

The details following this coversheet are for the following benefit plan:

**Nationwide – Term Life &  
AD/D**

**\*\*Note:**

- This is for the benefit year: 2018

**Basic Life with AD&D Insurance for  
Freedom Work Opportunities**

Effective Date: 1/1/2018



**Are you prepared?**

Life insurance pays a lump-sum benefit amount if you should pass away in order to help your family cover things such as final expenses, medical bills, daily financial obligations or assist with a child's education.

**Class Benefit: Management**

<b>Employee Life and AD&amp;D Benefit</b>	<b>\$50,000</b>
<b>Dependent Life Benefit</b>	<b>N/A</b>
<b>Premium Waiver Benefit</b>	Your life insurance premiums may be waived if you are totally disabled for more than 9 months
<b>Accelerated Death Benefit</b>	If you are diagnosed with a terminal illness, a portion of the death benefit may be payable to you during your lifetime
<b>Accidental Death &amp; Dismemberment (AD&amp;D)</b>	AD&D coverage pays an additional benefit equal to your life insurance benefit for death due to accidental causes. Benefits are also payable in the event of accidental loss of eyesight, limbs, movement of limbs, speech and hearing.
<b>Benefit Reduction</b>	Your benefit will reduce by 35% at age 65 and 55% at age 70
<b>Beneficiary</b>	You may name anyone as your beneficiary with the exception of your employer
<b>Continuation of Insurance Options</b>	If you leave employment for any reason, you may be eligible to continue your term life insurance through an individual policy
<b>Additional Services</b>	<b>Travel Assistance:</b> When you are traveling 100+ miles from home, emergency medical assistance and travel services are available 24 hours a day. <b>Employee Assistance Program:</b> Confidential work and personal support services available online and via telephone; face-to-face counseling are available to your beneficiary in the event of your death.

**Our Member Services team can be reached at 877-717-4455**

*This benefit summary is not a complete description of the insurance coverage. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.*

Products underwritten by Nationwide Life Insurance Company. Product availability may vary by state. Nationwide and the Nationwide N and Eagle are service marks of Nationwide Mutual Insurance Company, Inc. All rights reserved. © 2014 Nationwide Mutual Insurance Company.

**Life with AD&D Insurance for  
Freedom Work Opportunities**

Effective Date: 1/1/2018



**Are you prepared?**

Life insurance pays a lump-sum benefit amount if you should pass away in order to help your family cover things such as final expenses, medical bills, daily financial obligations or assist with a child's education.

**Class Benefit: All Other Full Time EE's**

<b>Employee Life and AD&amp;D Benefit</b>	<b>\$25,000</b>
<b>Dependent Life Benefit</b>	<b>N/A</b>
<b>Premium Waiver Benefit</b>	Your life insurance premiums may be waived if you are totally disabled for more than 9 months
<b>Accelerated Death Benefit</b>	If you are diagnosed with a terminal illness, a portion of the death benefit may be payable to you during your lifetime
<b>Accidental Death &amp; Dismemberment (AD&amp;D)</b>	AD&D coverage pays an additional benefit equal to your life insurance benefit for death due to accidental causes. Benefits are also payable in the event of accidental loss of eyesight, limbs, movement of limbs, speech and hearing.
<b>Benefit Reduction</b>	Your benefit will reduce by 35% at age 65 and 55% at age 70
<b>Beneficiary</b>	You may name anyone as your beneficiary with the exception of your employer
<b>Continuation of Insurance Options</b>	If you leave employment for any reason, you may be eligible to continue your term life insurance through an individual policy
<b>Additional Services</b>	<b>Travel Assistance:</b> When you are traveling 100+ miles from home, emergency medical assistance and travel services are available 24 hours a day. <b>Employee Assistance Program:</b> Confidential work and personal support services available online and via telephone; face-to-face counseling are available to your beneficiary in the event of your death.

**Our Member Services team can be reached at 877-717-4455**

*This benefit summary is not a complete description of the insurance coverage. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.*

Products underwritten by Nationwide Life Insurance Company. Product availability may vary by state. Nationwide and the Nationwide N and Eagle are service marks of Nationwide Mutual Insurance Company, Inc. All rights reserved. © 2014 Nationwide Mutual Insurance Company.

The details following this coversheet are for the following benefit plan:

## **Nationwide – Voluntary Term Life & AD/D**

**\*\*Note:**

- This is for the benefit year: 2018
- During open enrollment period – those wishing to pick up coverage will be subjected to a medical questionnaire

# Voluntary Life and AD&D Insurance for Freedom Work Opportunities

Effective Date: 1/1/2018



## Monthly Premiums for Employee and Dependents

Employee Benefit	Age										AD&D
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	
\$20,000	\$0.94	\$1.06	\$1.62	\$2.44	\$3.92	\$6.36	\$10.14	\$14.98	\$23.68	\$41.38	\$0.46
\$50,000	\$2.35	\$2.65	\$4.05	\$6.10	\$9.80	\$15.90	\$25.35	\$37.45	\$59.20	\$103.45	\$1.15
\$100,000	\$4.70	\$5.30	\$8.10	\$12.20	\$19.60	\$31.80	\$50.70	\$74.90	\$118.40	\$206.90	\$2.30

Spouse Benefit*	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	AD&D
\$10,000	\$0.47	\$0.53	\$0.81	\$1.22	\$1.96	\$3.18	\$5.07	\$7.49	\$11.84	N/A
\$25,000	\$1.18	\$1.33	\$2.03	\$3.05	\$4.90	\$7.95	\$12.68	\$18.73	\$29.60	N/A

\*Spouse coverage terminates at age 70

Child(ren) Benefit*	All	AD&D
\$5,000	\$1.00	N/A
\$10,000	\$2.00	N/A

\*Unwed dependent children are covered from 15 days old to age 26

<b>Employee Life/AD&amp;D Benefit</b>	<p><b>You can choose an amount from \$10,000 to \$300,000, in increments of \$10,000</b></p> <p>The combined basic and voluntary benefit maximum cannot exceed 7 times annual salary or \$750,000. The Voluntary Life maximum cannot exceed 5X salary or \$300,000, whichever is less.</p> <p>The Guarantee Issue* for Employee coverage is \$100,000 under Age 70; \$0 over age 70</p> <p>*Guarantee Issue is the highest amount of insurance that can be purchased without the requirement of an Evidence of Insurability form and being subject to medical underwriting</p>
<b>Spouse Life Benefit</b>	<p><b>You can choose an amount from \$10,000 to \$150,000, in increments of \$5,000 (spouse benefit amount cannot exceed 50% of employee benefit amount)</b></p> <p>The Guarantee Issue for Spouse coverage is \$25,000</p>
<b>Child Life Benefit</b>	<b>You can choose an amount from 10000</b>
<b>Premium Waiver Benefit</b>	Your life insurance premiums may be waived if you are totally disabled for more than 9 months
<b>Accelerated Death Benefit</b>	If you are diagnosed with a terminal illness, a portion of the death benefit may be payable to you during your lifetime
<b>Accidental Death &amp; Dismemberment (AD&amp;D)</b>	AD&D coverage pays an additional benefit equal to your life insurance benefit for death due to accidental causes. Benefits are also payable in the event of accidental loss of eyesight, limbs, movement of limbs, speech and hearing.
<b>Benefit Reduction</b>	Your benefit will reduce by 35% at age 65 and 50% at age 70
<b>Beneficiary</b>	You may name anyone as your beneficiary with the exception of your employer.
<b>Continuation of Insurance Options</b>	If you leave employment for any reason, you may be eligible to continue your term life insurance or convert to an individual, permanent policy
<b>Additional Services</b>	<p><b>Travel Assistance:</b> When you are traveling 100+ miles from home, emergency medical assistance and travel services are available 24 hours a day.</p> <p><b>Employee Assistance Program:</b> Confidential work and personal support services available online and via telephone; face-to-face counseling are available to your beneficiary in the event of your death.</p>

**Our Member Services team can be reached at 877-717-4455**

*This benefit summary is not a complete description of the insurance coverage. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.*



**Employee Enrollment Form**

**Section I - Employer Information**

Group Number	Employer Name	<b>Freedom Work Opportunities</b>		
Employer Address	City	State	Zip Code	

**Section II - Employee Information**

Employee Last Name, Suffix (e.g., Sr, Jr)	First Name	M/I	Gender	E-mail Address	Home Phone ( ) -
Residence Address	City	County	State	Zip Code	Work Phone ( ) -
Employee Member #	Occupation	Class	Location/Division		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed	Date of Birth (MM-DD-YYYY)  Social Security #	Hours Worked Per Week	Earnings Reported on <input type="checkbox"/> W2 <input type="checkbox"/> 1099 <input type="checkbox"/> Other, Explain _____ Annual Earnings Salary \$		
Enrollment Status <input type="checkbox"/> Active Full Time Employee - List Date of Hire ____-____-____ <input type="checkbox"/> Active Part Time Employee (if applicable) - List Date of Hire ____-____-____ <input type="checkbox"/> Retired Employee - List Date of Retirement ____-____-____ <input type="checkbox"/> COBRA Coverage/State Continuation - List Qualifying Event Date ____-____-____ & Description _____					

**Section III - Election or Declination of Coverages**

**Coverage Election Codes: EE = Employee Only, ES = Employee and Spouse, EC= Employee and Child(ren), EF = Employee and Family**  
**Please check to indicate your coverage election/declination for you and your eligible dependents.**  
**You must elect coverage for yourself for your dependents to be eligible.**  
**Note: Some coverages may not be offered by your employer.**

Product	Coverage Elections	Coverage Declinations	Elected Benefit Amount
Basic Group Term Life and AD&D	<input type="checkbox"/>	<input type="checkbox"/>	
Basic Dependent Life	<input type="checkbox"/>	<input type="checkbox"/>	
Voluntary Group Term Life	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ (\$10,000 to \$300,000, in increments of \$10,000)
Voluntary Accidental Death and Dismemberment (AD&D)	<input type="checkbox"/> EE	<input type="checkbox"/>	
Voluntary Spousal Life	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ (\$10,000 to \$150,000, in increments of \$5,000)
Voluntary Child(ren) Life	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ (10000)

**WAIVER OF ALL COVERAGES**

**Please note, do not complete this waiver section if you are electing any type of coverage offered on this application**

I DECLINE ALL coverages offered to me for which I am required to contribute all or a portion of the premium. I have read the Late Enrollee Important Notice in Section V of this enrollment form, and I understand what may be required of me to enroll at a later date.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Reason for declining employee and/or dependent coverage (i.e. benefits, elsewhere, cost, other).  
\_\_\_\_\_

**If you are waiving all coverages offered, you do not need to complete any additional sections of this application**



**Section IV - Enrollment Information**

**Beneficiaries** (Complete this section only when Life or AD&D or Accidental Death benefits are selected)

Unless otherwise specified herein, if two or more beneficiaries are named as primary or as contingent, the proceeds shall be paid in equal shares to the named beneficiaries surviving the insured. If specifying a %, totals must equal 100%. To name additional beneficiaries, please attach a separate sheet.

	Last Name, First Name, MI	Relationship	Social Security Number	%
Primary				
Primary				
Contingent				
Contingent				

**Eligible Dependents to be Covered** (Complete this section only if your purchased coverages includes Spouse and Children)

Relation	Last Name, Suffix (Sr., Jr.), First Name, MI	Social Security Number	Date of Birth (mm/dd/yyyy)	Gender
Spouse*				
Child				
Child				
Child				
Child				

\*For purposes of this Enrollment Form, Spouse includes a Domestic Partner, subject to state mandates.

**Section V - Please Read the Following Important Notices**

**Late Enrollees** If you refuse coverage for yourself and/or your dependents for any reason, you will be considered a late enrollee and will only be permitted to enroll during the group's next annual enrollment period or within 31 days of a change in family status.

**Pre-existing** The coverage for which you are enrolling may include a pre-existing condition limitation.

**Health Information Practices** I understand that under the Federal Regulations and state law, I have a right to see and correct personal information that Nationwide collects about me, and that I may obtain a description of my rights under these laws and of Nationwide's information practices by writing to Nationwide at the following address: Nationwide Life Insurance Company, Attention: Compliance Department, One Nationwide Plaza, Columbus, Ohio 43215.

**Confirmation** I agree that the information set forth on this enrollment form is correctly recorded, complete and true to the best of my knowledge and belief, and that it forms the basis of my insurance. I further agree that the Certificate together with this Enrollment Form, the Group Policy, and Policyholder's Application, and any amendments or riders will completely describe the benefits and conditions of the insurance agreement. Nationwide Life Insurance Company (hereafter referred to as "Company") will rely and act upon the answers and information I provide on this Enrollment Form. The Company reserves the right to retroactively adjust the premium rate for the group at any time in the event that material misrepresentation of information has occurred. My insurance coverage will not become effective until this Enrollment Form is received and approved by the Company, any applicable premium is paid, and in no event prior to the effective date of the Group Policy.

**Section VI - Please Read, Sign and Date Below**

**(California)** For your protection California law requires the following to appear on this **(New Mexico)** Any person who knowingly and with intent to defraud any insurance form. Any person who knowingly presents a false or fraudulent claim for the payment company or other person, files an application for insurance or statement of claim of a loss is guilty of a crime and may be subject to fines and confinement in state containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, prison.

**(District of Columbia)** Any person who knowingly presents a false or fraudulent claim which is a crime and subjects such person to criminal and/or civil penalties. for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**(Florida)** Any person who knowingly and with intent to injure, defraud, or deceive any **(Oklahoma)** Any person who knowingly, and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony of the third degree. incomplete or misleading information is guilty of a felony.

**(Kentucky)** Any person who knowingly and with intent to defraud any insurance **(Pennsylvania)** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially company or other person files an application for insurance or statement of claim false information or conceals, for the purpose of misleading, information concerning containing any materially false information or conceals for the purpose of misleading, any fact material thereto commits a fraudulent insurance act, which is a crime. information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**(Louisiana)** It is a crime to knowingly provide false, incomplete or misleading **(Puerto Rico)** Any person who, knowingly and with the intent to defraud, presents false information to an insurance company for the purpose of defrauding the company. information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand (5,000) dollars nor Penalties may include imprisonment, fines or a denial of insurance benefits.

**(Maine)** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) materially false information or conceals for the purpose of misleading, information years, or both penalties. If aggravated circumstances prevail, the fixed established concerning any fact material thereto commits a fraudulent insurance act, which is a imprisonment may be increased to a maximum of five (5) years; if attenuating crime and subjects such person to criminal and/or civil penalties. circumstances prevail, it may be reduced to a maximum of two (2) years.

**(Maryland)** Any person who knowingly and willfully presents a false or fraudulent **(Washington)** Any person who knowingly presents a false or fraudulent claim for claim for payment of a loss or benefit or who knowingly and willfully presents false payment of a loss or knowingly makes a false statement in an application for insurance information in an application for insurance is guilty of a crime and may be subject to may be guilty of a criminal offense under state law." fines and confinement in prison.

**(Missouri)** An insurance company or its agent or representative may not ask an **(All Other States)** Any person who knowingly and with intent to defraud any insurance applicant or policyholder to divulge in a written application or otherwise whether an company or other person, files an application for insurance or statement of claim insurer has canceled or refused to renew or issue to the applicant or policyholder a containing any materially false information or conceals for the purpose of misleading, policy of insurance. If a question(s) appears in this application, you should not renew information concerning any fact material thereto commits a fraudulent insurance act, it. which is a crime and subjects such person to criminal and/or civil penalties.

**(NAIC)** Any person who knowingly presents a false or fraudulent claim for payment of **(New York)** Any person who knowingly and with intent to defraud any insurance company a loss or benefit or knowingly presents false information in an application for insurance or other person files an application for insurance or statement of claim containing any is guilty of a crime and may be subject to fines and confinement in prison. materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**(New Hampshire)** The policy provides limited benefits. Review your policy carefully.

**(New Jersey)** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Employee's Signature 	Date
---	------

**Employer Certification and Authorization**  
I certify that the above information is correct and complete according to our records

Name of Employer's Authorized Representative (printed)	Title
--	-------

Signature of Employer's Authorized Representative	Date
---	------