

Norfolk Southern Railway System Lines General Committee of Adjustment NS-BLET Voluntary Life Insurance

Now is the time to take advantage to purchase additional life insurance. This program is being offered on a **guarantee issue basis**, as long as you are currently working. No exams or health questions are asked and coverage is guaranteed issue! You are able to pick the program that best fits your individual need.

<u>Mutual of Omaha term life</u> plan offers high death benefits at a low cost. Your rates do not increase with age and remain level until your coverage ends at retirement.

In this packet, you will find product highlights and an application. You may choose a \$50,000 or \$100,000 death benefit with NO health questions asked. Your spouse is eligible for \$25,000 of life insurance on a guarantee issue basis as long as you enroll in the program!

Children's coverage is \$10,000 per child with a single rate for all children, whether you have one or a dozen (up to age 19 or age 25 if child is a full time student).

You also have the option to purchase amounts of \$150,000, \$200,000 or \$250,000. These three additional options do require you to answer health questions, which Railroad Marketing will be happy to assist you with.

All you need to do is choose the death benefit and complete the enclosed application. Once this is completed, return the signed forms in the enclosed pre-paid envelope **or**

fax it back to: (435) 688-1338.

You can even enroll over the phone by calling toll free 866-696-9951.

If you have any further questions or need help in completing the application, please call Railroad Marketing toll free at 866-696-9951.

Sincerely,

Mark Wallace General Chairman

Cc: Randy Fannon Dewayne Dehart

Voluntary Term Life Insurance



PROTECTION FOR THE ONES YOU LOVE

With the support of your union, Mutual of Omaha voluntary term life insurance is being offered to you at affordable group rates.

Enroll any of these 3 ways...

1. Call 888-696-9951 to enroll by phone.

OR

2. For amounts of \$50,000 or \$100,000 only, go online to www.railroadmarketing.com, look for the Life Enrollment tab and click on the 50/100 Life Application. Complete the online application, click agree and sign. You are finished.

OR

3. For amounts over \$100,000, log onto www.railroadmarketing.com and print the EOI Life Application and complete the form and fax it back to 435-688-1338, or email to brittiny@railroadmarketing.com

Choose amounts from \$50,000 to \$250,000 in \$50,000 increments

\$25,000 Spousal Coverage\$10,000 Dependent Child Coverage

NO MEDICAL QUESTIONS if enrolled during open enrollment (under age 70) for amounts \$100,000 or less

Employee Cost	Spouse Cost	Child Cost
\$50,000 or \$100,000	\$25,000	\$10,000
\$11.50* \$21.50*	\$5.00*	\$1.00*
		(Premium covers

*Rates shown are twice monthly

Call our office for rates for amounts over \$100,000



Murual Omana Marketed by: Railroad Marketing 888-696-9951



all children)

The plan's many valuable features include:

- Choose up to \$250,000 of term-life coverage with up to \$100,000 of guaranteed coverage regardless of health, during open enrollment
- Coverage for your spouse and dependent children
- Easy enrollment
- Premiums paid through convenient payroll deductions
- Portable coverage that remains with you if you leave your job

Note: Accidental death and dismemberment option may be available. Plan contains exclusions and limitations



©2016 Mutual of Omaha www.MutualofOmaha.com Group insurance products are issued by Mutual of Omaha Insurance Company (Omaha NE) GLM-01317 Rev. 8/16 ELM

Life Ins. enrollment form for amounts \$100,000 or less



Underwritten by:	United of Oma					fielde energy		- +			
Employer Section *Employer's Name:	• •	•			s & Trainmen				G000AKGI		
*Full-Time Employment Date: Employee #:				Hours Worked Per Week:							
* <mark>Salary:</mark> \$		Monthly			Occupation	Occupation:					
Employee Section (Please print clea	rly. Required f	ields are	marked with							
Last Name					*First Name	<mark>e:</mark>			MI:		
Social Security Nur	<mark>nber:</mark>	*Birth Date	MM/DD/YYY	<mark>`Y):</mark>		☐ Male] Female	Marital Status	: □ Single □ Divorced	□ Married		
Street Address:					E-mail Add	ress:					
City:					*State:			*Zip Code:			
/oluntary Term Lif	fe Coverage El	ection									
Employee					<mark>Benefit</mark>	Amount		Premium Amou	int		
′oluntary Life – Em					□ \$10,000	00 0 (Spouse 0) All Childre		\$ 1.00 Twice	e Monthly e Monthly e Monthly		
f you are enrolling for In Evidence of Insural								ou must complete e eligible for covera			
Dependent Inform											
					ationship			Social Security I	Number (optio		
Last Name	First Name	Male or	Female	(Spouse, S	on, Daughter, etc.)	(MN)	1/DD/YYYY)				
eneficiary for Dea		•									
more than one bene ercentages must tota											
rimary Benefici		-					inave lane regard	ang benenerary ac			
			Relationship D		Date of Birth	r <mark>ate of Birth</mark> A		ciary	Benefit		
ast Name First Name					(MM/DD/YYYY)		(Address, City, State, Z	lip)	Percentage (9		
									100%		
econdary Bene	ficiary Desigr	nation - Opti	onal						100 %		
_ast Name First Name		Relationship		Date of Birth	te of Birth Address of Bene		ciary	<mark>Benefit</mark>			
	- not runno		to Ir	<mark>isured</mark>	(MM/DD/YYYY)		(Address, City, State, Z	ľip)	Percentage (
								Percentage Total:	100%		
nrollment Informat nrollment must occur w nrollment form must be rms and conditions of t ue and accurate to the b nd/or active employmen ley are confined (at hom uthorize my employer pecialist LLC harmles mployer.	ithin 31 days from th signed and dated to he policy as well as y best of my knowledge t requirements that p lee, in a hospital, or in to deduct premiums	authorize payroll your salary and ac e. I understand that ertain to the policy any other institutions and premium cl	deductions ge on the ef t payment of t to be eligit on or facility nanges fro	. The premium fective date of of premium doe ole for coverag () or disabled o m my payche	a amounts indicated the policy. I represe as not ensure my eli je. I understand and on the date insuranc ck. I hereby also a	on this form ar ent that the info gibility for cove agree that insu e would otherw gree to indem	e estimates, and are rmation I have provio rage. I understand a irrance coverage for r ise begin, in accorda nify and hold my er	e subject to change b ded in this enrollment nd agree that I must s ny eligible dependen ance with the terms of nployer and Railroa	ased on the final form is complete, satisfy all active wo ts may be delayed the policy. I ad Marketing		
							DUONE	щ			
SIGNATURE OF					DATE		PHONE	#			

Fax Application to: 435-688-1338 or Mail to: Railroad Marketing- PO Box 787 Santa Clara UT 84765