CIGNA GROUP
ACCIDENTAL INJURY PROPOSAL

ACCIDENTAL INJURY INSURANCE POLICY

Prepared For:

Kidco LTD

Requested By:	**CIP Group**
Proposed Effective Date:	January 1, 2027
Proposal Prepared On:	October 20, 2026
Proposal Valid Through:	January 1, 2027
Issued By:	**Cigna Health and Life Insurance Company***

The information contained in the following response/proposal is confidential and proprietary information of the insurance company making the proposal. It is being provided with the understanding that it will not be used by Kidco LTD, its representatives or consultants for any purpose other than the evaluation of the insurance company's proposal in connection with the services sought by Kidco LTD. Dissemination of the information contained herein by Kidco LTD, its representatives and consultants shall be limited to their respective employees who are directly involved in the evaluation process. Under no circumstances is any of the information contained herein (including excerpts, summaries, extracts and evaluations thereof) to be used, disseminated, disclosed or otherwise communicated to any person or entity other than Kidco LTD and its representatives and consultants involved in the evaluation process.

THE POLICY CONTEMPLATED BY THIS PROPOSAL WILL PAY LIMITED ACCIDENT ONLY BENEFITS. IT DOES NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE AND IS NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT A MEDICAID OR MEDICARE SUPPLEMENT POLICY.

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*The policy contemplated by this proposal will be issued and administered by Cigna Health and Life Insurance Company and insured by Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

Kidco LTD
Group Accidental Injury Proposal
Accidental Injury Insurance
Schedule of Benefits Summary

Eligibility	All active, Full-time Employees of the Employer who are regularly working in the United States a minimum of 20 hours per week and regularly residing in the United States and who are United States citizens or permanent resident aliens or non-United States citizens legally working and living in the United States (Inpats) and their Spouse, Domestic Partner, or Civil Union Partner and Dependent Children who are United States citizens or permanent resident aliens or Spouse, Domestic Partner, or Civil Union Partner or Dependent Child Inpats and who are legally residing in the United States.
Eligibility Waiting Period	The standard recommended Eligibility Waiting Period is: First of month after 30 days from date of hire or Active Service. Credit will be given for the period of time of Active Service before the Policy effective date. The actual Eligibility Waiting Period is determined by the Employer.
Initial Enrollment Event	Guarantee issue coverage available for eligible new employees, spouse, domestic partner, or civil union partner and dependent children
Annual/Scheduled Enrollment Events	Open Allowed on an annual basis Guarantee issue coverage available for all eligible employees, spouse, domestic partner, or civil union partner, and dependent children.
Late Enrollment ***Late Enrollees***	Not permitted outside of annual enrollment event.
Life Status Enrollees	All eligible employees are able to apply for coverage or increase coverage for themselves and apply for or increase coverage for their spouse, domestic partner, or civil union partner and dependent children due to life status events without satisfying medical evidence of insurability so long as they apply within 31 days of such event. Life Status events include: marriage; loss of a spouse, domestic partner, or civil union partner (whether by death, divorce, annulment or legal separation); birth or adoption of a child, or acquiring a child through marriage; a change in the group benefit plan available to the employee's spouse, domestic partner, or civil union partner; a change in the employee's employment status that affects eligibility for group benefits for either the employee or his spouse, domestic partner, or civil union partner; termination of a spouse's, domestic partner's, or civil union partner's employment; and as specified in the Employer's Plan which this Policy insures.
Participation Requirement	No minimum requirement
SUMMARY OF BENEFITS	
Benefit Waiting Period	None for Employee benefits unless otherwise stated.
Pre-Existing Condition Limitation	Does not apply.
Employee Benefit Amount(s)	100% of the Benefit Amount shown

Spouse, Domestic Partner, or Civil Union Partner Benefit Amount(s) (spouse, domestic partner, or civil union partner to age 100 is eligible for coverage if employee is enrolled)	100% of the Benefit Amount shown
Dependent Child Benefit Amount(s) Child only eligible if employee is enrolled (Birth to 26; 26+ if disabled)	100% of the Benefit Amount shown
Age Based Reductions	None
Coverage	Pays a fixed benefit according to the schedule below. This is a group accident 24 hour insurance policy.

SIMPLE FILE® INTEGRATION

Simple File® Sync

Through our Sync program, Cigna may identify potential claims using medical or dental data - making it easier to receive benefits. All capabilities are dependent upon timely receipt of ongoing SHS eligibility feed and a medical claim file feed. Note: Service may be forward dated in certain circumstances if program requirements are not met in time.

Coverage and Benefit Amounts	**Series CHLIC 1.0 CUSTOM HIGH PLANS**
INITIAL CARE AND EMERGENCY CARE	
Benefit Type	Benefit Amount **Plan 1**
Emergency Care Treatment Limited to 1 per accident.	$150
Physician Office Visit – *Includes urgent care, Virtual Care accepted* Limited to 1 per accident.	$150
Diagnostic Exam (x-ray or lab) Limited 1 per accident.	$75
Ground / Water Ambulance (to nearest hospital)	$300
Air Ambulance Limited 1 per accident.	$1,800

HOSPITALIZATION

Benefit Type	Benefit Amount **Plan 1**
Hospital Admission Limited to 1 per accident.	$1,200
Intensive Care Unit Admission Limited to 10 per year, 1 per accident.	$1,200
Hospital Stay Limited to 365 days, 1 stay per accident.	$250 per day
Intensive Care Unit Stay Limited to 30 days, 1 stay per accident.	$500 per day

FRACTURES

Limited to 1 per accident.

Benefit Type	**Plan 1** Benefit Amount Non-Surgical	 Surgical
Skull	$4,000	$8,000
Hip or Thigh	$4,000	$8,000
Vertebrae or Pelvis	$2,000	$4,000
Upper Arm	$1,500	$3,000

Shoulder or Collarbone	$1,500	$3,000
Leg	$1,700	$3,400
Ankle	$1,000	$2,000
Kneecap	$1,000	$2,000
Lower Arm	$1,000	$2,000
Foot	$1,000	$2,000
Hand or Wrist	$1,000	$2,000
Upper Jaw	$800	$1,600
Lower Jaw	$800	$1,600
Bones of Face or Nose	$800	$1,600
Vertebral Processes	$800	$1,600
Rib	$465	$930
More than 1 rib fracture pays **2** times the Benefit Amount		
Coccyx	$465	$930
Finger	$250	$500
More than 1 finger pays **2** times the Benefit Amount		
Toe	$250	$500
More than 1 toe fracture pays **2** times the Benefit Amount		
Sternum	$750	$1,500
Heel	$250	$500
Chip Fracture	25% of closed fracture benefit	N/A
Multiple Fractures	200% of the single fracture benefit for multiple fractures to the same bone	N/A

DISLOCATIONS
Limited to 1 per accident

Benefit Type	**Plan 1** Benefit Amount	
	Non-Surgical	Surgical
Hip Joint	$3,200	$6,400
Knee Joint	$2,000	$4,000
Bones of Foot	$2,000	$4,000
Ankle	$1,500	$3,000
Wrist	$1,000	$2,000
Elbow	$800	$1,600
Shoulder	$600	$1,200
Hand	$600	$1,200
Collarbone	$600	$1,200
Lower Jaw	$600	$1,200
Finger or Toe	$350	$700

More than 1 finger or toe pays **2** times the benefit

FOLLOW UP CARE – *Virtual Care accepted*

Benefit Type	Benefit Amount

	Plan 1
Follow up Physician Office Visit *(includes medical professionals)* Limited to **10** treatments per accident.	$75
Follow up Physical Therapy Visits Limited to **10** treatments per accident.	$30

SPORTS ACCIDENT BENEFIT

Benefit Type	Benefit Amount **Plan 1**
Organized and Personal Sports Activity Limited to 10 per year	25% of qualified benefit

Benefit – Specific Conditions, Exclusions & Limitations

- **Ambulance:** Only one benefit will be paid whichever is the greater amount.
- **Hospital Admission:** Must be admitted as an Inpatient due to a Covered Accident. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Accident. This benefit will pay in addition to the ICU Admission Benefit.
- **Intensive Care Unit (ICU) Admission Benefit:** Must be admitted as an Inpatient and confined in an ICU of a Hospital, within 90 days due to a Covered Accident. The ICU Admission will be payable on Day 0 and is limited to 10 admissions per year. Excludes: treatment in an emergency room, provided on an outpatient basis, or for ICU re-admission for the same Covered Accident. This benefit will pay in addition to the Hospital Admission Benefit.

  For purposes of this benefit: An Intensive Care Unit is a unit of the Hospital that:
  a.) is for the treatment of patients who are in acute or critical condition;
  b.) is furnished with emergency life-saving equipment and supplies that are immediately at hand;
  c.) is staffed 24 hours a day by Nurses who are specially trained to work in an Intensive Care Unit; and
  d.) is equipped and staffed to monitor each patient's vital signs around-the-clock.

  An Intensive Care Unit includes a cardiac care unit. It is not a recovery room. This means that it is not an area used primarily for post-operative or post-anesthesia care.
- **Hospital Stay:** Must be admitted for at least 23 hours or as an Inpatient and confined to the Hospital, due to a Covered Accident, at the direction and under the care of a physician. If also eligible for the ICU Stay Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater. Hospital stays within 90 days for the same or a related Covered Accident is considered one Hospital Stay.
- **Intensive Care Unit (ICU) Stay:** Must be admitted for at least 23 hours or Inpatient and confined in an ICU of a Hospital, due to a Covered Accident, at the direction and under the care of a physician. If also eligible for the Hospital Stay Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater. ICU stays within 90 days for the same or a related Covered Accident is considered one ICU stay.
- **Follow up Physician Office and Physical Therapy Visits:** Must be examined, treated or prescribed by Physician. First examination or treatment must be within 120 days of the Covered Accident, Physical Therapy Visits within 180 days. Subsequent Follow up Treatment must be completed within 365 days from the Covered Accident. **Follow up Physician Office visit can include providers that are appropriately licensed professionals, including but not limited to those practicing chiropractic care, speech therapy, occupational therapy, vocational therapy, respiratory therapy, and mental health treatment associated with Covered Accidents.*
- **Sports Accident Benefit:** This coverage is payable if a Covered Person sustains a Covered Injury resulting directly and independently of all other causes from a covered Organized Sports Activity.
  - **Organized Sports Activity:** A scholastic or amateur athletic competition or supervised organized practice for competition that takes place on a regularly occurring and scheduled basis. The competition must be overseen by a legal entity, including but not limited to, a public and private school system, sports conference, municipality, or religious or charitable organization and requires formal registration to participate. The term Organized Sports Activity does not include: play such as pick-up games and spontaneous play; coaching or officiating for pay; personal or trained workouts; participation in any sport or sporting activity for wage, compensation or profit; and racing any type of vehicle in an organized event.
  - **Personal Sports Activity**: Any sport or physical activity with the goal to improve physical fitness and wellness, not meant for competition. Personal Sports Activity does not include: coaching or officiating for pay, participation in any sport or sporting activity for wage, compensation or profit; and racing any type of vehicle in an organized event.
- **Fracture:** If more than one fracture, only one benefit will be paid, whichever is the greater amount. Chip fracture not paid in

addition to closed fracture.

- **Dislocation:** If more than one dislocation, only one benefit will be paid, whichever is the greater amount.
- **Other:**
  - Requires diagnostic exams, diagnosis, visits, or treatment to be within 120 days of a Covered Accident. Ambulance trips, admissions and stays within 90 days, emergency care within 30 days.
  - If eligible for Physician Office or Emergency Care benefits for the same Covered Accident, only one benefit will be payable, whichever is greater. Not eligible for Physician Office benefit if eligible to receive benefits under Emergency Treatment.
  - Some benefits require services to be performed, prescribed or recommended by a Physician.

Optional Benefits (availability may vary by state)	
ENHANCED ACCIDENT BENEFITS (Custom High) Pays additional fixed benefits per schedule below.	
Benefit Waiting Period	None
Pre-Existing Condition Limitation	Does not apply
Employee Benefits	100% of the Benefit Amount shown
Spouse, Domestic Partner, or Civil Union Partner Benefits	100% of the Benefit Amount shown
Dependent Child(ren) Benefits	100% of the Benefit Amount shown
Age Based Reductions	None
Benefit Type Limited to 1 per Covered Accident, unless otherwise indicated.	Benefit Amount **Plan 1**
Small Burns **(2nd or 3rd degree – 20% or less of body)**	$750
Large Burns **(2nd degree – More than 20% of body)**	$1,500
Large Burns **(3rd degree – More than 20% of body)**	$12,000
Skin-Graft Benefit (if burn benefit paid)	50% of the applicable Benefit amount for Small Burns or Large Burns
Lacerations Limited to 2	
Small Lacerations **(<6 inches with 2+ sutures)**	$300
Large Lacerations **(>6 inches with 2+ sutures)**	$600
General Anesthesia Benefit	$300
Medicine Benefit	$20
Medical Supply Benefit	$20
Abdominal or Thoracic Surgery	$1,500
Tendon, Ligament, Rotator Cuff, or Knee Surgery - Repair	$600
Tendon, Ligament, Rotator Cuff, or Knee Surgery - Exploratory	$300
Ruptured Disc Surgery - Repair	$600
Eye Injury Surgery	$300
Eye Injury – Removal of Foreign Object	$150
Emergency Dental – Extraction More than 1 tooth pays 2 times the Benefit	$150

Amount	
Emergency Dental – Broken Tooth More than 1 tooth pays 2 times the Benefit Amount	$300
Concussion	$200
Coma	$15,000
Diagnostic Advanced	$250
Appliance (Durable Medical Equipment) Limited to 2. Not including hearing aids, dentures, eye glasses, cosmetic devices, artificial joint replacements	$225
Prosthesis (arm, leg, hand, foot, eye) Limited to 2. Not including hearing aids, dentures, eye glasses, cosmetic devices, artificial joint replacements	$750
Paralysis – Paraplegia (>30 days)	$7,500
Paralysis – Quadriplegia (>30 days)	$15,000
Blood, plasma, platelets	$400
Transportation (100+ miles one-way) This benefit is limited 1 time per Covered Accident. Treatment not available locally with required Hospital Stay.	$400
Family Lodging (100+ miles one-way) Limited to 30 days. This benefit is payable 1 times per Covered Accident. Treatment not available locally with required Hospital Stay.	$300 per day

Benefit – Specific Conditions, Exclusions & Limitations

- **Abdominal or Thoracic Surgery:** If paid, no other surgical benefit will be paid.
- **Eye Injury – Removal of Foreign Object**: If Eye Surgery benefit is paid, this benefit will not be paid for or during the same procedure.
- **Burns:** Excludes sunburn.
- **Medical Supplies:** Excludes durable medical equipment.
- **Coma:** Must be unconscious for 7 days or more with no response to external stimuli and requiring artificial respiratory or life support. Not payable if a coma is medically induced.
- **Prosthesis:** Benefits not payable if payable under the Accidental Dismemberment Benefit.
- **Paralysis:** If more than one benefit is payable, only the largest available benefit will be paid.
- **Transportation:** Benefits will not be payable if Ambulance benefit is paid.
- **Other:**
  - Some benefits require stays, treatment, services or items to be diagnosed, performed, prescribed or recommended by a Physician, or in the case of Anesthesia if benefit is payable, a Nurse Anesthetist. For dental services, they must be performed by a licensed dentist.
  - Requires surgery, treatment, grafting, diagnosis, purchases, extractions, transfusions, or exams to be within 120 days of a Covered Accident .

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS (Level 1)
Pays benefits for Accidental Death, Dismemberment and other listed conditions.

Benefit Waiting Period	None
Pre-Existing Condition Limitation	Does not apply
Employee Benefits	100% of the Benefit Amount shown
Spouse, Domestic Partner, or Civil Union Partner Benefits	100% of the Benefit Amount shown
Dependent Child(ren) Benefits	50% of the Benefit Amount shown
Age Based Reductions	None

ACCIDENTAL DEATH BENEFITS

Benefit Type	Benefit Amount
	Plan 1
Loss of Life Accidental Death	$25,000
Automobile Accidental Death	$50,000
Common Carrier Accidental Death	$75,000

CATASTROPHIC DISMEMBERMENT LOSS BENEFITS

Benefit Type	Benefit Amount
	Plan 1
Sight in Both Eyes	$20,000
Both Hands or Arms	$20,000
Both Feet or Legs	$20,000
Speech and Hearing in Both Ears	$20,000
Speech or Hearing in Both Ears	$10,000
One Hand or Arm and One Foot or Leg	$10,000
One Hand, Arm, Foot, Leg, or Sight in one Eye	$10,000

DISMEMBERMENT BENEFIT

Benefit Type	Benefit Amount
	Plan 1
Finger	$1,000
Toe	$1,000

Loss of more than 1 finger or toe pays 2 times the benefit

Benefit – Specific Conditions, Exclusions & Limitations

- Loss must occur within 365 days of the Covered Accident.
- If a Covered Person dies as a result of an automobile accident or common carrier accident, the Loss of Life benefit will not be paid. To receive the Auto Accident Death benefit, the person must be wearing and properly using the seatbelt and the auto equipped with the manufacturer's originally air bag system, and if the driver, hold a valid license. Common Carrier benefit, the person cannot be the operator. If more than one benefit is payable for the same accident, only the largest available benefit is payable and death benefits will be reduced by payable Dismemberment Benefits.
    - If Catastrophic Dismemberment Benefits are payable, no benefits will be paid for Dismemberment and total benefits will not exceed the Accidental Death Benefit and in the case of Dismemberment Benefits, the Loss of Life Accidental Death Benefit.

WELLNESS TREATMENT, HEALTH SCREENING TEST AND PREVENTIVE CARE BENEFIT* (WPID)
This coverage is payable if a Covered Person undergoes or receives Wellness Treatment, Health Screening Tests, and/or Preventive Care as shown below. *Virtual Care accepted.*

Benefit Waiting Period	None
Pre-Existing Condition Limitation	Does not apply

Employee Benefit	100% of the Benefit Amount shown
Spouse, Domestic Partner, or Civil Union Partner Benefit	100% of the Benefit Amount shown
Dependent Child(ren) Benefit	100% of the Benefit Amount shown
Age Based Reductions	None

Benefit Type	Benefit Amount **Plan 1**
Wellness Treatment, Health Screening Test and Preventive Care Benefit Limited to 1 per calendar year *Examples include (but are not limited to) general health exams, routine dental, vision, gynecological exams, mammography and certain blood tests. Also includes COVID-19 Immunization, Tests, and Screenings.*	$50 per day

Continuation Options	
CONTINUATION OF INSURANCE	Family Medical Leave 12 weeks Leave of Absence 12 weeks Temporary Layoff 12 weeks
PORTABILITY	The same coverage may be continued upon employee's termination of employment with the employer, or when the employee is no longer eligible for coverage. - Portable period: Coverage continues to age 100 - Coverage(s) may be ported on all Covered Persons - Maximum port age is 100 Only available to U.S. citizens, permanent resident aliens and non U.S. citizens working in the U.S. lawfully (Inpats) while residing in the United States.

Included Cigna Programs and Services*

Value Added Programs

Mental Health Resources – Cigna offers phone seminars conducted by guest experts to help learn about common issues as well as offer coping techniques and support. These free sessions are open to anyone including parents, caregivers, and loved ones.

*These programs are NOT insurance and do not provide reimbursement for financial losses. Participants are required to pay the entire discounted charge for any products or services purchased through these programs. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description, and are subject to change. Program availability may vary by plan type and location, and are not available where prohibited by law. Programs and services are continuously evaluated and updated, therefore Participants may see changes in coverage as updates are implemented.

POLICY PROVISIONS

NOTE: The following are some of the important policy provisions that apply to benefits described in the policy. This is not a complete list of policy provisions, terms and conditions.

Important Definitions:

Active Service Definition: an Employee will be considered in Active Service with the Employer on a day which is one of the Employer's scheduled work days if either of the following conditions are met:

- He or she is actively at work. This means the Employee is performing his or her regular occupation for the Employer on a full-time basis, either at one of the Employer's usual places of business or at some location to which the Employer's business requires the Employee to travel.
- The day is a scheduled holiday, vacation day or period of Employer approved paid leave of absence, other than disability or sick leave after 7 days, only if the Employee was in Active Service on the preceding schedule workday.

Covered Person: An eligible person who is enrolled for coverage under the Policy.

Covered Accident: A sudden, unforeseeable, external event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and meets all of the following conditions:

- occurs while the Covered Person is insured under this Policy;
- is not contributed to by disease, sickness, mental or bodily infirmity;
- is not otherwise excluded under the terms of this Policy.

Covered Injury: Any bodily harm that results, directly and independently of all other causes, from a Covered Accident.

Covered Loss: A loss that is:

- the result, directly and independently of all other causes, from a Covered Accident; and
- one of the Covered Losses specified in the *Schedule of Benefits*
- suffered by the Covered Person within the applicable time period specified in the *Schedule of Benefits.*

Hospital: an institution that is licensed as a hospital pursuant to applicable law; it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons; managed under the supervision of a staff of medical doctors;

provides 24-hour nursing services by or under the supervision of a graduate registered Nurse (R.N.); and has medical, diagnostic and treatment facilities with major surgical facilities on its premises, or available to it on a prearranged basis. The term Hospital does not include a clinic or facility for: (1) rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care; (2) the aged, drug addiction or alcoholism; (3) a facility primarily or solely providing psychiatric services to mentally ill patients. The term Hospital also does not include a unit of a Hospital for convalescent, custodial, educational or hospice care.

Common Exclusions:

In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Loss which, directly or indirectly, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits section:

- intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane;
- commission or attempt to commit a felony or an assault;
- declared or undeclared war or act of war;
- a Covered Loss that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
- voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage;
- operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. “Under the influence of alcohol”, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Loss occurred;
- bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
- flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth’s surface:
    a. except as a fare-paying passenger on a regularly scheduled commercial airline;
    b. being flown by the Covered Person or in which the Covered Person is a member of the crew;
    c. being used for:
        i. crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying; or
        ii. any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on);
    d. designed for flight above or beyond the earth’s atmosphere;
    e. an ultra-light or glider;
    f. being used for the purpose of parachuting or skydiving;
    g. being used by any military authority, except an Aircraft used by the Air Mobility Command or its foreign equivalent;
- travel in any Aircraft owned, leased or controlled by the Policyholder/Subscriber, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder/Subscriber if the Aircraft may be used as the Policyholder/Subscriber wishes for more than 10 straight days, or more than 15 days in any year;
- services or treatment rendered by a physician, nurse or any other person who is:
    a. employed or retained by the Subscriber;
    b. providing homeopathic, aroma-therapeutic or herbal therapeutic services;
    c. living in the Covered Person’s household;
    d. who is a parent, sibling, spouse, domestic partner, or civil union partner or child of the Covered Person
- sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;

Policy Termination:
We may terminate insurance on or after the first anniversary of the Policy Effective Date. We or the Policyholder/Subscriber may terminate insurance on any Premium Due Date. Written notice by certified mail must be given at least 31 days prior to such Premium Due Date. Failure by the Policyholder/Subscriber to pay premiums when due or within the Grace Period shall be deemed notice to Us to terminate coverage at the end of the period for which premium was paid.

Termination will not affect a claim for a Covered Loss that is the result, directly and independently of all other causes, of a loss that occurs while insurance was in effect. Termination of the Policy during a period of disability of the Employee will not affect benefits payable under the coverage for loss of time from work because of the disability, or any specific indemnity required to be provided during a period of Hospital confinement.

Individual Termination:
Coverage ends on the earliest of the date you and your dependents are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. For your dependent, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. If portability is offered, your coverage may be continued.

COMMISSION SUMMARY

Rate includes a flat 20.00% commission payable on collected premiums.

Producer Compensation
Cigna companies may have entered into, or may enter into, agreements with brokers, under which the insurance company compensates brokers for providing marketplace intelligence and other services intended to enhance the effectiveness of the insurance company's business. Cigna companies may invite brokers to participate in events sponsored by the insurance company for the same purposes. Any compensation paid may be based on meeting targets for new business production and persistency, and, if paid, is funded from the insurance company's overhead and is based on the broker's overall book of business with the insurance company. Any such payments are separate from commissions and, if applicable, will be included in ERISA Form 5500, Schedule A information provided by the insurance company.

PROPOSAL ASSUMPTIONS

- Unless stated otherwise in the class definition(s), our eligibility requirements assume that employees are working on a Full-time basis. Part-time, seasonal, temporary, contracted, leased or severed employees are not eligible, unless otherwise noted.

- The rates and fees quoted within the proposal are based on information furnished to Cigna for the purpose of developing a proposal of group insurance. Cigna has assumed that the demographic and plan design information provided will be an accurate representation of your company at the time of implementation. Premium rates are guaranteed for 3 years subject to exceptions in the policy and the policy's termination provisions. These rates and the guarantee assume that the number of eligible or insured employees does not change by more than 10% from the date of the census provided. Rates may differ slightly due to rounding.

- This proposal is not an insurance contract. Should your company decide to install the plan of benefits described within this proposal, your company's representative will receive a contract of insurance and related documents that describes the final benefit and service selections agreed to by you, the employer, and Cigna. All benefits will be subject to the terms of that contract.

- This proposal assumes that a group master policy will be delivered in Wyoming to a trustee for the benefit of the Employer and its eligible employees. The terms and availability of this proposal are subject to the laws of Wyoming and may be subject to change if the state of delivery is different. In addition, some jurisdictions require supplemental filing/approval for out-of-state policies covering their residents. As a result, coverage may not be available to employees in all states or coverage may vary slightly.

  - This proposal assumes a minimum required lead time for implementation of 30 days prior to enrollment period.

  - This proposal, made by Cigna, is contingent upon receipt of current employee census information, including resident zip codes. If this information is not provided, Underwriting reserves the right to modify or withdraw the offer.

  NOTE: This proposal reflects coverage being funded on a post-tax basis.

- For purposes of this proposal, wherever the term spouse appears, it shall also include domestic partner. In Vermont this includes civil union partners only; New Hampshire civil union and domestic partners. Should your company decide not to include such partners, only lawful spouses will be included.

- This proposal assumes Cigna will be selected as the carrier for the Accidental Injury, Critical Illness and Hospital Indemnity solutions. Cigna reserves the right to modify or withdraw the offer if all the products are not offered or not placed with Cigna.

Group accidental injury policies are issued and administered by Cigna Health and Life Insurance Company and insured by Cigna Health and Life Insurance Company, 900 Cottage Grove Rd, Bloomfield, CT 06002. Policy forms: Accidental Injury - GAI-00-1000,

et al.

RATE SUMMARY	
Quoted Number of Eligible Lives	329
Rate Guarantee	36 months
Rates Per Insured Class	
Monthly	

	Employee Paid
	Plan 1
Employee	$9.54
Employee + Spouse*	$15.23
Employee + Child(ren)	$18.97
Employee + Family	$29.28

*For purposes of this document, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions.

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