

# SHORT-TERM DISABILITY INSURANCE BENEFITS SUMMARY



## For Employees of Thompson Technologies, Inc.

<b>ELIGIBILITY - ALL ELIGIBLE EMPLOYEES</b>	
<b>Eligibility Requirement</b>	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage.
<b>Minimum Work Hours</b>	You must be working a minimum of 30 hours per week to be eligible for coverage
<b>Coverage Payment</b>	You pay premium for this coverage.
<b>BENEFITS</b>	
<b>Benefits Begin (Elimination Period)</b>	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: <ul style="list-style-type: none"> <li>▪ On the 15th day of your disabling injury.</li> <li>▪ On the 15th day of your disabling illness.</li> </ul>
<b>Weekly Benefit</b>	Your benefit is equivalent to 60% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount.
<b>Maximum Benefit Period</b>	Short-term disability benefits are available for up to 11 weeks.
<b>Maximum Weekly Benefit</b>	\$1,000
<b>Minimum Weekly Benefit</b>	None
<b>DEFINITIONS</b>	
<b>Definition of Disability</b>	Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period.
<b>Definition of Weekly Earnings</b>	Weekly earnings is the gross weekly income you receive from your employer for the week immediately prior to the onset of disability, which is used to determine your benefit in the event of a claim. Earnings may include commissions, bonuses, overtime, shift differential pay or other extra compensation.
<b>FEATURES</b>	
<b>Partial Disability Benefits</b>	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.
<b>Vocational Rehabilitation Incentive</b>	If you become disabled and participate in the vocational rehabilitation program, which offers services that help you return to work and ability, you will be eligible for a weekly benefit increase of 5%.
<b>Waiver of Premium</b>	The premium for your short-term disability coverage is waived while you are receiving benefits.
<i>Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.</i>	
<b>EXCLUSIONS &amp; LIMITATIONS</b>	
<b>Pre-existing Conditions Limitation</b>	Disabilities that occur during the first 12 months of coverage due to a pre-existing condition during the 12 months prior to coverage are excluded.
<b>Other Exclusions</b>	Information about other exclusions for this plan will be included in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.

*This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Short-term disability insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company. Mutual of Omaha Insurance Company is licensed in all 50 states. United of Omaha Life Insurance Company is licensed in all states but New York. In New York, Mutual of Omaha Insurance Company underwrites the plan. Policy Form Number 7000GM-MU-EZ 2001.*

# LONG-TERM DISABILITY INSURANCE BENEFITS SUMMARY



## For Employees of Thompson Technologies, Inc.

<b>ELIGIBILITY - ALL ELIGIBLE EMPLOYEES</b>	
<b>Eligibility Requirement</b>	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage.
<b>Minimum Work Hours</b>	You must be working a minimum of 30 hours per week to be eligible for coverage.
<b>Coverage Payment</b>	You pay premium for this coverage.
<b>BENEFITS</b>	
<b>Benefits Begin (Elimination Period)</b>	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin 90 days after the onset of your disabling injury or illness.
<b>Monthly Benefit</b>	Your benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount less other income sources.
<b>Maximum Benefit Period</b>	If you become disabled prior to age 62, benefits are payable to age 65 or your Social Security Normal Retirement Age. At age 62 (and older), the benefit period will be based on a reduced duration schedule.
<b>Maximum Monthly Benefit</b>	\$6,000
<b>Minimum Monthly Benefit</b>	\$50
<b>DEFINITIONS</b>	
<b>Definition of Disability</b>	<p>Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are:</p> <ul style="list-style-type: none"> <li>▪ Prevented from performing at least one of the material duties of your regular occupation during the first 24 months of disability and after 24 months are unable to perform all of the material duties of any gainful occupation; and</li> <li>▪ During the first 24 months of disability are unable to generate current earnings which exceed 99% of your monthly earnings from your regular occupation, and after 24 months if partially disabled, are unable to generate current earnings which exceed 85% of your monthly earnings from any gainful occupation.</li> </ul> <p>You can be totally or partially disabled during the elimination period.</p>
<b>Definition of Monthly Earnings</b>	Monthly earnings is the gross monthly income you receive from your employer for the month immediately prior to the onset of disability, which is used to determine your benefit in the event of a claim. Earnings may include commissions, bonuses, overtime, shift differential pay or other extra compensation.
<b>FEATURES</b>	
<b>Partial Disability Benefits</b>	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.
<b>Vocational Rehabilitation Incentive</b>	If you become disabled and participate in the vocational rehabilitation program, which offers services that help you return to work and ability, you will be eligible for a monthly benefit increase of 5%.
<b>Survivor Benefit</b>	If you pass away while receiving long-term disability benefits, your benefits will be provided to your beneficiaries for a period of time after your death.
<b>Waiver of Premium</b>	The premium for your long-term disability coverage is waived while you are receiving benefits.
<b>Alcohol &amp; Drug Abuse</b>	For disabilities related to drug and alcohol abuse, benefits are available for up to 24 months.
<b>Mental Disorders</b>	For disabilities related to mental disorders, benefits are available for up to 24 months.
<b>Specific Conditions</b>	For disabilities related to specific conditions, benefits are available for up to 24 months.

**FEATURES (CONTINUED)**

*Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.*

**EXCLUSIONS & LIMITATIONS**

<b>Pre-existing Conditions Exclusion</b>	Disabilities that occur during the first 24 months of coverage due to a pre-existing condition during the 6 months prior to coverage are excluded.
<b>Other Exclusions</b>	Information about other exclusions for this plan will be included in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.

*This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Long-term disability insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company. Mutual of Omaha Insurance Company is licensed in all 50 states. United of Omaha Life Insurance Company is licensed in all states but New York. In New York, Mutual of Omaha Insurance Company underwrites the plan. Policy Form Number 7000GM-MU-EZ 2001.*

# UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

## DENTAL INSURANCE BENEFITS SUMMARY



### For Employees of Thompson Technologies, Inc.

#### ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

<b>Eligibility Requirement</b>	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage.
<b>Dependent Eligibility Requirement</b>	To be eligible for coverage, your dependents must be able to perform normal activities and not be confined (at home, in a hospital, or in any other care facility).
<b>Minimum Work Hours</b>	You must be working a minimum of 30 hours per week to be eligible for coverage.
<b>Coverage Payment</b>	Your employer pays a portion of premium for this coverage.

#### BENEFIT WAITING PERIODS

<b>Type A</b>	Waived
<b>Type B</b>	Waived
<b>Type C</b>	6 Months
<b>Orthodontia</b>	12 Months

#### CALENDAR YEAR DEDUCTIBLES AND MAXIMUMS

<b>Type A Deductible</b>	Waived
<b>Type B &amp; C Deductible</b>	
▪ Each Insured Person	\$50
▪ Family	3 times Individual
<b>Maximum(s) (For Each Insured Person)</b>	
▪ Type A, B & C Combined	\$1,500
▪ Orthodontia	\$1,500 (Lifetime!)

<sup>1</sup>Reference to "Lifetime" indicates an amount that applies or is available only one time while insured under this policy.

#### ROLLOVER BENEFIT PROVISION

The Rollover Benefit Provision allows you and your dependent(s) to save your dental benefit dollars for when you need them most. With this provision, Mutual of Omaha will "roll over" a portion of the unused maximum for each insured person in a given calendar year, increasing the amount of the maximum for each insured person the following year (subject to certain conditions).

<b>COVERED SERVICES</b>	<b>PARTICIPATING</b>	<b>NON-PARTICIPATING*</b>
<b>Type A Services</b> <ul style="list-style-type: none"> <li>▪ Examination(s)/Evaluation(s)</li> <li>▪ Bitewing X-ray(s)</li> <li>▪ Fluoride Treatment(s)</li> <li>▪ Cleaning(s) (Prophylaxis)</li> <li>▪ Sealant(s)</li> <li>▪ Space Maintainer(s) (Including Recementation)</li> <li>▪ Brush Biopsy/Cancer Screening</li> </ul>	100%	100%
<b>Type B Services</b> <ul style="list-style-type: none"> <li>▪ Other X-ray(s)</li> <li>▪ Emergency Treatment</li> <li>▪ Periodontal Maintenance (Following Active Periodontal Treatment)</li> <li>▪ Filling(s)</li> <li>▪ Stainless Steel Crowns</li> <li>▪ Extraction(s)</li> <li>▪ Oral Surgery</li> <li>▪ General Anesthesia or Intravenous (I.V.) Sedation</li> <li>▪ Replacement of Removable Dentures</li> <li>▪ Repair of Removable Dentures</li> <li>▪ Adjustments, Tissue Conditioning, Rebasing or Relining of Removable Dentures</li> <li>▪ Repair and Re-Cementation of Bridges</li> <li>▪ Replacement of Crowns/Inlays/Onlays</li> <li>▪ Repair and Re-cementation of Cast Crowns/Inlays/Onlays</li> </ul>	80%	80%

COVERED SERVICES (CONTINUED)	PARTICIPATING	NON-PARTICIPATING*
<b>Type C Services</b> <ul style="list-style-type: none"> <li>▪ Endodontics</li> <li>▪ Periodontics</li> <li>▪ Full or Partial Removable Dentures</li> <li>▪ Bridgework (Fixed Dentures)</li> <li>▪ Replacement of Bridgework</li> <li>▪ Crowns, Inlays, Onlays</li> </ul>	50%	50%
<b>Orthodontia</b> <ul style="list-style-type: none"> <li>▪ Available for dependent children and adults</li> </ul>	50%	50%

*The plan pays the percentage shown after the deductible is satisfied, up to the maximum. Additional information about the benefits and covered services of this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or benefits administrator if you have questions prior to enrolling.*

*This plan provides the same coverage levels for both participating and non-participating providers. However, because participating providers offer their services at predetermined fees, out-of-pocket expenses may be lower for plan members when receiving covered services from a participating provider.*

*\*The Maximum Allowance for non-participating providers is based on the 90th percentile of prevailing fee data for the geographical area.*

*Charges that exceed the Maximum Allowance (as defined in the certificate booklet) for any covered dental service are not considered.*

## ENROLLING FOR COVERAGE


### To enroll for dental coverage:

1) Locate the Dental Coverage Election section on your enrollment form. Place a √ or an × in the "Yes" box next to the tier of coverage you wish to enroll for.

2) If you are enrolling for coverage for your dependents, complete the Dependent Information section of the enrollment form.

## LIMITATIONS AND EXCLUSIONS

Information about the limitations and exceptions for this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or benefits administrator if you have any questions prior to enrolling.

*This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions and limitations. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Dental insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company. Mutual of Omaha Insurance Company is licensed in all 50 states. United of Omaha Life Insurance Company is licensed in all states but New York. In New York, Mutual of Omaha Insurance Company underwrites the plan. Policy Form Number 7000GM-MU-EZ 2001.*

# VOLUNTARY TERM LIFE INSURANCE BENEFITS SUMMARY



For Employees of Thompson Technologies, Inc.

## ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

<b>Employee Eligibility Requirement</b>	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage.
<b>Dependent Eligibility Requirements</b>	To be eligible for coverage, your dependents must be able to perform normal activities and not be confined (at home, in a hospital, or in any other care facility).
<b>Minimum Work Hours</b>	You must be working a minimum of 30 hours per week to be eligible for coverage.
<b>Coverage Payment</b>	You pay 100% of the premium for this coverage through easy payroll deduction.

## COVERAGE GUIDELINES

	Employee	Spouse	Child(ren)
<b>Minimum</b>	\$10,000	\$5,000	\$2,000
<b>Maximum</b>	5X annual salary, up to \$500,000	50% of employee's benefit, up to \$100,000	50% of employee's benefit, up to \$10,000
<b>Guarantee Issue Amount</b>	5X annual salary, up to \$100,000	50% of employee's benefit, up to \$50,000	50% of employee's benefit, up to \$10,000

*Note: Subject to any reductions shown below, Guarantee Issue means the amount of insurance applied for which does not require evidence of insurability. Guarantee Issue is available to New Hires only. For New Hires, coverage amounts over the Guarantee Issue Amount will require a health application/evidence of insurability. For Late Entrants, all coverage amounts will require a health application/evidence of insurability.*

## BENEFITS

<b>Life Insurance Benefit Amount</b>	<p>Within the coverage guidelines defined above, you select the amount of life insurance coverage you want.</p> <p>This plan includes the option to select coverage for your spouse and dependent child(ren). Children include those 14 days old, up to age 21 (25 if a full-time student).</p> <p><i>Note: In the event of death, the benefit paid will equal the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.</i></p>
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## FEATURES

<b>Living Care/Accelerated Death Benefit</b>	50% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$250,000.
<b>Waiver of Premium</b>	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
<b>Annual Benefit Amount Increase</b>	If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to enroll for an additional \$10,000 of coverage at your next enrollment, up to the Guarantee Issue Amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. you get married or have a child).
<b>Portability</b>	The portability feature allows you to continue this insurance for yourself and your dependents (if applicable) should your employment end, subject to the terms of eligibility defined in the policy, without having to provide evidence of insurability (information about your health).
<b>Conversion</b>	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

*Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.*

## AGE REDUCTIONS

Your life insurance benefits and guarantee issue amounts are subject to age reductions. At age 70, amounts reduce to 65%. At age 75, amounts reduce to 45%. At age 80, amounts reduce to 30%. At age 85, amounts reduce to 20%. At age 90+, amounts reduce to 15%. Spouse coverage terminates at age 70. Coverage terminates at retirement.

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date of issue (the date coverage begins) of this coverage. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

Please contact your employer if you have questions prior to enrolling.

*This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by Mutual of Omaha. Term life insurance is underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, Nebraska 68175. United of Omaha Life Insurance Company is licensed in every state except New York. Term Life Policy Form Number 7000GM-C-EZ-2001.*

## VOLUNTARY TERM LIFE COVERAGE SELECTION AND PREMIUM CALCULATION

*Please note that the premium amounts presented below may vary slightly from amounts provided on your enrollment form, due to rounding.*

**To select your benefit amount and calculate your premium, do the following:**

- 1) Locate the benefit amount you want to select from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000 (ex. \$10,000, \$20,000, or \$50,000). Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- 2) Find your age bracket in the far left column.
- 3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
- 4) Enter the benefit and premium amounts into their respective areas in the Voluntary Life section of your enrollment form.

If the benefit amount you want to select is greater than \$100,000, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want to select. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

**Employee Premium Table (26 Payroll Deductions Per Year)**

	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 - 29	\$0.42	\$0.83	\$1.25	\$1.66	\$2.08	\$2.49	\$2.91	\$3.32	\$3.74	\$4.15
30 - 34	\$0.46	\$0.92	\$1.38	\$1.85	\$2.31	\$2.77	\$3.23	\$3.69	\$4.15	\$4.62
35 - 39	\$0.65	\$1.29	\$1.94	\$2.58	\$3.23	\$3.88	\$4.52	\$5.17	\$5.82	\$6.46
40 - 44	\$1.02	\$2.03	\$3.05	\$4.06	\$5.08	\$6.09	\$7.11	\$8.12	\$9.14	\$10.15
45 - 49	\$1.62	\$3.23	\$4.85	\$6.46	\$8.08	\$9.69	\$11.31	\$12.92	\$14.54	\$16.15
50 - 54	\$2.45	\$4.89	\$7.34	\$9.78	\$12.23	\$14.68	\$17.12	\$19.57	\$22.02	\$24.46
55 - 59	\$4.20	\$8.40	\$12.60	\$16.80	\$21.00	\$25.20	\$29.40	\$33.60	\$37.80	\$42.00
60 - 64	\$6.92	\$13.85	\$20.77	\$27.69	\$34.62	\$41.54	\$48.46	\$55.38	\$62.31	\$69.23
65 - 69	\$11.12	\$22.25	\$33.37	\$44.49	\$55.62	\$66.74	\$77.86	\$88.98	\$100.11	\$111.23
70 - 74	\$17.82	\$35.63	\$53.45	\$71.26	\$89.08	\$106.89	\$124.71	\$142.52	\$160.34	\$178.15
75 - 79	\$30.23	\$60.46	\$90.69	\$120.92	\$151.15	\$181.38	\$211.62	\$241.85	\$272.08	\$302.31
80+	\$67.43	\$134.86	\$202.29	\$269.72	\$337.15	\$404.58	\$472.02	\$539.45	\$606.88	\$674.31

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. **Your spouse's rate is based on your age**, so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$5,000 (ex. \$15,000, \$20,000 or \$25,000). Refer to the Coverage Guidelines section for minimums and maximums if needed.

**Spouse Premium Table (26 Payroll Deductions Per Year)**

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0 - 29	\$0.21	\$0.42	\$0.62	\$0.83	\$1.04	\$1.25	\$1.45	\$1.66	\$1.87	\$2.08
30 - 34	\$0.23	\$0.46	\$0.69	\$0.92	\$1.15	\$1.38	\$1.62	\$1.85	\$2.08	\$2.31
35 - 39	\$0.32	\$0.65	\$0.97	\$1.29	\$1.62	\$1.94	\$2.26	\$2.58	\$2.91	\$3.23
40 - 44	\$0.51	\$1.02	\$1.52	\$2.03	\$2.54	\$3.05	\$3.55	\$4.06	\$4.57	\$5.08
45 - 49	\$0.81	\$1.62	\$2.42	\$3.23	\$4.04	\$4.85	\$5.65	\$6.46	\$7.27	\$8.08
50 - 54	\$1.22	\$2.45	\$3.67	\$4.89	\$6.12	\$7.34	\$8.56	\$9.78	\$11.01	\$12.23
55 - 59	\$2.10	\$4.20	\$6.30	\$8.40	\$10.50	\$12.60	\$14.70	\$16.80	\$18.90	\$21.00
60 - 64	\$3.46	\$6.92	\$10.38	\$13.85	\$17.31	\$20.77	\$24.23	\$27.69	\$31.15	\$34.62
65 - 69	\$5.56	\$11.12	\$16.68	\$22.25	\$27.81	\$33.37	\$38.93	\$44.49	\$50.05	\$55.62

**All Children Premium Table  
(26 Payroll Deductions  
Per Year)\***

\$5,000	\$10,000
\$0.39	\$0.78

\*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.

If you would like to calculate the total premium for your Voluntary Term Life benefits (for your own information), enter the appropriate premium amounts below and add them to obtain a total.

_____	+	_____	+	_____	=	_____
Employee Premium		Spouse Premium		Child(ren) Premium		Total Premium