



Group Leader Guide



EPIC
LIFE INSURANCE

We Take Care of You



Group Leader Administrative Guide for Groups of The EPIC Life Insurance Company

Thank you for selecting The EPIC Life Insurance Company (“EPIC”) for one or more of your group insurance product(s) which provides valuable employee and dependent insurance benefits. We are confident your group will be pleased with the EPIC group insurance product(s). We, at EPIC look forward to providing you and your group with the finest insurance products and related services.

We urge you, whom we refer to as the “Group Leader,” to carefully read and review the important information in this Guide, and keep it for future reference. It is extremely important that you carefully read and review the one or more EPIC and/or WPS group insurance policy(ies) that your group, whom we refer to as the “group policyholder” or the “policyholder”, were issued and received from WPS. This will enable you to understand EPIC’s products and services, your group’s duties and obligations under the group policy(ies), and how the group policy(ies) apply to the people whom have been approved for coverage. Please note the group policy(ies) effective dates.

The information contained in this Guide is no substitute for the information contained in your group’s policy(ies). If your group is an employer subject to the federal Employee Retirement Income Security Act of 1974 (“ERISA”), as amended, your group is solely responsible for complying with all of the ERISA requirements that apply to your group and its group employee welfare benefit plan, not EPIC or WPS.

The italicized references indicate where you can find the supporting documentation in the EPIC Certificate or EPIC Policy.

If you have any questions on any information covered in this guide, please call or write us at the address and telephone numbers shown below. You can also contact us through our Internet Web site. We will make sure that for the unpredictable, unforeseeable, unavoidable, you can put your confidence in us.

Wisconsin Physicians Service Insurance Corporation (WPS)
1717 West Broadway
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Madison, WI 53708-8190
Phone: 608-221-4711
Fax 608-223-3626
www.wpsic.com

Remember: This is only a guide. Always review the group master policy for complete information about coverage and benefits for your group. Coverage is subject to the terms, conditions, and provisions of the EPIC insurance policy issued. Any provision listed in this guide that conflict with state or federal laws will conform to those laws.

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QUESTIONS AND ANSWERS

NEW EMPLOYEES

Q. Who is an eligible employee?

- A. Generally speaking, an eligible employee is a person who:
- Appears on your group's regular payroll records (excluding seasonal and temporary employees)
 - Is scheduled to perform all of the duties of his/her occupation in his/her job with your group for at least the minimum number of hours per week, as shown in your group's current EPIC or WPS application for coverage (usually called the "*Employer's Group Application*").
 - Is actively at work.

Reference Certificate: Eligibility Section and Employee or Covered Employee Definition

Q. How do I add a new employee to my group coverage?

- A. Have the employee complete and sign an *Employee's Application for Group Insurance Coverage*. Send the completed application to WPS within the employee's probationary period (if applicable under your group's EPIC group policy) or within 31 days of that employee's first day of eligibility. The probationary period applies to all new employees. We recommend that you keep a copy of each application forwarded to WPS for your group's insurance records.

Contributory Plans – This means the employee is contributing to the premium. The employee may choose to waive the coverage if he/she chooses. Any employee or dependents who initially waive the coverage, then choose to enroll at a later date, are considered late enrollees. See the Certificate of Coverage for late enrollees.

Non-Contributory Plans (100% employer paid) – This means the employee does not contribute to the premium for a specific coverage. Employees of non-contributory plans do not have the option to waive the ancillary coverage. Enrollment is mandatory, and required premium must be submitted for all eligible members (including any non-contributory coverage for dependents).

Reference Certificate: Eligibility Section

Reference Policy: Minimum Participation

Q. When is an employee's coverage effective?

- A. The latter of:
- The effective date of the group policy
 - The date he or she becomes eligible as defined in the certificate
 - The first day following the date we approve him or her for coverage as a late applicant
 - Deferred effective date if employee is not actively working on the date he or she is eligible

The eligible employee must be actively at work with you on his or her effective date of coverage under your group policy. If an otherwise eligible employee is not actively at

work on the date his or her coverage would otherwise become effective under the group policy, coverage will not be effective until the date he or she is eligible and actively at work with you. At that time, a completed *Employee's Application for Group Insurance Coverage* needs to be submitted to WPS.

Reference Certificate: Member Effective Dates Section

NOTE: If you have multiple coverages, some contributory and some non-contributory, make sure your employees enroll in the non-contributory coverage plan, even if they choose to waive other coverage.

Q. What if a new employee does not want coverage?

A. Each eligible employee must be given the opportunity to apply for coverage(s) available under your group's EPIC group policy(ies). If the plan is

Contributory Plans – This means the employee is contributing to the premium. The employee may choose to waive the coverage if he/she chooses. Any employee or dependents who initially waive the coverage, then choose to enroll at a later date, are considered late enrollees. See the Certificate of Coverage for late enrollees.

Non-Contributory Plans (100% employer paid) – This means the employee does not contribute to the premium for a specific coverage. Employees of non-contributory plans do not have the option to waive the ancillary coverage. Enrollment is mandatory, and required premium must be submitted for all eligible members (including any non-contributory coverage for dependents).

Reference Policy: Minimum Participation

We recommend that you keep a copy of each application for your group's insurance records, and provide the employee a copy.

Q. How can I ensure my new employees' applications are processed as quickly as possible?

A. An application cannot be processed until all of the required information is completed and the form is signed and dated by the employee. Prior to forwarding the completed and signed applications to WPS, be sure to carefully review your employee's application to ensure all required information has been included on the application so it is complete. The employee should print on the application in black ink.

Remember – If you pay 100% of the premium for any of the ancillary coverages, the member may not elect to waive that coverage.

If you are a self-billed group you are responsible for obtaining and holding all enrollment forms. At point-of-claim submission, a copy of the enrollment forms will be required.

Q. What are my options for delivery of employee applications to WPS?

A. EPIC and WPS wants to ensure security of your employees' personal information. Ask your Client Service Representative about the options we recommend.

- Mail the application to EPIC
- Fax the application (1-608-223-3639)

- Enroll in our secure messaging program called “Move-It”. It is the fastest and most secure way of sending electronic applications.
- On-line enrollment, through the WPS website.

EPIC does not recommend using standard email attachments due to the lack of security.

Q. Are all coverages available to an employee and his or her family after that employee’s initial eligibility period ends?

- A. Those eligible employees who apply for coverage by completing an application after their eligibility period ended are considered late enrollees and will be health underwritten. Health underwritten means that each person for whom coverage is being requested must satisfy EPIC’s underwriting and eligibility requirements through evidence of insurability. (Answering the health questions on the employee application is required.) See late entrant in the Certificate of Coverage. Non-contributory plans do not have late enrollees. Members will be enrolled as of their eligibility date and back premium will be charged for any one who misses their initial enrollment.

Reference Policy: Minimum Participation

Reference Certificate: Members’ Effective Dates

Q. Who is an eligible dependent?

- A. Generally speaking, an eligible dependent is a person who is:
- A spouse
 - An unmarried natural child, adopted child, child placed for adoption, stepchild, or legal ward under the applicable age as indicated in the Certificate of Insurance, or any endorsement accompanying the Certificate.

An eligible employee may not be a dependent of another employee. Dependent children can only have coverage under one parent.

Reference Certificate: Eligible Dependent or Endorsement amending the Certificate.

Q. When would eligible dependents become covered (if you provide coverage for dependents)?

- A. If an eligible employee applies for family coverage, each of his or her eligible dependents are covered effective the latter of:
- The date the employee becomes insured
 - The date the dependent becomes eligible as defined in the certificate
 - The first day of the policy month following EPIC’s approval of that dependent for dependent coverage, including our approval of satisfactory evidence of insurability
 - He or she is no longer confined or totally disabled

If that eligible dependent is confined in a hospital, at home, or is totally disabled on the date that his or her coverage would otherwise become effective, his or her coverage will not become effective until the earliest, later date he or she ceases to be confined in a hospital, at home, and is not totally disabled.

If the coverage for eligible dependents is non-contributory (100% employer paid) all eligible dependents are required to enroll, unless confined as described above.

Reference Certificate: Eligibility Section
Reference Policy: Minimum Participation

Q. What if a new eligible employee and/or spouse is applying for life coverage in an amount greater than the guarantee issue amount?

- A. In order to get an amount of coverage over the guarantee issue amount, the employee must satisfy EPIC's evidence of insurability requirements as determined by EPIC. We will determine if the employee is eligible for the amount over the guarantee issue amount.

Until the eligible member is approved for the over guarantee issue amount, he or she will be provided and billed for a benefit equal to the guarantee issue amount. Once approved, notice will be provided to you and changes will be made to the members' coverage and to your billing statement. The effective date will be the first of the month following EPIC's approval.

Reference Policy: Evidence of Insurability
Reference Certificate: Term Life Benefits

Q. What is guarantee issue?

- A. Guarantee issue (GI) was presented to you at time of sale. It is the amount of coverage available to your employees without showing Evidence of Insurability.

Reference Proposal and approval letter: Guarantee Issue

Q. If the coverage is for life and disability, how do I make sure my employees get the maximum benefit?

- A. Disability and multiple of salary life benefits are based on the salary of the employee. It is very important that you provide periodic salary updates to WPS at least on an annual basis.

If your plan is a voluntary product (except voluntary LTD) you should provide your employees an opportunity to apply for increased benefits. Evidence of Insurability may be required.

Reference Certificate: Definition of Salary

Q. If my group has purchased an EPIC ancillary product (other than vision) to cover eligible employees, should each of those employees designate a beneficiary in writing?

- A. Yes. It is very important that each employee who is to be insured for group term life, STD or LTD coverage designate a beneficiary to receive the proceeds disbursed according to their expressed wishes. The "Beneficiary Designation" section in the *Employee's Application for Group Insurance Coverage* needs to be completed by that employee at the time of his or her initial enrollment for coverage. If an employee does not designate a beneficiary on their application or in any other document provided to us, most likely the proceeds will be paid according to the Certificate's naming sequence for beneficiary.

Reference Certificate: Life Certificate / Payment of Claims, Beneficiary Disability / Survivor Benefits

Q. What if my employees did not complete an EPIC enrollment application?

- A. If the employer's initial enrollment with EPIC was through electronic enrollment or through Easy Path Enrollment, where EPIC accepted the prior carrier's applications for enrollment purposes, that application will be honored for beneficiary designations, if it is the most current designation provided. Any other designation has to be made available to

EPIC prior to the claim submission.

If you are a self-billed group, you are required to hold the most current beneficiary information. This documentation will be required at time of claim.

Q. Who is the beneficiary for the dependent coverage?

A. The employee is the beneficiary for all dependent coverages.

Reference Certificate: Dependents Benefits

Q. Why is a beneficiary designation required for STD or LTD?

A. STD and LTD have benefit provisions (example – survivor benefit) that may be payable upon death of the employee.

Reference Certificate: Survivor Benefits

CHANGES IN EMPLOYEE COVERAGE

Self-billed groups are required to obtain and maintain all employee coverage charges and pay premium accordingly.

Q. What if an employee with single coverage gets married and wants to add his or her new spouse for coverage?

A. If an employee has single coverage and wants to change to family coverage to add a new spouse (spouse and step-children), the employee must sign a new *Employee's Application for Group Insurance Coverage* within 31 days of marriage. Coverage will be effective on the marriage date, provided the required additional premium for that family coverage is paid to EPIC within the required time period.

Remember – ERISA special enrollment regulations do not apply to life and disability insurance.

Reference Certificate: Eligibility

Q. How does an employee add an eligible dependent newborn child to his or her existing family coverage that is in force on the date of that child's birth?

A. Simply notify WPS within 31 days of that child's birth. Newborn coverage is effective on the date of the eligible dependent child's birth.

If dependent life coverage is in effect on the date of birth of an insured's newborn child, the date an insured adopts a child, coverage for such child is effective as of that 15th day following the birth or the newborn child or, of an adopted child who is 15 days old or older.

Reference Certificate: Eligibility

Q. What if an employee wants to add an eligible newborn child to his or her coverage when that employee only has single coverage on themselves in force?

A. The employee must complete and sign a new *Employee's Application for Group Insurance Coverage* within 31 days of the child's birth and indicate the change from single to family coverage. The required amount of additional premium for family coverage must also be paid to WPS within the required time period.

Reference Certificate: Eligibility

Q. How does an employee add an eligible adopted child (who is under age 18) to his or her existing family coverage?

A. Within 31 days of final adoption, the employee must complete and sign an *Employee's Application for Group Insurance Coverage* form to add the child to his or her family coverage, along with copies of the adoption papers. Coverage is effective on the date the court having jurisdiction over the adoption makes the final order granting adoption, or on the date the child is placed for adoption with the employee, whichever occurs first. This must be completed within 31 days of the date of the child's adoption or placement. The required amount of additional premium for family coverage must also be paid to WPS.
Reference Certificate: Eligibility

Q. How does an employee add an eligible adopted child to that employee's coverage when that employee only has single coverage in force?

A. The employee must complete and sign a new *Employee's Application for Group Insurance Coverage* indicating they are changing their coverage from single to family coverage, along with copies of the adoption papers. Coverage will become effective on the date the court having jurisdiction over the adoption makes the final order granting adoption of the child or on the date the child is placed for adoption with the employee, whichever occurs first. This must be completed within 31 days of the date of the child's adoption or placement. The required amount of additional premium for family coverage must also be paid to WPS.
Reference Certificate: Eligibility

Q. What happens if a dependent who was not eligible but then becomes eligible because he or she is now a full-time student or no longer employed and is still under the limiting age?

A. The employee should complete and sign a new *Employee's Application for Group Insurance Coverage* to enroll the child as an eligible dependent. The application must be received by WPS within 31 days of his or her eligibility date.
Reference Certificate: Eligibility or Endorsements amending the Certificate

Q. What if an employee declined vision coverage when first eligible because he or she was covered under a spouse's group plan, and loses coverage due to the spouse leaving employment, spouse's death or divorce, and now wants to enroll? When would coverage become effective?

A. The employee must complete and sign an *Employee's Application for Group Insurance Coverage* in order to enroll for coverage under the EPIC group policy(ies). If that employee's application is completed and signed within 63 days of the employee's coverage termination date under the spouse's coverage and is forwarded to us promptly, the effective date of that employee's coverage under the EPIC group policy(ies) will be the first day following that coverage termination date. If that employee's application is completed and signed more than 63 days following that employee's coverage termination date under the spouse's plan and is then forwarded to WPS, coverage is subject to EPIC's approval in accordance with our underwriting and eligibility requirements, including, but not limited to, having to submit evidence of insurability. If WPS determines that the employee and/or any of his or her dependents for whom coverage is being sought does not meet any of those requirements, including the determination that his or her evidence of insurability is not satisfactory to us, that employee and/or his or her dependents will not be insured under the EPIC group policy(ies).

Reference Certificate: Late Enrollees and Change in Status

Q. What if an employee wants to cancel the coverage on one of his or her dependents that has coverage?

- A. A new application is not needed from that employee. However, you must notify WPS either by completing the *Additions, Changes, or Terminations* form included with your regular premium notice, or by calling your administrative or service representative. You should also obtain that cancellation request in writing from the employee, including asking that employee to document their request, the reason for the request, and the requested effective date of termination.

Reminder – If the dependent coverage is non-contributory, eligible dependents need to remain on the plan.

Reference Policy: Minimum Participation

Reference Certificate: When Coverage Ends

Q. What if an employee gets a divorce or annulment of his or her marriage and changes coverage status by terminating the former spouse’s dental, vision, and term life coverages?

- A. Please refer to the Certificate of Coverage “Group Continuation/Conversion” section.

CHANGES IN EMPLOYEE STATUS

Self-billed groups are required to obtain and maintain all employee status changes and pay premium difference.

Q. What should I do if an employee loses eligibility for group coverage?

- A. There are multiple reasons an employee loses their coverage. In each case, WPS is to be notified.

- (1) Laid off, reduction in hours, approved leave of absence.

Most contracts cover the employee until the end of the month in which coverage ends. The certificate would be endorsed if your group’s termination language is different.

If your policy includes the temporary lay-off provision, the applicable coverage will continue for a specific length of time you requested during your initial enrollment. This information is contained on your life or LTD Schedule of Benefits and the sections “When your Coverage Ends” in your Certificate of Insurance.

You should notify EPIC of the lay-off date and the actual termination date after the lay-off provision. For Life, AD&D, and LTD, these employees should be administered the same as active employees and premium should be paid and benefits are payable.

If your group has STD, Dental or Vision, these coverages should be termed as indicated in the Certificate. Again, our standard is the end of the month in which the employee is no longer actively at work. Temporary lay-off does not

apply to STD, Dental or Vision.

- (2) Employee chooses to drop insurance or leave employment (for any coverage that the employer contributes to the premium) coverage ends at the end of the month in which the employee requests termination.

For the employee who ceases to be an eligible employee as defined in the policy because of disability due to illness or injury, your employee's employment may be continued during the continuance of such disability until terminated by you and that period of employment continuation shall not exceed 12 months. This provision may be used only on a basis which shall preclude discrimination against any other employee.

Q. What should I do about an employee's coverages when an employee dies?

- A. Please notify WPS of the death as soon as reasonably possible. Family coverages for the employee's spouse and dependents will terminate on the date of his or her death. Many employers may be subject to federal Consolidated Omnibus Budget Reconciliation Act ("COBRA") laws. If the spouse and/or dependents elect to purchase group vision continuation coverage under COBRA, you should submit their completed COBRA election form to the WPS office. Your group should consult with your group's legal counsel and benefit consultants for advice on your company's obligations.

If you need to file notice of a life claim for Life and AD&D with EPIC because the deceased employee had EPIC term life coverage in force on the date of his or her death, please see the "Submitting a Claim" section in this Guide or obtain claim forms from the EPIC website www.epiclife.com. For life conversion offering, please contact our WPS Member Services Department.

Reference Certificate: When Coverage Ends; Continuation and Conversion; How to file a Claim

Q. What should I do when an employee retires from their job with the group?

- A. Contact your agent or WPS sales representative when an employee retires. The steps you will need to take will depend on the type of EPIC coverage, if any, your group elected to purchase for its retirees. That person may also have the right to continue and/or convert their existing coverage(s) under state and/or federal laws or the EPIC group policy(ies), so those laws and the applicable EPIC group policy need to be reviewed. Please be sure to notify WPS immediately of any employee's retirement.

Reference Certificate: When Coverage Ends; Continuation and Conversion

Q. What should I do if an employee gets called for active military duty?

- A. The Veteran's Re-employment Rights Act of 1958, as amended, prohibits discrimination in employment against employees who leave their jobs because they are drafted or called up to serve in the United States Armed Forces. The employee may elect COBRA for his dental or vision benefits. Coverage for life or disability will terminate the date he or she is called to active duty. Returning veterans must be treated as if they never left with respect to compensation, benefits, seniority, promotions, and other employment matters. Accordingly, your group must provide insurance immediately upon your employee's return to work with no probationary period. The returning veteran should complete and sign an *Employee's Application for Group Insurance Coverage*. A pre-existing condition cannot be excluded from coverage if the condition arose during the employee's tour of duty. Of course, in any case, EPIC recommends you consult with your group's legal counsel for

advice on specific situations with respect to military leaves.

Reference Certificate: Termination Provisions or When Coverage Ends

Q. How do I terminate an employee's coverage(s)?

A. Please notify WPS of coverage termination changes as they occur by sending a completed *Additions, Changes, and Terminations* form to WPS as soon as possible that shows each change in coverage for each employee. For instance, WPS needs to know whether all of that employee's coverages, including their dependents' coverage(s), if any, are being terminated under the group policy(ies), or if only certain coverage(s) is/are being terminated while other coverage(s) remain in force. You can also call your administrative or client services representative with changes. Please include the employee's Customer Number on the form or have it ready when you call.

Q. How does the termination of coverage effect the employee's Life and Disability coverage?

A. The Life and Disability coverage usually continues until the end of the calendar month the employee terminates. If your group has a temporary lay-off provision, and this is an approved leave of absence or lay-off, he or she may continue coverage under that provision as long as premiums are paid. Please review the temporary lay-off provision of your policy.

If you are a self-billed group, you are required to follow the same criteria and eligibility guidelines as stipulated in your Master Plan Document.

Reference Certificate: When Coverage Ends and Conversion Privilege

ADMINISTRATIVE ISSUES

Self-billed groups are responsible for maintaining and documenting all administrative changes and issues.

Q. How do I check on the status of an employee's application for coverage?

A. WPS will be happy to answer questions on applications that are sent to us by calling your Member Services representative. Please be sure to have the applicant's customer number ready when calling. You may also use the WPS website www.wpsic.com to check for all employees' eligibility. Call Member Services for information.

Q. How do I let WPS know about enrollment changes?

A. For terminations and changes, complete the *Additions, Changes, and Terminations* form included with your bill. You can also call your Member Services representative indicated on your billing statement. For additions, the employee must complete an *Employee's Application for Group Insurance Coverage*. Use the WPS website www.wpsic.com to terminate employees that are no longer eligible.

Also contact: 1-800-748-0575

Q. How can my group change its coverage(s) under the EPIC Group policy(ies)?

A. Please call your agent or WPS Sales Representative to discuss your group's available benefit options with EPIC. If your group decides to request changes in coverage, please

complete and sign an *Employer's Group Application* and send that completed document to WPS as soon as possible. WPS needs to receive your group's completed and signed application in our Madison office prior to your group's requested date of change. If the Underwriting Department does not approve your group's application asking for the requested changes, your group will be advised by letter accordingly. Please note that WPS and EPIC does not "backdate" requested changes because that leads to incorrect claims information, inconsistent customer service information, or confusion over revisions in documents distributed to your group.

Q. How do I make changes to my group's information?

A. To change group leaders, or your group's address, we need to receive your request in writing. Just send a letter to your agent or to your WPS or EPIC sales representative. In your letter, indicate the change and the date on which your group wants it to become effective. We will do our best to implement the change as of your group's requested effective date, subject to the following requirements. Please make sure the request is written on your group's letterhead. Also, the letters changing a group leader should be signed by an officer of your group.

A change in your group's probationary period is a change to your master policy and is considered a benefit change. Please complete an application for this type of change. This will affect new employees hired on or after the effective date of the change. A requested change to your group's probationary period will become effective on the first day of the calendar month following approval.

Q. How do I change an employee's address?

A. Just call EPIC at 1-800-748-0575 to report the new address so we can make sure our systems' information for that employee is updated in a timely manner. You can also mail the change in writing to WPS or update the employee's address through the WPS website www.wpsic.com.

Q. Where do I send enrollments, changes and premiums?

A. Send enrollments, changes and requests for applications to:

WPS Member Services
P.O. Box 8190
Madison, WI 53708-8190
1-800-748-0575

For list bills, send premium payments to:

WPS
P.O. Box 9
Madison, WI 53701

Please be sure to include your remittance coupon or group number with your premium payment.

If you are a self-billed group, please mail your Premium Summary and premium check to:

The EPIC Life Insurance Company
P.O. Box 8430
Madison, WI 53708-8430

Please see self-billed document for more details.

Q. How do I receive more EPIC or WPS employee application forms?

A. Call our office at 1-800-748-0575 or contact us through our website at www.wpsic.com.

GENERAL INFORMATION

EPIC TERMINOLOGY

Below is a list of terms used in this Guide – Terms are also defined in your group’s EPIC group policy(ies).

Active Work/Actively at Work

When an employee is performing all of the full-time duties of his or her principal occupation in his or her job with the policyholder for the required number of hours per week as shown in the policyholder’s current application for coverage, and paid a reasonable wage, as determined by us. These duties must be performed at the policyholder’s place of business, except to the extent that the employee must travel to perform his or her duties, or an alternate location if approved by the policyholder. The covered employee shall be deemed to be actively at work on: (a) each day of a paid vacation; or (b) a regularly-scheduled non-working day, provided that, in either case, he or she has performed all of the full-time duties of his or her principal occupation in his or her job on a full-time basis on his or her entire last regularly-scheduled work day prior to such date.

Certificate

The document issued to the employee insured through your group. It is not an insurance contract, but only evidence of coverage, and describes the benefits provided by the Group Master Policy.

Family Coverage

Coverage for the employee, his or her eligible spouse, and/or their eligible dependent children. To be covered, a dependent must be properly enrolled and approved for coverage under the group policy and appropriate premium must have been received.

Group Master Policy

The group insurance policy issued by us to your group which is an employer, trustee, union, association, organization, or other entity known as the policyholder. In the applicable EPIC group policy, we agree to insure participants of a group subject to the terms, conditions, and provisions of the group policy.

Late Applicant

An eligible employee or dependent who applies for coverage more than 31 days after his or her eligibility date as determined by EPIC.

Leave of Absence

An employee’s approved absence from his or her job with the policyholder.

Limited Family

Coverage for the employee and his or her eligible spouse or the covered employee and his or her eligible dependent children.

Look-Back Period

The timeframe prior to the employee's effective date of coverage, that EPIC reviews medical records for pre-existing conditions.

Insured

An employee eligible for coverage under the group policy, who has properly enrolled and is approved by EPIC for coverage under the group policy, and for whom WPS has accepted the appropriate premium.

Participant or Member

The employee or dependent(s) enrolled and approved for coverage by EPIC under the policy.

Self-Billed

Groups with 100 or more enrollees who maintain their own eligibility and billing reconciliation. See specific self-billed process provided for your group.

Single Coverage

Coverage for an employee. To be covered the employee must be properly enrolled and approved for coverage by EPIC and appropriate premium for the employee must have been received.

We, Us, Our

The EPIC Life Insurance Company.

EMPLOYER'S GROUP APPLICATION

A copy of your group's *Employer's Group Application* is attached to your EPIC group policy. If your group decides to amend the benefit design, complete a new *Employer's Group Application* requesting that EPIC or WPS approve your requested changes and amend your group's EPIC group policy accordingly. Please contact your sales representative or agent for necessary forms and other information that may be required. This change must be requested prior to the desired effective date.

RENEWAL PROCESS

Groups are notified of their renewal rates 60 days prior to their anniversary date. Agents are notified of a group's renewal rates 75 days prior to the group's anniversary date.

Renewal rates reflect changes which may have occurred over the course of the policy year, including age distribution, experience, participation, benefit modifications, SIC code, address, or the purchase of a subsidiary or merger with another company.

EMPLOYER/EMPLOYEE PREMIUM CONTRIBUTION

WPS will look to your group, not to your employees, to pay all of the premium due and payable in a timely manner for the coverage issued to those employees and their dependents who are covered under your EPIC group policy(ies). If EPIC or WPS should refund premium paid by

you, your group is responsible for returning to your employees the portion of the refunded amount, if any, the employee contributed. Coverage for an eligible employee and his or her eligible dependents, if family coverage is applied for, will not begin before the effective date assigned by WPS or EPIC, even if your group collects employee contributions to pay for their coverage(s) before that date. Also, collecting an employee's contribution toward their premium to pay for their coverage(s) will not extend, continue, or reissue any terminated coverage of that employee. Claim payments will not begin if premium is in a delinquent status.

NOTE – Claim payments that are reflective of the employee's salary are paid based on EPIC's most current payroll information. It is beneficial to provide salary updates to WPS periodically to insure appropriate payment of claims.

If you are a self-billed group, you will be required to make your own payroll updates. At point of claim, you will be required to provide appropriate payroll and premium documentation.

Reference Policy: Premiums

GUARANTEE ISSUE

Guarantee issue is the amount of coverage available to employees/spouses, without providing evidence of insurability. This guarantee issue amount was provided to your group at point of sale and would be on your approved proposal and approval letter. This amount is based on your group size by product.

In the event an employee and/or spouse applies for coverage over the guarantee issue amount (if allowed by your plan), evidence of insurability will be required. Until approved for the additional amount, the employee and/or spouse will have coverage equal to the guaranteed amount.

Reference Policy: Evidence of Insurability

MINIMUM EMPLOYEE PARTICIPATION REQUIREMENT

Your group must continue to meet the applicable employee minimum participation requirement as determined by WPS in order for your group to continue its EPIC group policy(ies). The minimum participation requirement means that your group must have at least a certain minimum number of its eligible employees insured for coverage under the applicable EPIC group policy. Minimum participation requirements vary by size of the group. The minimum participation was presented to you at time of enrollment.

If you pay 100% of the premium for your eligible employees, all eligible employees and applicable dependents must be enrolled in that coverage.

Reference Policy: Minimum Participation Requirement

BENEFICIARY DESIGNATION

Each employee that has Life, AD&D, STD or LTD should provide EPIC or WPS with a *Beneficiary Designation*. If your employees were not required to complete applications, we will honor the designation you have on record with your prior carrier. But, it is recommended that

employees review their designation on a regular basis.

Reference Certificate: Beneficiary

DEFERRED EFFECTIVE DATE FOR EMPLOYEES

The eligible employee must be actively at work with the group on their effective date of coverage under the group policy. If an otherwise eligible employee is not actively at work on the date their coverage would become effective under the group policy, coverage will not be effective until the date he or she is eligible and actively at work with the group. At that time, a completed *Employee's Application for Group Insurance Coverage* must be submitted to WPS.

Reference Certificate: Effective Date or Member Effective Dates

DEFERRED EFFECTIVE DATE FOR DEPENDENTS

If an eligible dependent who would otherwise become insured is confined in a hospital, at home, or is totally disabled on the date his or her coverage would otherwise become effective under the policy, his or her coverage shall not become effective until the earliest later date he or she ceases to be confined in a hospital or at home and is not totally disabled.

Reference Certificate: Effective Date or Member Effective Dates

EFFECTIVE DATE FOR REHIRES

Rehires become effective the first of the month following the date of rehire, if rehired within 90 days. An *Employee's Application for Group Insurance Coverage* must be submitted within 31 days of the effective date.

Reference Policy: Rehired Employees

GROUP VISION COVERAGE FOR LATE ENTRANTS

Group vision coverage for late entrants is limited for the first 60 consecutive days of coverage under the policy. During the first 60 consecutive days immediately following a late entrant's effective date benefits are limited to covered vision care services. No benefits will be payable for vision care supplies during the first 60 consecutive days of coverage.

Reference Certificate: Vision Care Benefits

INCONTESTABILITY

Each group insurance policy issued to your group has an "Incontestability" provision setting forth what is known as a contestability period and EPIC's right to contest the validity of the group policy and the coverage of any person covered under that group policy. After the group policy has been in force for a given length of time, EPIC will not contest the validity of that group policy, except for the reasons explained in the provision.

Once that group policy has been in force for two consecutive years, EPIC will not contest the validity of the group policy. EPIC still has the legal right to contest the validity of any participant's coverage under that group policy until the person's coverage has been in force for

two consecutive years from their effective date of coverage.
Reference Certificate Cover, Policy: Incontestability

GROUP CANCELLATION/TERMINATION

Your Group's Decision to Terminate Your EPIC Group Policy(ies)

Your group policy(ies) will cancel the day immediately following the last day of the coverage period during which your group requests termination of their group policy(ies), provided WPS receives written notice of such request before the requested termination date. The termination date will in no event be earlier than the date of our receipt of such notice at our Madison office.

Termination of Your Group's EPIC Group Policy(ies)

Your group policy(ies) may be terminated by EPIC in accordance with the group policy(ies) "Termination of Policy" provision for any of the reasons listed in that provision. These include, but are not limited to, your group's failure to pay the billed premium in a timely manner or the policyholder's failure to meet minimum participation requirements.

Reference Policy: Termination of Policy

PRE-EXISTING CONDITIONS

SHORT-TERM DISABILITY

Please check your Certificate of Coverage for detailed description of the pre-existing waiting period. Many plans have a waiting period for STD, LTD, and dental. Make sure to review your policy for all applicable waiting periods for pre-existing conditions.

Reference Certificate: Waiting Periods for Pre-Existing Conditions

BASE AND VOLUNTARY STD

IF EPIC is not replacing an existing short-term disability plan, your employee's effective date of coverage is the effective date they enroll in the EPIC short-term disability plan. An illness or injury treated, advised or has been diagnosed within the number of months shown in Section 3.i.(1) of the Schedule of Benefits will be considered a pre-existing condition.

Reference Certificate: Waiting Periods for Pre-Existing Conditions

FOR BASE STD COVERAGE

If EPIC is a replacement for a current STD carrier and EPIC has agreed to credit all existing covered employees, those employee's pre-existing conditions waiting period will be waived.

New hires enrolling after the group's initial enrollment in EPIC will be required to satisfy the waiting period if treatment took place within the indicated look-back period.

Reference Certificate: Waiting Periods for Pre-Existing Conditions

FOR VOLUNTARY STD COVERAGE

If EPIC is a replacement for your prior short-term disability insurance, EPIC will use the effective date the employee had with the prior carrier for the effective date of short-term disability.

Within the number of months (usually 6), shown in Section 3.i.(1) of the Schedule of Benefits in your STD Certificate, your employee has received treatment, advice or has been diagnosed for an illness or injury. Short-term disability benefits are not payable as a result of that illness or injury until the employee has had continuous short-term disability benefits for a combined total of months (usually 12) Section 3.i.(2) of the Short-term Disability Schedule of Benefits in your Group Master Policy.

Reference Certificate: Waiting Periods for Pre-Existing Conditions

FOR LTD COVERAGE

Groups Without Prior LTD Coverage

If EPIC is not replacing an existing LTD plan, no benefit will be payable under the plan for any disability if the employee received medical care, tests, attendance or observation, drugs, supplies

or equipment during the number of months shown in Section 6.a. of the LTD Schedule of Benefits in your Group's Master Policy.

Benefits will be payable for a pre-existing condition after the employer has been continuously insured with this plan for the number of months shown in Section 6.C. of the LTD Schedule of Benefits.

Groups with Prior LTD Coverage

When EPIC's LTD group policy replaces your group's previous LTD coverage, benefits will be paid for a pre-existing condition that is otherwise a covered illness or injury if the pre-existing waiting period in that prior policy has been satisfied, considering the continuous time the employee is insured under both policy/plans.

Reference Certificate: Pre-Existing Condition Limitations

CLAIM INFORMATION

If your group has an EPIC group insurance policy providing Employee Life, Accidental Death & Dismemberment (AD&D), Dependent Life, and/or Short-Term Disability coverage, Dental, or Vision coverages, the following written proof of loss must be submitted. We will review and decide whether benefits are payable for claims submitted under any of those coverages.

EPIC is required by ERISA to review and process all claims within a specified period of time. Once EPIC receives any documentation for a claim, the timeline begins. If we receive one part of a claim, we need to respond to that claim as quickly as possible to stop the clock from ticking and using up allotted time to process the claim. At this time the claim would be denied as incomplete.

As more information is required the more time is taken away from our allowed time frame.

For additional Life and Disability information you can also contact the EPIC **Life and Disability Department** at 1-800-520-5750 or fax us at 1-608-223-2159 or email us at life&diclaims@epiclife.com. You can also write to us at:

The EPIC Life Insurance Company
Attention: Life and Disability Claims
P.O. Box 8430
Madison, WI 53708-8430

If you are a self-billed group, you will also be required to submit the most current employer application and payroll records.

LIFE AND AD&D

Life

- Employee must be actively at work to be eligible for coverage.
- Employees should always list a beneficiary on their enrollment application or complete a beneficiary change form. This is to insure benefits are paid appropriately.
- Suicide – There may be a waiting period for benefits to be payable due to a suicide death. Refer to your Certificate of Coverage for details.
- If benefits are based on an employee's salary, the benefit payment made to the beneficiary is based on EPIC's or WPS' most current salary update.

Example: If your employee enrolled with a salary of \$25,000 – providing a benefit of one times salary (benefit of \$25,000) the \$25,000 would be payable to the employee's beneficiary. So if the employee had been with the group for ten years, but his salary information was never updated, his beneficiary would only receive the \$25,000. This is why you want to make periodic (annual) updates to your employee's eligibility records.

- Age reductions – check your Schedule of Benefits for age reductions. This happens as your employee reaches retirement age. The benefit volume and premium will reduce when the employee reaches the appropriate age.
- Premium of Waiver – Please check your Certificate of Coverage for details. The employee should apply for premium waiver within the 9th and 12th month of being totally disabled. To qualify for the Premium of Waiver benefit, premium is available if the date of disability is prior to the employee reaching age 60 and continues to be waived as long as the employee remains totally disabled.

Claim forms can be obtained at www.epiclife.com by selecting Claim Forms. You may call 1-800-520-5750 or email your request as well.

Accidental Death and Dismemberment (AD&D)

Payable if the employee's death is due to an accident except

- Employee was not actively at work and not eligible for coverage
- If the accident was the result of committing a crime or under the influence of a controlled substance.
- The death was not caused by an accident such as a death by natural causes such as heart attack, etc.
- Suicide – If jumping off a bridge (self-inflicted injuries)
- The accident did not directly cause the accident, such as a stroke or heart attack.

Reference Certificate: Exclusions

Employee Life, Employee AD&D, or Dependent Life Insurance Claims (including Supplemental and Voluntary)

Both you as the Group Leader and the beneficiary designated by the deceased person should complete and sign the EPIC claim form. A claim form and instructions can be found on the EPIC website at www.epiclife.com. The following information and documentation is required when completing a life claim.

- (1) Completed claim form
- (2) Notarized copy of the Death Certificate
- (3) Copy of the Individual Application. (used to verify beneficiary)
- (4) Copy of the previous year W-2 Form
- (5) If due to an injury or accident (MFA, Suicide, etc.)
 - a. Copy of Police Report
 - b. Copy of Autopsy including Toxicology results
 - c. Any newspaper articles or obituary
- (6) Medical records may be requested if death occurred within two years of the effective date or the cause of death is questionable.

Please contact EPIC for Accidental Death and Dismemberment claim forms at 1-800-520-5750.

If you are a self-billed group, it will be your responsibility to provide the most current employee

application, beneficiary designation and payroll records.

Accelerated or Living Benefit Coverage

The employee's or the covered employee's spouse may be eligible to receive a portion of their life benefit if terminally ill.

Submission of a claim and medical records are required to determine the members eligibility for benefits.

There is usually an administrative fee that will be deducted from any payment.

Reference Certificate: Benefits, Accelerated/Living Benefit

SHORT-TERM DISABILITY

You the employer, the employee, and his or her physician must complete the *EPIC Short-term Disability Benefit Claim Form*. A sample of this form can be found on the EPIC website at www.epiclifecom.com. Review of the claim cannot take place until all three sections are completed and submitted. The employee or a representative for the employee is responsible for submitting the claim form to EPIC.

For additional life and disability information you can also contact the EPIC Life and Disability Department at 1-800-520-5750 or fax us at 1-608-223-2159, or email us at life&diclaims@epiclifecom.com. You can also write to us at:

The EPIC Life Insurance Company
Attn: Life and Disability Claims
P.O. Box 8430
Madison, WI 53708-8430

If you are a self-billed group, you will also be required to submit the most current employer application and payroll records.

- Employee must be actively at work to be eligible for coverage.
- Claim forms can be obtained at www.epiclifecom.com by selecting FORMS. You may call 1-800-520-5750 or email your request as well.
- A percentage of disability benefits are always based on the employee's pre-disability wages that EPIC or WPS has on record and has received premium for prior to the date of disability.
- A waiting or elimination period is a period of time in which benefits are approved but no payment is provided. There is not a retroactive payment for the waiting period or elimination period.
- An employee can use sick or vacation time during any applicable waiting/elimination period without penalizing the potential disability payments. But, if sick and/or vacation is paid during a period of time in which we may pay disability benefits (after the elimination period), such benefits will be used as an offset and no payment will be made for that time.
- Your plan may contain pre-existing condition exclusion. If you had prior STD coverage

for your employees, their time served under that carrier may be credited to the EPIC coverage.

- Quarterly or annual salary updates are recommended. Disability benefits are based on EPIC's or WPS' most current information.
- A claim that is a result from employment is not a covered benefit even if the employee chooses not to file a claim with your Worker's Compensation carrier.
- You and your employee are responsible for notifying EPIC or WPS of the employee's return to work. A copy of the return to work slip should be faxed, scanned/mailed or mailed to the EPIC Disability Department.
- Beneficiary information is required for the STD Survivor Benefit.
- Partial disability (if applicable) is calculated by an industry standard formula based on the hours worked and wages paid.
- If your contract allows your employees to use commission income as part of their pre-disability earnings, EPIC will use a two year average of their commission income and add that amount to their hourly or salaried wage to establish the weekly pre-disability earnings. This amount will be consistent through the duration of the claim.
- A disability that recurs during the first two weeks the employee returns to work for the same disabling illness or injury is considered a recurrent disability claim. That means that the employee will not have to satisfy a new elimination period and benefits will be continued from the previous weeks' paid for the same disabling illness or injury.
 - Example: An employee is receiving STD payments for pneumonia. The doctor releases the employee to return to work after the third week of payments. On the employee's fourth day back to work, he becomes ill, going back on disability for the return of the pneumonia. He would receive disability checks from the fifth day on (because he worked on the fourth day). This is considered a recurrence of pneumonia.
- APS – Attending Physicians Statement – an employee who is out on disability may require periodic updates from the attending physician. The employee is told on the last two Explanation of Benefits that are mailed with his or her last two checks that he needs to be evaluated by his physician and that the doctor will need to provide an update before any further payments are made.
- Common explanations that you may see on the Explanation of Benefits are (but not limited to):
 - In order to pay additional benefits we will need an updated Physician's Statement.
 - Please complete the enclosed Authorization to Disclose Health Related Information form and return it to our office. Personal health Information (PHI) cannot be disclosed to us without authorization.
 - We cannot process a claim for a disability that has not occurred yet. (We do not accept claim forms prior to the disability.)
 - Your employer has informed us they will be handling your holiday (if you pay the employee, we will not.)
 - Please complete all sections of the Employee Claim form.
 - Your physician must complete all sections of the enclosed Attending Physician Statement. Upon receipt of the completed form, we will promptly

- continue adjudicating your claim.
- Your employer must complete the enclosed Employer Questionnaire.
- Offset from other income sources.
- This payment reflects a coordination of benefits between disability benefits and your earned wages.
- Part-time basic weekly earnings in combination with partial disability benefits cannot exceed 80% of your pre-disability basic weekly earnings. Payment represents partial disability benefits up to 80% of your pre-disability basic weekly earnings.
- Benefits are not payable while you received salary continuation.
- Benefits are not payable while you received sick pay.
- Benefits are not payable while you received vacation or any other group disability payments.
- Benefits are not payable during the applicable waiting period (vacation, sick, or salary continuation may be paid during the elimination waiting period).
- This is our final payment for this claim as the maximum number of weeks payable under the terms of the policy/plan has been reached.

LONG-TERM DISABILITY

The EPIC Long-term Disability claims are processed by our claim administrators in Hartford, Connecticut. Please contact them for any claim questions.

The EPIC Life Insurance Company
 Claims Department
 P.O. Box 2993
 Hartford, CT 06104-2993
 866-779-2083

- Employee must be actively at work to be eligible for coverage.
- Premium is based on the employee's covered payroll. If the employee makes \$72,000 per year, the monthly covered payroll would be \$6,000. On the bill you would see 60 units (by 100's) times the volume by 100's to equal the premium due. Benefits are a percentage of the covered payroll (salary).
- Again, the benefits are based on the employee's salary that EPIC or WPS has on record. So, regular updates of the employee's salary are advised.
- LTD is paid monthly directly to the employee
- The employee may be allowed to qualify for benefits during the elimination period by meeting loss of one or more duties of his or her job, but no loss of income
- After the elimination period, loss of one or more duties and income is required before payments can begin.
- If an employee returns to work after a LTD period and within 90 days has a relapse of the same condition, the employee is not required to serve another elimination period.
- Return to work provisions:
 - Residual Disability – Employee may return to work part-time, not to exceed 100% of pre-disability earnings.
 - Work Modification – Reimbursement of expenses to modify workspace, equal

- Rehabilitation – Paid up to the monthly maximum benefit amount.
 - Family Care Credit – Expenses for family care incurred while employee is in rehab or return to work.
 - Survivor Benefit – In the event of a death, payment of three times the last LTD benefit.
 - Waiver of Premium – Premium is waived after elimination period. Employee has to be under the age of 60 when disabled.
- Employee Assistance Program – A complimentary program available to all employees with EPIC LTD coverage. To cope with life’s challenges, employees and their families may choose to receive behavioral health, financial, and legal consultation from qualified professionals. This program is confidential and provides personalized guidance on issues that affect one’s emotions, health, job, and life. Employees may call 1-866-538-9514.

VISION

If your group has an EPIC group vision insurance policy, all vision claims for covered employees and their covered dependents should be mailed to:

The EPIC Life Insurance Company
P.O. Box 8924
Madison, WI 53708-8924

If you have questions regarding your EPIC vision coverage, call 1-800-551-7263.

- Employee must be actively at work to be eligible for coverage
- Employees may waive vision if they are covered under their spouse’s plan or are required to pay all or part of the premium.
- Vision is regulated by ERISA

EPIC CLAIMS REVIEW AND APPEAL PROCEDURES

Situations may arise when employees and/or their dependents have questions about their benefits and EPIC’s claims decisions. Most benefits and claims questions can be resolved informally. EPIC recommends you or your employees and/or their dependents first contact EPIC by calling or writing the telephone numbers and addresses listed in the preceding section.

If the matter cannot be resolved informally, your employee has the right to request we formally review our claims decision in accordance with the “Claim Review Procedures” provision of the EPIC group policy(ies). A brief description of this claim review procedure is contained in the *Explanation of Benefits (“EOB”)* form or denial letter that is issued to explain our claims processing decision. Please also see the “ERISA Claims Review Procedures” section in this guide.

BILLING INFORMATION

LIST BILLING OVERVIEW

We think you will find our Premium Summary and Billing Statement easy to read. However, because insurance terminology and billings often differ from the types of invoices you are used to seeing, EPIC has put together this quick reference to help you understand your group's billing.

WPS' billing system uses a "balance forward" approach, meaning additions and terminations are reflected on your group's Premium Notice following these changes. Example – Employee application submitted 7/28 for a 7/1 effective date. Bills are created on the 20th of the month prior to the month of coverage. By 7/28 the July and August bills have been created. The new enrollee will appear on the September bill with adjustments for July and August. When you have questions regarding the information on your group's billing, call your administrative representative at the telephone number shown on your group's most recent billing statement.

You should not make your own premium adjustments when making premium payments. The EPIC billing statements will reflect all premium adjustments and will not interfere with benefits for your employees or any premium credits.

Just let us know about enrollment changes two weeks in advance of the billing due date. Of course, we understand it is not always possible to give that much notice. If your group's requested changes are received by WPS after the 20th day of the month, they will be entered into our system and reflected on your group's next Premium Notice. We encourage you to notify us about changes in enrollment as soon as possible to ensure timely processing.

If you do not receive your Premium Notice by the 30th day of the month prior to the due date, please contact your WPS Member Services representative to request a duplicate copy of your group's Premium Notice. The duplicate will have a remittance coupon which will ensure credit accuracy.

If an employee is terminating his or her employment with your group before the end of the month, such as mid-month, your group will be charged for that terminating employee's coverage(s) for the entire month. Under the EPIC group policy(ies), that employee's coverage(s) will continue through the last day of the calendar month in which they terminate employment with your group.

Premiums will be calculated on a prorated basis if the original effective date or the effective date of change is in the middle of the month. Premiums will be billed on the actual days that person's coverage was in force that month.

Premium rates change for employees as they get older for age-rated products. These changes happen as an employee reaches an age where he or she enters a new age band as listed on the EPIC age matrix. All new premium rates become effective on the first of the month following the member's birthday.

WPS offers two premium payment methods for your convenience. An easy-to-use automatic funds transfer program is available at no cost to you. Or, if you prefer, WPS will bill you directly for a small fee.

UNDERSTANDING YOUR GROUP PREMIUM SUMMARY AND PREMIUM NOTICE



P.O. Box 7903
Madison, WI 53707-7903



ATTN: JOHN JONES
ABC COMPANY
1111 WPS DRIVE
MADISON, WI 00000

FOCUS CUSTOMER SERVICE PHONE NUMBER
1-800-551-7263 ①

PREMIUM SUMMARY

| | |
|------------------------------------|--------------------------------|
| POLICY NUMBER ② 11-000000-00001 | PAYMENT DUE DATE ③ 05/01/06 |
|------------------------------------|--------------------------------|

| CURRENT AMOUNT DUE | ADJUSTMENTS | PAST DUE AMOUNT | FEES | TOTAL AMOUNT DUE |
|--------------------|---------------|-----------------|--------|------------------|
| ④ \$157.40 | ⑤ \$1,066.58- | \$1221.48 | \$5.00 | ⑥ \$317.30 |



DETACH AND RETURN THIS PORTION WITH YOUR PREMIUM PAYMENT

PREMIUM NOTICE
PLEASE DO NOT WRITE ON THIS DOCUMENT

MAKE CHECKS PAYABLE TO:

05/01/06 **DUE** \$317.30

WPS
P.O. BOX 9
MADISON, WI 53701

ABC COMPANY
11-000000-00001



Invoice No. 0054675186

1. **Customer Service** – Please call us at this telephone number any time you have any questions.
2. **Policy Number** – This number identifies your group’s group number and division in our billing system. Please refer to this number when you contact WPS regarding billing information.
3. **Payment Due Date** – This is the date by which the premium is to be paid.

4. **Current Amount Due** – This amount is the total dollar amount of all billed premiums before any enrollment adjustments, credits, or past due amounts are applied to your group’s billing.
5. **Adjustments** – This amount reflects adjustments to your group’s current amount due as a result of changes in enrollment, benefits, coverage options, etc. We calculate adjustments based on information you provide to us throughout the billing period.
6. **Total Amount Due** – This dollar amount is the total of all premiums owed for the coverage period for which the premiums are being billed for your group’s policy(ies). Any applicable adjustments, billing fees, and past due amounts are included in this amount. Please send your check for this amount to:

WPS
P.O. Box 9
Madison, WI 53701

7. **Bar-Coding** – Please be sure to include the Premium Notice with your check. The barcode allows us to scan your payment electronically and credit your account.

UNDERSTANDING YOUR BILLING STATEMENT

BILLING STATEMENT



ATTN: JOHN JONES
 ABC COMPANY
 444 E MAIN ST
 NOWHERE, WI 00000-0000

REGULAR BILLING

BILLING PERIOD 03/01/06 TO 04/01/06

PAGE: 1
 POLICY NO.: 11-000000-00000

| | | | | ① | ⑨ | ⑩ | ⑪ | ⑫ | ⑬ | ⑭ | | | ⑮ |
|----------------------------------|------------|------------------|------------|--|-----------------|-----------------------------|-----------------|-------------------|--------------------------|-----------------|-------------------------|----------------------|--------------------------|
| BILLING DATE: 03/24/06 | | | | HEALTH AND/OR OTHER COVERAGE OPTIONS | DENTAL | LIFE / AD+D | | DEPENDENT LIFE | SHORT TERM DISABILITY | | LONG TERM DISABILITY | | TOTAL PREMIUM (\$) |
| ID NUMBER | ② NAME | ③ EFF DATE | ④ CLASS | PREMIUM (\$) | PREMIUM (\$) | LIFE VOLUME IN 1000'S | PREMIUM (\$) | PREMIUM (\$) | VOLUME IN 10'S | PREMIUM (\$) | VOLUME IN 100'S | PREMIUM (\$) | TOTAL PREMIUM (\$) |
| 00000000 | JONES JOHN | 03/01 | 02 | 12.76 | | 100.0 | 22.00 | | | | | | 34.76 |
| 00000000 | SMITH JOHN | 06/05 | 01 | 5.01 | | 15.0 | 3.30 | | | | | | 8.31 |
| ⑥ SUBTOTAL OF CURRENT BILLING | | | | 17.77 | | 115.0 | 25.30 | | | | | | 43.07 |
| ⑦ ADJUSTMENT FOR 2/1/06 | | | | 12.76 | | 115.0 | 25.30 | | | | | | 8.31 |
| SUBTOTAL ADJUSTMENTS | | | | -12.76 | | -110.0 | -22.00 | | | | | | -8.31 |
| TOTAL CURRENT PLUS ADJUSTMENTS | | | | 61.06 | | 115.0 | 25.30 | | | | | | 51.38 |
| | | | | | | | | | | | | TOTAL PREMIUM DUE: ⑧ | \$60.00 |

FOR BILLING INFORMATION PLEASE CALL 1-800-520-5750 EXT 67802

1. **Coverage Options** – All coverage(s) provided under the Group Policy(ies) are included on the Billing Statement. We list the applicable premium for each employee in the corresponding coverage column following his or her ID number and name.
2. **ID Number and Name** – This column lists the Customer Numbers and names of covered employees for the billing period. ID numbers are system generated customer numbers.
3. **Effective Date** – This column shows the original effective date of coverage for each participating employee.
4. **Class** – This column identifies the benefit class to which each employee belongs, such as class of salaried employees versus class of hourly employees benefit plan, if separation is required for the group.
5. **Total Premium** – This amount is the total premium billed for each employee for this billing period for the employee’s coverage.
6. **Subtotal of Current Billing** – This amount reflects the total premiums billed for all covered employees for all of their coverages before we apply and make any enrollment adjustments.
7. **Adjustments** – This section reflects changes to your group enrollment such as employee terminations, newly-hired employees and employees’ changes in family status, as indicated on the *Additions, Changes, and Terminations* form you sent to us.
8. **Total Premium Due** – This amount is the actual total amount of all premiums that your group owes for that billing period. This amount should match the Total Amount Due shown in your group’s Premium Summary.

9. **Health and/or other Coverage Options** – EPIC does not sell health insurance, but offers a vision plan. The vision premium would appear under the health column.
10. **Dental** – Employees covered under dental will appear with the appropriate premium for the dental coverage.
11. **Life Volume in 1000s** – This represents how many thousands an employee has in benefits. Example - \$25,000 Life and AD&D benefits would show 25 units times the combined Life and AD&D rate will calculate the Life and AD&D premiums.
12. **Dependent Life** – A rate will show for any employee who has coverage for dependent life.
13. **Short-Term Disability** – Volume in 10s – Same as the Life. This represents how many tens an employee has to STD benefits. A \$300 benefit would show a volume of 30 units of ten times the rate charged per \$10 of coverage equals total premium for STD.
14. **Long-Term Disability** – Volume in 100s – Indicates how many 100s in covered payroll the employee has for their long-term disability coverage.

These fields are the same for contributory and non-contributory plans. A group that offers base and a supplemental plan, the supplemental plan can be listed on a separate page of the billing statement, for each payroll deduction.

SUPPLEMENTAL BILLING OVERVIEW

If you offer your employees base term life and supplemental term life coverage, your monthly bill will be split into two bills.

Your supplemental coverage will be billed separately making it easier to determine the amount of premium needs to be deducted from your employee’s paycheck.

The supplemental premium may be added to the base coverage to provide just one bill, making the payroll deduction calculation your responsibility.

SELF-BILLING OVERVIEW

Monthly File Required

Monthly, you will be required to submit an eligibility file. This file will need to contain specific information as indicated in the Employer Self-Billing Agreement.

With this monthly file, you will provide a summary of your group’s coverage. Providing the number of employees per coverage, group total volume per coverage, and the total premium paid per coverage.

Adjustments per month are to be listed separate from the current monthly summary.

Sample of summary page is provided.

Summary Page Example

Month of Coverage:

| Total Employees for Specific Coverage | Individual Coverage | Volume per Coverage | Specific Premium per Coverage Total Premium | |
|---|---------------------|---------------------|---|---------|
| 115 | Life | 1,150,000 | 75,000 | |
| 115 | AD&D | 1,150,000 | 1,150 | |
| | | | | |
| Total Premium: | | | \$76,150 | |
| Adjustments: | | | | |
| Month | No. of Employees | Coverage | Volume | Premium |
| | | | | |
| | | | | |