

**COMBINED INSURANCE VOLUNTARY BENEFITS ~ PLANS ARE PORTABLE ~ LOCK THE RATE IN ~ BENEFITS PAID TO YOU REGARDLESS OF OTHER COVERAGE**

**Champion Critical Illness ~ DIAMOND**

**Childhood Conditions:** Cerebral Palsy, Congenital Birth Defects, Lung Defects, Heart Defects, Cleft Lip or Palate, Limb Malformations, Development Disorders of Brain, Born with Loss of Sight, Cystic Fibrosis, Down Syndrome, Muscular Dystrophy, Type 1 Diabetes. PAYS \$25.00 WELLNESS BENEFIT

**PAYS YOU A LUMP SUM UPON DIAGNOSIS**

Benign Brain Tumor	\$10,000.00
Cancer	\$10,000.00
Carcinoma in Situ	\$2,500.00
Coma	\$10,000.00
Coronary Artery Obstruction	\$2,500.00
End Stage Renal Failure	\$10,000.00
<b>Recurrence Benefit pays up to 3x or \$30,000 max</b>	
Heart Attack	\$10,000.00
Major Organ Failure	\$2,500.00
Multiple Sclerosis	\$10,000.00
Paralysis	\$10,000.00
Dismemberment	\$10,000.00
Skin Cancer	\$250.00
Stroke	\$10,000.00

**Spouse Receives 50% / Children 25% Benefit**

**Mortgage/Rent Helper** pays you extra \$500 a month if you miss 5 or more days of work for up to 6 months!

**Weekly Payroll Deductions - Circle Below**

EE = Employee / CH = Children / SP = Spouse / F = Family

Non-Tobacco		AGE	Tobacco	
EE, EE+CH	EE+SP, F		EE, EE+CH	EE+SP, F
\$1.17	\$1.70	18-25	\$1.53	\$2.23
\$1.72	\$2.59	26-30	\$2.29	\$3.44
\$2.27	\$3.40	31-35	\$3.18	\$4.76
\$3.11	\$4.64	36-40	\$4.53	\$6.78
\$4.24	\$6.30	41-45	\$6.41	\$9.56
\$5.96	\$8.84	46-50	\$9.30	\$13.85
\$7.98	\$11.83	51-55	\$12.76	\$19.00
\$10.48	\$15.53	56-60	\$17.14	\$25.51
\$13.45	\$19.91	61-65	\$22.25	\$33.12
\$16.17	\$23.95	66-69	\$29.23	\$43.54
\$18.33	\$27.17	70+	\$34.05	\$50.75

**Champion Accident ~ DIAMOND**

**First Accident - \$100, Sports Package - Benefits are 25% higher when accident is due to organized sports Up to \$1000 per person/year, Family Care - for each child in a child care center \$25 daily / 30 days**

Ambulance: Ground / Air	\$200 / \$2000
Emergency Room	\$125.00
Initial Doctor's Office Visit	\$50.00
Urgent Care Visit	\$100.00
Hospital Admission	\$1,250.00
Hospital Confinement per day up to 365 days	\$250.00
ICU Admission	\$2,500.00
ICU Confinement per day (30 days)	\$500.00
Rehabilitation Confinement per day (30 days)	\$150.00
Appliances	\$100.00
Chiropractic Care / 3 visits	\$25.00
Major Diagnostic Exam / CT, MRI, etc.	\$200.00
Physical Therapy / 10 visits	\$50.00
Accidental Death & Dismemberment EE & SP	\$20,000.00
Accidental Death & Dismemberment Child	\$4,000.00
Accident Follow-up Treatment / 3 visits	\$50.00
Herniated Disc	\$750.00
<b>Wellness Benefit / Once a Year</b>	
Per Person / 90 Day Waiting Period	<b>\$50.00</b>

**Weekly Payroll Deductions ~ Check One**

Employee	\$ 5.64
Employee & Spouse	\$10.76
Employee & Children	\$11.56
Family	\$16.68

**Income Protector w/ Hospital & Wellness**

DI Champion is insurance for your paycheck. If you insure your home, car, and health, why wouldn't you safeguard your salary? Disability helps protect you from financial hardship should you become unable to work due to an accident or sickness.

**Key Features**

Pays up to 60% of your Monthly Income  
 This Example Pays **\$1200 Monthly & Benefit Period: 3 months** / \$ \_\_\_\_\_  
 Elimination Periods: **Accident 14 days / Sickness 14 days** \_\_\_\_/\_\_\_\_  
 You can **KEEP** this coverage if you leave Employment.  
 Benefits Paid if unable to perform the duties of your present job.  
**Health Screening Benefit:** pays **\$200.00** once per policy year  
**Daily Hospitalization Benefit - pays \$577.20 daily / \$ \_\_\_\_\_**  
 when you're totally disabled and confined overnight.  
 Max benefit is 365 days per hospitalization.

**Benefits Specifications**

**Total Disability - Monthly benefit starts after the elimination period**  
**Partial Disability - Pays 50% of the monthly benefit after at least one month of total disability.**  
**Pregnancy - After coverage has been in force for 10 months form the effective date, coverage is paid the same as sickness.**  
 Simplified Issue with Medical Questions.  
**Waiver of Premium - after 14 days of disability you will no longer have to pay your premium for coverage until you return.**

**Standard Occupation ~ Weekly Payroll - Check One**

<b>Rates Based on \$12.00 hour Wage Your Wage:</b>	AGES 18-34	\$ 7.56
	35-44	\$ 6.11
	45-54	\$ 6.94
	55-59	\$ 8.16
	60-63	\$10.27

**FOR THE FULL 60% ALLOWED MAXIMUM BENEFIT ASK FOR A QUOTE!**

Company: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Check to Quote: \_\_\_ Income Protector \_\_\_ Life Insurance**

**~Please check one~**

\_\_\_ Interested in Enrolling \_\_\_ CHANGES  
 \_\_\_ Waive All Coverage \_\_\_ NO CHANGES

\*\*\* This form is for presentation purposes and rates may vary. You will be required to complete application by telephonic enrollment.\*\*\*

Holly Remus ~ Account Executive (941) 586-0524 • Holly.Remus@Combined.com