are actively at work, working full time and meet the eligibility requirements as listed on the employer enrollment form.

I verify that The United States Life Insurance Company in the City of New York's benefit plan(s) have been offered to all employees. Completed waivers or declination of coverage are attached for those employees and dependents electing not to participate in the plan(s). NOTE: Changes in the Census data may affect previously quoted rates.

I understand any existing plans being replaced by this coverage should not be terminated until written notice of acceptance has been received. To the best of my knowledge and belief, all statements and answers given in this application are true and complete.

I understand and agree that: no agent may change or waive any of the provisions of this application or any plan of insurance; any change or waiver may be made only by the administrator; this application will be accepted or declined partly on the basis of the statements and answers given on this enrollment form; if the insurance contract comprises a part of an employee benefit plan, The United States Life Insurance Company is granted sole discretionary authority to determine eligibility, make all factual determinations and to construe all terms of the policy. The United States Life Insurance Company in the City of New York has no responsibility or control with respect to any other benefit which may be provided beyond this contract or any other plan of benefits.

I understand that this enrollment form requests our participation in a Multiple Employer Trust. I agree to be bound by the terms of the trust agreement, a copy of which will be furnished to me upon my request.

I request membership in Allied Employers Association and appoint its president to cast votes on all matters as my proxy.

Signature _____ Title _____ Date _____

(Must be signed in ink by Firm Owner, Partner or Officer)



ADMINISTRATORS USE ONLY CASE # _____
--

MAIL TO:
NEW CASE UNDERWRITING
ALLIED NATIONAL
P. O. BOX 29187
SHAWNEE MISSION, KS 66201-9187

1-800-825-7531

OVERWRITE NAME (your Allied General Agent) _____

OVERWRITE ALLIED ID # _____ AIG AMERICAN GENERAL GA # _____

PRODUCER'S INFORMATION

Please Print or Type Legibly:

Allied Agent # _____ AIG American General Producer # if known _____

Producer's Name _____

Agency or Company _____

Address _____

City _____ State _____ ZIP _____

TEL () _____ FAX () _____

E-Mail Address _____

Pay Commissions To Agent _____ Agency _____

Check here, if currently receiving commission and wish no change to be made.

SSN OR TAX ID # _____

I certify that all of the information contained in **the Employer Enrollment** is correct to the best of my knowledge. I have complied with the underwriting rules and have explained in detail the coverage to the employer and its employees (copies of all proposals for all desired benefit plans are attached).

In the event of cancellation of insurance coverage for which I am an agent, I hereby agree to reimburse Allied National for any and all unearned Commissions on such cancelled insurance.

Date Completed _____ **Signature of Producer** _____

GROUP SUBMISSION REQUIREMENTS

The following information must be submitted with each group enrollment:

- Employer Enrollment Form—Signed in ink by Broker and Employer
- Employee Enrollment Forms
- Initial Premium Check for First Month made payable to Allied National (preprinted business check)
- Completed Rating Worksheet **or** Final Proposal (with sold rates and benefits)
- State Quarterly Tax and Wage Statement (for groups with 10 eligible employees or fewer)*
- Copy of Prior Carrier Certificate or Booklet when requesting takeover benefits
- Copy of Current Bill and Bill from 12 months prior to requested effective date for groups requesting takeover benefits

**Allied needs to see salary documentation for life and disability benefits based on salary.*



EMPLOYEE ENROLLMENT FORM

(Please type or print in ink - May be copied or duplicated)

AIG American General

Policy issued by The United States Life Insurance Company
in the City of New York

A subsidiary of American International Group, Inc. (AIG)
New York, New York

1. Employee Information

FULL NAME OF EMPLOYEE		MARITAL STATUS	# OF ELIGIBLE CHILDREN	GENDER (M/F)
RESIDENCE ADDRESS		CITY	STATE	ZIP
AGE (LAST BIRTHDAY)	BIRTHDATE (MM/DD/YY)	DATE OF HIRE (FULL TIME)	SOCIAL SECURITY NUMBER	
EMPLOYER NAME		AVG. # HOURS WORKED WEEKLY	GROSS MONTHLY EARNINGS \$	
EMPLOYER'S LOCATION - STREET ADDRESS		CITY	STATE	ZIP
EMPLOYER'S PHONE NUMBER (include Area Code)		OCCUPATION, TITLE, DUTIES		

ADM. USE ONLY
CASE NO.
EMPLOYEE NO.
CLASS
BENEFITS TDLS XS
EFFECTIVE DATE
UWF 48 YES NO DATE _____

2. Benefit Information

I Am Applying for (check one): Self Only; Self and Spouse; Self and Child(ren); Self, Spouse & Child(ren)

I elect (check all that apply): Dental Life Insurance Short Term Disability Long Term Disability

3. Dependent Information

If enrolling for dependent Dental coverage – please list all dependents below

Names of all Dependents to be Insured	Relationship (spouse, son, daughter)	Sex M/F	Date of Birth	Full time student	ADMIN USE ONLY			
					LAT	D&R	Ortho D&R	PXT
	EMPLOYEE							
1.				Y or N				
2.				Y or N				
3.				Y or N				
4.				Y or N				
5.				Y or N				

4. Beneficiary Information

Life Insurance Beneficiary _____ Relationship _____

I am working the average number of hours shown above on a regular basis for the above-named employer. I hereby authorize my employer to make the necessary payroll deduction.

Signature _____ Date _____
PLEASE SIGN IN INK FOR WAIVER OF ELIGIBILITY, COMPLETE REVERSE SIDE

Please mail completed enrollment form to: Allied National, P. O. Box 29187, Shawnee Mission, KS 66201-9187

(May be photocopied or duplicated)

WAIVER OR DECLINATION OF GROUP COVERAGE

**(Policy issued by The United States Life Insurance Company in the City of New York
A subsidiary of American International Group, Inc. (AIG) New York, New York)**

AFTER due consideration, I have chosen (check all that apply):

- Not to enroll myself in the group Dental Life STD LTD plan being offered by my employer.
 Not to enroll my spouse in the Group Dental Plan being offered by my employer. Reason _____
 Not to enroll my children in the Group Dental Plan being offered by my employer. Reason _____

I understand that this waiver or declination of coverage is permitted only if I am required to contribute premium. If waiving dental coverage because of coverage with another carrier, please provide the following.

Name of current insurance carrier _____

Insurance carrier phone number _____ Case or Plan # _____

How do you qualify for this coverage? _____

I understand that by taking this action, I waive all benefits payable thereunder for myself and/or my dependents. Further, I understand that if I and/or my dependents enroll under this plan in the future, benefits may be limited and eligibility may be subject to satisfactory evidence of insurability.

Please Print or Type Legibly:

Name of Your Employer: _____ Case Number: _____

Date: _____ Your Name: _____

Signature of Employee: _____

Social Security Number: _____

Submitting a Case

A sold case **MUST** include the following documents in order to be reviewed by an underwriter:

- Employer Enrollment Form—Signed in ink by Broker and Employer
- Employee Enrollment Forms completed in ink
- Initial Premium Check for the first month made payable to Allied National (preprinted business check)
- Completed Rating Worksheet or Final Proposal (with sold rates and benefits)
- State Quarterly Tax and Wage Statement (for groups with 10 eligible employees or fewer)*
- Prior Carrier Certificate

Mail To:

New Case Underwriting
Allied National
P.O. Box 29187
Shawnee Mission, KS 66201-9187

For deliveries requiring
a street address:
Allied National
4551 W. 107th St. #100
Overland Park, KS 66207-4037



About the Carrier

Allied Life & Disability Plans are issued by The United States Life Insurance Company in the City of New York, a subsidiary of American International Group, Inc. (AIG) New York, New York, and is rated A+ (Superior) by A.M. Best.



Policy issued by:

**The United States Life
Insurance Company
in the City of New York**

*A subsidiary of American International Group, Inc. (AIG)
New York, New York
Policy Form Number G-19000*

The underwriting risks, financial and contractual obligations and support functions associated with the products issued by The United States Life Insurance Company in the City of New York (USL) are its responsibility. AIG does not underwrite any insurance policy referenced herein.

Polices not available in all states.

2008 American International Group, Inc. All rights reserved.

Allied National has been serving agents and brokers on a nationwide basis since 1970 and since then has been the group administrator for tens of thousands of small to medium sized businesses.

Allied National is in charge of all underwriting and billing for the program. Claims are paid by The United States Life Insurance Company in the City of New York.



1-888-767-7133

www.alliednational.com

Email: sales@alliednational.com

Are you interested in changing or adding dental to your plan offering?

Allied has many unique quality small group insurance alternatives including dental, and health. Ask your agent today to find out more!

Please contact Allied's Sales Support Team at
1-888-767-7133
with marketing, new business or new submission questions.

General Mailing Address:
Allied National
P.O. Box 29189
Shawnee Mission, KS 66201-9189

For deliveries requiring a street address:
Allied National
4551 W. 107th St. #100
Overland Park, KS 66207-4037
Email: sales@alliednational.com



Sales materials, applications and other forms are available to download from our website, www.alliednational.com

[Allied Life & Disability Brochure 708s507](#)



by:
United States Life
Insurance Company
of New York

A subsidiary of American International Group, Inc. (AIG)
New York, New York
Policy Form Number G-19000

The underwriting risks, financial and contractual obligations and support functions associated with the products issued by The United States Life Insurance Company in the City of New York (USL) are its responsibility. AIG does not underwrite any insurance policy referenced herein.

Polices not available in all states.

2008 American International Group, Inc. All rights reserved.