CIGNA GROUP
CRITICAL ILLNESS PROPOSAL

CRITICAL ILLNESS 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.

THIS POLICY PAYS LIMITED BENEFITS ONLY. IT DOES NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE AND IS NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE "MINIMIUM 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 Critical Illness Proposal
Critical Illness 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	Guarantee issue coverage available for eligible new employees, spouses, domestic partners, or civil union partners and dependent children.
Annual/Scheduled Enrollment Events	Open Allowed on an annual basis. Guarantee issue coverage available for all eligible employees, spouses, domestic partners, or civil union partners and dependent children.
Late Enrollment ***Late Enrollees***	Not permitted outside of the annual enrollment event.
Life Status Enrollees	All eligible Employees are able to apply for 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.
Pre-Existing Condition Limitation	Does not apply.

Employee Benefit Amount(s)	**Voluntary Benefits Amounts (options for employee selection):** $10,000, $20,000 $20,000 Guaranteed Issue
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)	**Voluntary Benefits Amounts (options for spouse, domestic partner, or civil union partner selection):** 100% of issued employee benefit amount (Guaranteed Issue)
Dependent Child Benefit Amount(s) Child only eligible if Employee is enrolled Birth to 26; 26+ if disabled	**Voluntary Benefits Amounts (options for child selection):** 50% of issued employee benefit amount
Age Based Reductions	None.
Initial Critical Illness Benefit	Pays a lump sum benefit direct to the insured, unless otherwise assigned, upon the date of diagnosis made after the coverage effective date, for each of the Covered Conditions listed below. The amount payable per Covered Condition is the Initial Benefit Amount multiplied by the applicable percentage for the diagnosis of the Covered Condition shown below. Each Covered Condition will be payable one time per Covered Person. A 180 day separation period between the dates of diagnosis is required.
Recurrence Critical Illness Benefit	Benefits will be paid for the diagnosis of a subsequent and same Covered Condition that has already received a benefit payout under this policy after a 6 month separation period from the previous diagnosis.
Skin Cancer Benefit	Pays a flat dollar benefit. See below for Benefit Amount.
Maximum Lifetime Limit	Does not Apply.

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)**

CRITICAL ILLNESS COVERAGE LIST OF COVERED CONDITIONS

Cancer Conditions	**Option 1** **% of Initial Benefit Amount**	**Recurrence** **% of Initial Benefit Amount**
Invasive Cancer	100%	100%
Carcinoma in Situ	25%	25%
	Benefit Amount	
Skin Cancer	$250 1x per lifetime	Not Available
Vascular Conditions	**Custom** **% of Initial Benefit Amount**	**Recurrence** **% of Initial Benefit Amount**
Heart Attack	100%	100%
Stroke	100%	100%
Coronary Artery Disease	50%	50%
Aortic & Cerebral Aneurysm	100%	100%
Advanced Heart Failure	100%	Not Available
Sudden Cardiac Arrest	25%	Not Available
Nervous System Conditions	**Option 1+** **% of Initial Benefit Amount**	**Recurrence** **% of Initial Benefit Amount**
Advanced Stage Alzheimer's Disease	25%	Not Available

Amyotrophic Lateral Sclerosis (ALS)	25%	Not Available
Parkinson's Disease	25%	Not Available
Multiple Sclerosis	25%	Not Available
Mild Stage Alzheimer's Disease	25%	Not Available
Huntington's Disease	25%	Not Available
Myasthenia Gravis	25%	Not Available
Childhood Conditions	**Option 1 % of Child Initial Benefit Amount***	**Recurrence % of Child Initial Benefit Amount***
Cerebral Palsy	100%	Not Available
Cystic Fibrosis	100%	Not Available
Muscular Dystrophy	100%	Not Available
Poliomyelitis	100%	Not Available
Heart Wall Malformation	100%	Not Available
Sickle Cell	100%	Not Available
*For Childhood Conditions please refer to the Dependent Child Benefit Amount(s) section above for details on how much coverage is available for covered children.		
Other Specified Conditions	**Custom+ % of Initial Benefit Amount**	**Recurrence % of Initial Benefit Amount**
Benign Brain Tumor	100%	100%
End-Stage Renal (Kidney) Disease	100%	100%
Major Organ Failure	100%	100%
Systemic Lupus	25%	Not Available
Systemic Sclerosis	25%	Not Available
Crohn's Disease	25%	Not Available
Blindness	100%	Not Available
Coma	100%	100%
Loss of Hearing	100%	Not Available
Loss of Speech	100%	Not Available
Paralysis	100%	100%

Benefit – Specified Conditions, Exclusions & Limitations

In addition to the Common Exclusions, the following additional conditions, exclusions and limitations apply:

- The date of diagnosis occurs while the Covered Person's coverage under this policy is in force.
- The definition for the Covered Condition is satisfied.
- Only 1 Initial Benefit paid for each Covered Condition per Covered Person. Additional benefits available under the Recurrence benefit.
- Separation periods apply. The separation period will not apply to directly medically related conditions for which a higher benefit amount is payable. However, the second benefit payment will be reduced by the amount of the first benefit paid.
- **Invasive Cancer,** excludes pre-malignant conditions or conditions with malignant potential, Carcinoma in Situ, and skin cancer (basal/cell carcinoma, squamous cell carcinoma or melanoma / melanoma in situ).
- **Carcinoma in Situ, e**xcludes premalignant conditions or conditions with malignant potential, skin cancers (basal/squamous cell carcinoma or melanoma / melanoma in situ).
- **Heart Attack,** excludes Sudden Cardiac Arrest, takotsubo syndrome, congestive heart failure, and myocarditis.
- **Stroke**, excludes transient ischemic attack (TIAs), brain injury related to trauma or infection, brain injury associated with hypoxia or anoxia, vascular disease affecting eye or optic nerve or ischemic disorders of the vestibular system.
- **Aortic & Cerebral Aneurysm,** excludes surgical repair of complications resulting from repair of an aneurysm.
- **Advanced Heart Failure,** excludes heart attack, coronary artery disease, pulmonary embolism, sudden cardiac arrest, and arrhythmias.
- **Myasthenia Gravis,** excludes transient myasthenia gravis.
- **Sudden Cardiac Arrest**, excludes arrhythmia caused by heart attack or a cardiac arrest death that results from causes other than from a primary arrhythmia.
- **Poliomyelitis,** excludes non-paralytic polio or post-polio syndrome.
- **Sickle Cell Anemia,** excludes the sickle cell trait.
- **Heart Wall Malformation,** surgery or catheter based treatment must be prescribed within 1 year of birth.
- **Coma** does not mean any state of unconsciousness intentionally or medically induced from which the Covered Person is able to be aroused.
- **Major Organ Failure**, excludes end-organ damage without physician prescribed/recommended transplant of that organ and covered person placed on UNOS national registry for organ matching. Recurrence Benefit not payable for same organ for which a benefit was previously paid.

- **Paralysis,** excludes loss due to Stroke, Multiple Sclerosis, and Cerebral Palsy.
- **Loss of Speech,** excludes loss due to specified illnesses. excludes bariatric surgery and revision bariatric surgery not meeting all policy definition criteria as listed in policy definition.
- **Crohn's Disease,** excludes irritable bowel syndrome or ulcerative colitis.

Optional Benefits (availability may vary by state)

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 defined by the Policy. See examples below. *Virtual Care accepted.*

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

Benefit Type	Benefit Amount
	Level 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	Temporary Layoff 12 weeks Family Medical Leave 12 weeks Leave of Absence 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 - Voluntary 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. citizen 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 work day.

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

Covered Loss: A loss that is one of the Covered Conditions suffered by the Covered Person within the applicable time period described in this Policy.

Common Exclusions:

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

1. Intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane.
2. Commission or attempt to commit a felony or an assault.
3. Declared or undeclared war or act of war.
4. Covered Loss that results from 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.
5. 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.
6. Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant. "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.
7. A diagnosis not in accordance with generally accepted medical principles prevailing in the United States at the time of the diagnosis.

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 to pay premiums when due or within the Grace Period shall be deemed notice to Us to terminate insurance 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.

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. The policy's rate structure is based on attained age, which means the premium will increase each year due to the increase in the employee's age.

- 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.

  Group critical illness 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 Form: GCI-02-1000, et al

- 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.

- 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.

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

RATE SUMMARY

Quoted Number of Eligible Lives 329

Rate Guarantee 36 months

Employee Paid Monthly Age Banded Rates (Includes Rates for Optional Benefits)

Employee Paid Guaranteed Issue Level: $10,000

Uni-Tobacco

Attained Age	Employee	Employee + Spouse*	Employee + Child(ren)	Employee + Family
0-24	$2.10	$4.50	$5.80	$8.20
25-29	$2.90	$5.80	$6.60	$9.50
30-34	$3.90	$7.40	$7.60	$11.10
35-39	$5.40	$10.20	$9.10	$13.90
40-44	$7.90	$15.40	$11.60	$19.10
45-49	$11.50	$24.30	$15.20	$28.00
50-54	$16.10	$37.80	$19.80	$41.50
55-59	$21.10	$53.30	$24.80	$57.00
60-64	$30.00	$76.60	$33.70	$80.30
65-69	$40.70	$104.00	$44.40	$107.70
70-74	$53.60	$142.20	$57.30	$145.90
75-79	$71.00	$183.50	$74.70	$187.20
80-84	$71.00	$183.50	$74.70	$187.20
85+	$71.00	$183.50	$74.70	$187.20

*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.

Employee Paid Monthly Age Banded Rates

Employee Paid Guaranteed Issue Level: $20,000

Uni-Tobacco				
Attained Age	Employee	Employee + Spouse*	Employee + Child(ren)	Employee + Family
0-24	$4.20	$9.00	$11.60	$16.40
25-29	$5.80	$11.60	$13.20	$19.00
30-34	$7.80	$14.80	$15.20	$22.20
35-39	$10.80	$20.40	$18.20	$27.80
40-44	$15.80	$30.80	$23.20	$38.20
45-49	$23.00	$48.60	$30.40	$56.00
50-54	$32.20	$75.60	$39.60	$83.00
55-59	$42.20	$106.60	$49.60	$114.00
60-64	$60.00	$153.20	$67.40	$160.60
65-69	$81.40	$208.00	$88.80	$215.40
70-74	$107.20	$284.40	$114.60	$291.80
75-79	$142.00	$367.00	$149.40	$374.40
80-84	$142.00	$367.00	$149.40	$374.40
85+	$142.00	$367.00	$149.40	$374.40

*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.