

JEFFERSON PILOT FINANCIAL INSURANCE COMPANY

Omaha, Nebraska

EXEC-U-CARE PARTICIPATION AGREEMENT

The undersigned Employer hereby requests to be approved as a Participant in the Jefferson Pilot Financial Insurance Company's Medical Expense Reimbursement Insurance Trust, and to be insured under a group insurance policy issued to the Trust. The Employer accepts the provisions of the Trust and group policy, and agrees to be bound by their terms.

1. Employer's legal name: _____
2. Type of organization: Proprietorship Partnership Corporation Other
3. Employer's Address: _____
City _____ State _____ ZIP _____
4. Type of Business: _____ EIN _____
5. Proposed Plan Entry Date (Effective Date): First Day of _____
(month) (year)
6. Associated companies to be included under this application: _____

7. Individual at Employer's firm responsible for Plan administration:
Name/Title _____ Phone () _____

Exec-U-Care benefits will be administered as if each claimant is also covered by a Base Health Plan which provides at least the following benefits.

- (a) A \$250,000 lifetime maximum per person; subject to:
 - (i) an annual deductible not to exceed \$1,000 per person; and
 - (ii) copayments not to exceed 20% of each person's first \$10,000 of covered expenses incurred beyond the deductible each plan year, under a plan without a PPO option; or
 - (iii) copayments not to exceed 20% for PPO services or 40% for Non-PPO services, for each person's first \$10,000 of covered expenses incurred beyond the deductible each plan year, under a plan with a PPO option.
 - (b) Coverage of the full cost of semi-private hospital room and board, intensive care and extended care.
 - (c) Coverage of the usual, customary and reasonable charges for professional services and supplies, including (but not limited to) physician's or surgeon's services, nursing care and physiotherapy; prescription drugs and medicines; and x-ray, laboratory and ambulance services.
 - (d) Any other coverage required by the state laws where the Employer is located.
- For persons eligible for Medicare, the Base Health Plan may also consist of coverage under Medicare Parts A and B; plus a Medicare Supplement Insurance Policy which meets the minimum state requirements for such plans.

8. The Employer understands that all Insured Persons and Dependents must also be covered under a Base Health Plan, during the entire period their Exec-U-Care coverage is in effect. Only these exceptions are requested, for individuals or benefits not meeting the above requirements:

9. Carrier underwriting Base Health Plan: _____

