



Issued through:



KANSAS CITY LIFE INSURANCE COMPANY

# Request for VOLUNTARY PRODUCTS

## The ABACUS Group

Albany - Phone: 800-643-2212 Fax: 229-439-1644  
 Knoxville - Phone: 800-653-5242 Fax: 865-539-5011  
 Email: [info@abacusgroupins.com](mailto:info@abacusgroupins.com)

**AGENCY:** \_\_\_\_\_ **GROUP NAME:** \_\_\_\_\_

**AGENT:** \_\_\_\_\_ # \_\_\_\_\_ **ADDRESS/CITY:** \_\_\_\_\_

**STREET:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**CITY/ST/ZIP:** \_\_\_\_\_ **NO. OF EMPLOYEES:** \_\_\_\_\_ **SIC:** [ Internal Use Only ] \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **INDUSTRY:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PROPOSAL:**  Just Ratesheets  Emailed  Full Proposal  Faxed  Bound Formal Proposals (via FedEx) Qty: \_\_\_\_\_ Date Needed: \_\_\_\_\_

**SHOW PREMIUMS:**  Weekly  Bi-Weekly  Monthly  Semi-Monthly

**NOTE:** These Industries require Underwriting Approval: **PLEASE INCLUDE A CENSUS.**  
**STD/LTD/LIFE:** Labor Unions; Courts; Prisons; Police & Fire Protection.  
**STD/LTD:** Business, Civic, Social, Fraternal, Political & Religious Organizations; Trusts, Employment Agencies & PEO's; All Government.  
**LIFE:** Agriculture; Forestry; Hunting; Mining; Oil & Gas Extraction; Postal Service; Weaponry; Bus, Rail, Air & Water Transportation; Motion Pictures, Videos.

**Supplemental Questionnaire** required for:  
 Hotel Chains over 999 lives, 1099's, Associations, PEO's & Unions.

### VOLUNTARY STD

PLAN TYPE:	BENEFIT DURATION:	ELIMINATION PERIOD:				
		0/7	7/7	0/14	14/14	30/30
<input type="checkbox"/> PREMIER (65%)	13 WK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TRADITIONAL (60%)	26 WK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>JOB COVERAGE:</b>	52 WK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> NON-OCC	104 WK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 24 Hr						

**PLAN OPTIONS:** LOWER PRE-EX:  3/12  6/12

PRE-EXISTING BENEFIT:  100%  25%  
For 4 Weeks

### **TRADITIONAL PLAN OPTIONS: \***

**PORTABILITY:**  YES  NO

**FIRST DAY HOSPITAL:**  YES  NO  
(Not available for all states or industries)

**65% MAXIMUM BENEFIT:**  YES  NO

**ISSUE AGE RATE STRUCTURE:**  YES  NO

\* Selecting all Traditional Plan Options is the same as selecting the Premier plan.

**Minimum participation** is 5 enrolled lives (10 in CO, 51 eligible in FL).  
**Minimum Hours** worked per week is 20 hours.  
 12/12 **Pre-existing Condition** limitations (in most states).  
 Proposal valid for up to 1,000 lives.

### VOLUNTARY LTD

**ELIMINATION PERIOD:**  90 DAYS  180 DAYS  365 DAYS

**BENEFIT DURATION:** (Duration reduces gradually after Age 59-65, depending on plan)

2 year Injury / Sickness  5 year Injury / Sickness  
 3 year Injury / Sickness  Age 65 Injury / Sickness

**RATE BASIS:**  ISSUE AGE  ATTAINED AGE

**OWN OCCUPATION:**  1 YEAR  2 YEAR

**Minimum participation** - Greater of 5 enrolled (10 in CO, 51 eligible in FL) OR 25%.  
 (5 enrolled for 2 year. Reduced Participation/Commission Option requires 15 enrolled.)

### **PLAN OPTIONS:**

**PORTABILITY:**  YES  NO

**SURVIVOR INCOME BENEFIT:**  YES  NO

**ACCIDENTAL DISMEMBERMENT & LOSS OF SIGHT:**  YES  NO

**LOWER PRE-EX:**  3/12  6/12  12/12

12/24 **Pre-existing Condition** limitations (in most states).  
**Minimum Hours** worked per week is 30 hours.  
 Proposal valid for up to 1,000 lives.

### VOLUNTARY GROUP TERM LIFE

EMPLOYEE AD&D  CHILD RIDER:  
 SPOUSE & CHILD AD&D  \$5,000  \$10,000

**Minimum participation** - greater of 5 enrolled (10 in CO) or 20%.  
**Minimum Hours** worked per week is 30 hours.  
**Guarantee Issue** based on eligible lives.  
 Proposal valid for up to 1,000 lives.

### SMALL GROUP [SG] STD, LTD, LIFE/AD&D FOR GROUPS AS SMALL AS 2 LIVES TRY IT AT: [WWW.ABACUSSERIES.COM/SGS](http://WWW.ABACUSSERIES.COM/SGS)

Money Purchase or Flat Benefit - Guaranteed Issue - Employer Paid (with Voluntary Buy-up option) quotes that you can generate yourself.  
 Census REQUIRED. Group must be in business at least 2 years. Active W-2 employees, working at least 20 hours per week, with no more than 50% of group from the same family.



**PROTECTION™  
SERIES** Underwritten by



**Madison National  
Life Insurance Company**  
A Member of The IHC Group

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**CITY/ST/ZIP:** \_\_\_\_\_ **NO. OF EMPLOYEES:** \_\_\_\_\_ **SIC CODE:** \_\_\_\_\_  
(Required in FL)

**PHONE/FAX:** \_\_\_\_\_ **INDUSTRY:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**SEND** By Date: \_\_\_\_\_  Just Ratesheets  Full Proposal

**PROPOSAL:**  Emailed  Faxed  by FedEx **SHOW PREMIUMS:**  Weekly  Bi-Weekly  Semi-Monthly  Monthly

**NOTE:** The following Industries require Underwriting Approval:  
Associations, Employee Leasing Companies & Professional Employer Organizations (Administrative Staff Only), Trust Funds, Student Health Plans, Multiple Employer Trusts, Multiple Employer Welfare Associations

## LIMITED MEDICAL BENEFIT (LMB) FIXED INDEMNITY COVERAGE

<p><b>EMPLOYER CONTRIBUTION:</b></p> <p><input type="checkbox"/> 100% EMPLOYER PAID</p> <p><input type="checkbox"/> _____% EMPLOYER PAID</p> <p><input type="checkbox"/> VOLUNTARY</p> <p><input type="checkbox"/> ALL THREE</p>	<p><b>SHOW RATES:</b></p> <p><input type="checkbox"/> 4-TIER (Employee, Ee/Spouse, Ee/Children, Family)</p> <p><input type="checkbox"/> 3-TIER (Employee, Employee plus 1, Family)</p> <p><input type="checkbox"/> 2-TIER (Employee, Family)</p> <p><input type="checkbox"/> 1-TIER (Composite)</p>	<p><b>Guaranteed Issue:</b> No medical exams or health questions</p> <p><b>Participation:</b> Minimum group size of 5 employees; at least 2 W-2 employees; 100% participation for Employer Paid; 50% participation for Partial Employer Paid</p> <p><b>Eligibility:</b> Full-time, actively at work Employee; Employee's spouse/domestic partner; Employee's dependent children under age 26 (older, if incapable of self-support)</p> <p><b>Pre-Existing Condition Limitation:</b> None; 12/12 for Disability and Critical Care benefits only</p> <p><b>Same Premium:</b> Regardless of age, sex, or occupation</p> <p><b>Purchased Benefit Paid:</b> Regardless of income, in a lump sum, directly to you, tax-free, in addition to any other benefits</p> <p><b>Pregnancy:</b> Pays the same as any Sickness</p> <p><b>Not yet available in:</b> CO, CT, HI, ID, KS, LA, MA, MD, MN, ND, NH, NJ, NY, VT or WA</p>
<p><b>PRE-CONFIGURED PLANS:</b></p> <p><input type="checkbox"/> HOSPITAL PROTECTION</p> <p><input type="checkbox"/> MEDICAL PROTECTION</p> <p><input type="checkbox"/> ACCIDENT PROTECTION</p> <p><input type="checkbox"/> DISABILITY PROTECTION</p> <p><input type="checkbox"/> CRITICAL CARE PROTECTION</p> <p><input type="checkbox"/> FOUR-IN-ONE PROTECTION</p>	<p><b>PLAN INCLUDES:</b></p> <p>First Day Hospital Admission, Daily Hospital Inpatient, Inpatient Surgical, Major Organ Transplant, Doctor's Office Visit, Outpatient Diagnostic X-Ray, Outpatient Diagnostic Advance Studies, Outpatient Surgical, Outpatient Minor Surgical, Accident Expense Rider</p> <p>First Day Hospital Admission, Daily Hospital Inpatient, Daily Hospital Intensive Care Unit, Misc. Inpatient Hospital Services, Inpatient Surgical, Emergency Room Visit (Illness only), Doctor's Office Visit, Outpatient Diagnostic Lab Test, Outpatient Diagnostic X-Ray, Outpatient Surgical, Outpatient Minor Surgical, Preventive Care</p> <p>Accident Expense Rider, Ambulance, Emergency Room Visit (Illness only), Accidental Death and Dismemberment Rider</p> <p>Disability Income Rider (Employee only), Durable Medical Equipment, Outpatient Prescription Medication</p> <p>Critical Care Rider, First Day Hospital Admission, Daily Hospital Intensive Care Unit</p> <p>1) <b>Hospital:</b> First Day Hospital Admission, Inpatient Surgical, Outpatient Surgical, Emergency Room Visit (Illness only); 2) <b>Accident:</b> Accident Expense Rider, Disability Income Rider (Employee only); 3) <b>Critical Care:</b> Critical Care Rider; 4) <b>Life Insurance:</b> Term Life Insurance Rider, Accidental Death and Dismemberment Rider.</p>	
<p><b>BENEFIT/PRICE LEVEL:</b></p> <p><input type="checkbox"/> 3 (Hi) <input type="checkbox"/> 2 (Med) <input type="checkbox"/> 1 (Lo)</p> <p><b>NOTE:</b> Not all Benefits and Riders are available in all states. Substitutions may be made.</p>		

**CUSTOM PLAN: LIST THE BENEFITS AND AMOUNTS YOU WANT QUOTED IN A LIMITED MEDICAL BENEFIT PLAN.**  
If available, include an existing quote or plan you would like to see matched.

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**Available Benefits** not listed above include: Doctor's Visit While Hospital Confined, Inpatient Mental Illness Disorders, Inpatient Substance Use, Inpatient Skilled Nursing Facility, Inpatient Anesthesiology, Outpatient Anesthesiology, Outpatient Venipuncture, and Outpatient Surgery Facility.

**NOTE:** Not all Benefits and Riders are available in all states. Available Benefit Amounts vary by Benefit and other factors.

**Available Riders** not listed above include: Vision (Exam, Glasses & Contacts) and Dental (Preventive, Basic, Major & Orthodontics).

**NOTE:** Riders are only available if at least one Benefit is also elected.