

**COMPANION LIFE  
PROVISIONS / PARTICIPATION REQUIREMENTS  
DEFINED CONTRIBUTION PLANS \***

| Plan Type                   | Employer<br>Contributes                                                                                                                                                                                                                                                                                                                                                                           | Group<br>Size | Minimum<br>Participation | Guaranteed-Issue Values | Spouse Guaranteed-Issue<br>Values, If Any | Pre-Ex Waiting<br>Period                                                            | Pre-Ex Waiver<br>Conditions | Benefit<br>Changes                                                                                                        | Portability<br>(yes/no)                                                                     | Covertability<br>(yes/no) | UW<br>Considerations                                    |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------|-------------------------|-------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------|
| <b>DEFINED CONTRIBUTION</b> | For a uniform employer contribution of \$15, \$30, \$50, or more for each benefit eligible employee, employer can make all plans available to employees on a guaranteed-issue, no minimum participation basis with two exceptions. If basic life is offered, all employees must participate. If the group size is 10+ and eligible for LTD, two enrollees are required to issue the LTD coverage. | 2-99          | Two Employees            |                         |                                           |                                                                                     |                             |                                                                                                                           |                                                                                             |                           |                                                         |
| Dental                      |                                                                                                                                                                                                                                                                                                                                                                                                   | 2-99          | Single Enrollee          | Full Coverage           | Full Coverage                             | 12 month wait for major & ortho procedures may be waived w/ proof of prior coverage |                             | No                                                                                                                        | Portability is available when group is COBRA - eligible                                     | No                        |                                                         |
| Vision                      |                                                                                                                                                                                                                                                                                                                                                                                                   | 2-99          | Single Enrollee          | Full Coverage           | Full Coverage                             | No                                                                                  | N/A                         | No                                                                                                                        |                                                                                             | No                        |                                                         |
| Basic Life                  |                                                                                                                                                                                                                                                                                                                                                                                                   | 2-99          | 100%                     | \$25,000 / \$50,000     | \$5,000                                   | N/A                                                                                 | N/A                         | Benefits reduce by 35% at age 65, 50% at age 70, 75% at age 75, and terminate at retirement.                              | No                                                                                          | Yes - 31 days             |                                                         |
| Voluntary Life              |                                                                                                                                                                                                                                                                                                                                                                                                   | 2-99          | Single Enrollee          | \$100,000               | 50% of EE, up to \$50,000                 | N/A                                                                                 | N/A                         | EE and spouse benefits reduce by 35% at age 65, 50% at age 70, 65% at age 75, 80% at age 80, and terminate at retirement. | Yes, if election and premiums are paid within 31 Days and Master Policy does not terminate. | Yes - 31 days             | Up to \$250,000 available with Evidence of Insurability |
| Short-Term Disability       |                                                                                                                                                                                                                                                                                                                                                                                                   | 2-99          | Single Enrollee          | 60% up to \$1,250/wk    | N/A                                       | 12/12                                                                               | No                          | Enrollment Age Freeze                                                                                                     | No                                                                                          | No                        |                                                         |
| Long-Term Disability        |                                                                                                                                                                                                                                                                                                                                                                                                   | 10-24         | Two Enrollees            | 60% up to \$3,000/mo    | N/A                                       | 12/6/24                                                                             | No                          | 2yr rate guarantee                                                                                                        | No                                                                                          | No                        |                                                         |
| Long-Term Disability        |                                                                                                                                                                                                                                                                                                                                                                                                   | 25-99         | Two Enrollees            | 60% up to \$5,000/mo    | N/A                                       | 12/6/24                                                                             | No                          |                                                                                                                           | No                                                                                          | No                        |                                                         |

\* For more details, please visit [www.NMGAIA.com](http://www.NMGAIA.com).