

An Employee Benefits Proposal for:

**INDEPENDENT SCHOOL DISTRICT OF
EMMETT #221 DBA EMMETT SCHOOL
DISTRICT**

Presented by:

Acrisure, LLC

Effective Date: September 1, 2025

Product: Life and Long Term Disability

Prepared on: May 1, 2025



United Heritage Life Insurance Company

Member of [United Heritage Financial Group](#)

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BASIC LIFE AND AD&D INSURANCE

Basic Life Cost Summary: Option 1, Class 1

Coverage	Lives	Volume	Monthly Rate	Estimated Monthly Premium
Basic Employee Life	319	\$15,784,000	\$0.136 per \$1,000	\$2,146.62
Basic Employee AD&D	319	\$15,784,000	\$0.014 per \$1,000	\$222.24
Basic Dependent Life <i>*Charged on all Employees</i>	319	N/A	\$0.63 per Family Unit	\$200.97
Total				\$2,569.83

Basic Life Cost Summary: Option 1, Class 2

Coverage	Lives	Volume	Monthly Rate	Estimated Monthly Premium
Basic Employee Life	40	\$585,000	\$3.51 per \$1,000	\$2,053.35
Total				\$2,053.35

Basic Employee Life

	Option 1
Class 1	All Active Full-Time Employees
Class 2	Retirees
Minimum Hours Requirement	Class 1: 20 Hours per Week Class 2: Not Applicable
Benefit Schedule	Class 1: Flat \$50,000 Class 2: Retirees can elect one of the below options at time of retirement. \$5,000 \$10,000 \$20,000 \$30,000 No changes in benefit amount, electing coverage after retirement, or opting back in if retiree coverage is dropped will be allowed.
Maximum Benefit	Class 1: \$50,000 Class 2: Up to \$30,000
Guaranteed Issue	Up to \$50,000 depending on class
Employee Contribution Type	Class 1: Non-Contributory Class 2: Contributory
Employee Contribution Percentage	Class 1: 0% Class 2: 100%
Participation Requirement	100%
Agent Commissions	Flat 15%
Rate Guarantee	3 Years

Definition of Earnings	Regular rate of pay, not including bonuses, commissions or any other form of compensation
Benefit Reduction Schedule	Class 1: Benefits reduce to 65% at age 70; to 45% at age 75; to 30% at age 80; to 20% at age 85. All reductions based on the amount originally inforce. Class 2: Benefits do not have any reductions.
Takeover	Yes
Waiver of Premium	Class 1: Waiver of Premium if disabled prior to age 60, coverage continues to age 65 Class 2: Not Applicable
Waiver of Premium Elimination Period	Class 1: 9 months Class 2: Not Applicable
Accelerated Death Benefit	Class 1: 12 Months Life Expectancy, minimum of \$3,000 with up to an 80% benefit not to exceed \$250,000 Class 2: None
Life Portability Option	Class 1: Included Class 2: Not Included
Conversion	Class 1: Included Class 2: Not Included

Basic Employee AD&D – Retirees not eligible	
	Option 1
Benefit Schedule	Flat \$50,000
Maximum Benefit	\$50,000
Guaranteed Issue	Up to \$50,000
Benefit Reduction Schedule	Benefits reduce to 65% at age 70; to 45% at age 75; to 30% at age 80; to 20% at age 85. All reductions based on the amount originally in force.
Standard Benefits	
Loss of Life	100% of Principal Sum
Seatbelt Benefit	Lesser of 10% of Principal Sum or \$10,000
Airbag Benefit	With Seatbelt Benefit payable, additional 5% of Principal Sum to maximum of \$5,000
Repatriation Benefit	Lesser of expense incurred, 5% of Principal Sum; or \$5,000
Bereavement Counseling	\$50 per visit to a maximum of \$500
Both Hands or Both Feet or Sight of Both Eyes	Principal Sum
One Hand and One Foot	Principal Sum
Speech and Hearing in Both Ears	Principal Sum
Either Hand or Foot and Sight of One Eye	Principal Sum
Movement of Both Upper and Lower Limbs (Quadriplegia)	Principal Sum
Movement of Both Lower Limbs (Paraplegia)	Three-Quarters of Principal Sum
Movement of Three Limbs (Triplegia)	Three-Quarters of Principal Sum
Movement of Both Upper and Lower Limbs on One Side of the Body (Hemiplegia)	One-Half of Principal Sum
Either Hand or Foot	One-Half of Principal Sum
Sight of One Eye	One-Half of Principal Sum
Speech or Hearing in Both Ears	One-Half of Principal Sum
Movement of One Limb (Uniplegia)	One-Quarter of Principal Sum
Thumb and Index Finger of Either Hand	One-Quarter of Principal Sum
Enhanced Benefits	
Enhancement Package	5% to \$5,000 for: - Child Education Benefit - Spouse Education Benefit - Day Care Benefit - Rehabilitation Benefit - Adaptive Home & Vehicle Benefit - Critical Burn - Therapeutic Counseling - Felonious Assault - Exposure & Disappearance Coma: 1% monthly up to AD&D Maximum

Basic Dependent Life – Retirees not eligible	
	Option 1
Spouse Benefit Schedule	Flat \$2,000
Child Benefit Schedule	15 Days to 6 Months: \$100 6 Months to 26 Years: \$2,000
Waiver of Dependent Premium	Included. Applies if Employee Qualifies for Premium Waiver.
Conversion	Included

SUPPLEMENTAL LIFE AND AD&D INSURANCE

Supplemental Employee Cost Summary: Option 1, Class 1

Age	Lives	Volume	Supplemental Life Rate per \$1,000	Supplemental AD&D Rate per \$1,000	Estimated Monthly Premium
<25	7	TBD	\$0.05	\$0.03	TBD
25-29	23	TBD	\$0.05	\$0.03	TBD
30-34	19	TBD	\$0.06	\$0.03	TBD
35-39	33	TBD	\$0.08	\$0.03	TBD
40-44	37	TBD	\$0.13	\$0.03	TBD
45-49	42	TBD	\$0.20	\$0.03	TBD
50-54	46	TBD	\$0.33	\$0.03	TBD
55-59	53	TBD	\$0.52	\$0.03	TBD
60-64	40	TBD	\$0.69	\$0.03	TBD
65-69	11	TBD	\$1.10	\$0.03	TBD
70-74	5	TBD	\$1.94	\$0.03	TBD
75+	3	TBD	\$3.51	\$0.03	TBD
Total	319	TBD			TBD

Supplemental Spouse Cost Summary: Option 1, Class 1

(Rates are based on employee's age, not spouse's age)

Age	Lives	Volume	Supplemental Spouse Life Rate per \$1,000	Supplemental Spouse AD&D Rate per \$1,000	Estimated Monthly Premium
<25	7	TBD	\$0.05	\$0.03	TBD
25-29	23	TBD	\$0.05	\$0.03	TBD
30-34	19	TBD	\$0.06	\$0.03	TBD
35-39	33	TBD	\$0.08	\$0.03	TBD
40-44	37	TBD	\$0.13	\$0.03	TBD
45-49	42	TBD	\$0.20	\$0.03	TBD
50-54	46	TBD	\$0.33	\$0.03	TBD
55-59	53	TBD	\$0.52	\$0.03	TBD
60-64	40	TBD	\$0.69	\$0.03	TBD
65-69	11	TBD	\$1.10	\$0.03	TBD
70-74	5	TBD	\$1.94	\$0.03	TBD
75+	3	TBD	\$3.51	\$0.03	TBD
Total	319	TBD			TBD

Supplemental Child Cost Summary: Option 1, Class 1

Coverage	Monthly Rate per \$1,000
Supplemental Child Life	\$0.20
Supplemental Child AD&D	\$0.03

Supplemental Employee Life	
	Option 1
Class 1	All Active Full-Time Employees
Minimum Hours Requirement	20 Hours per Week
Benefit Schedule	Increments of \$5,000
Maximum Benefit	Up to \$300,000, not to exceed 5 Times Earnings
Guaranteed Issue	Up to \$125,000
Minimum Benefit	\$10,000
Employee Contribution Type	Voluntary
Employee Contribution Percentage	100%
Participation Requirement	25% or 10 enrolled lives, whichever is greater
Enrollment Type	Initial Open Enrollment then Traditional Evidence of Insurability for Annual Enrollments
Grandfathering	Included based on benefit amounts provided on census
Agent Commissions	Flat 15%
Rate Guarantee	3 Years
Definition of Earnings	Regular rate of pay, not including bonuses, commissions or any other form of compensation
Benefit Reduction Schedule	Benefits reduce to 65% at age 70; to 45% at age 75; to 30% at age 80; to 20% at age 85. All reductions based on the amount originally inforce.
Takeover	Yes
Life Disability Provision	Waiver of Premium if disabled Prior to age 60
Premium Waiver Elimination Period	9 months
Accelerated Death Benefit	12 Months Life Expectancy, minimum of \$3,000 with up to an 80% benefit not to exceed \$250,000
Life Portability Option	Included
Conversion	Included
Suicide Exclusion	2 Years

Supplemental Employee AD&D	
	Option 1
Benefit Schedule	Matches Employee Supplemental Life Amount
Maximum Benefit	Up to \$300,000, not to exceed 5 Times Earnings
Minimum Benefit	\$10,000
Benefit Reduction Schedule	Benefits reduce to 65% at age 70; to 45% at age 75; to 30% at age 80; to 20% at age 85. All reductions based on the amount originally inforce.
Standard Benefits	Same as Basic AD&D
Enhanced Benefits	
Enhancement Package	5% to \$5,000 for: - Child Education Benefit - Spouse Education Benefit - Day Care Benefit - Rehabilitation Benefit - Adaptive Home & Vehicle Benefit - Critical Burn - Therapeutic Counseling - Felonious Assault - Exposure & Disappearance
Common Carrier	Coma: 1% monthly up to AD&D Maximum Included

Supplemental Dependent Life	
	Option 1
Spouse Benefit Schedule	Increments of \$5,000
Spouse Maximum Benefit	Up to \$300,000, not to exceed 100% of the Employee Supplemental Life Benefit.
Spouse Guaranteed Issue	Up to \$40,000
Child Benefit Schedule	15 Days to 6 Months: \$1,000 6 Months to 26 Years: Increments of \$2,000 up to \$10,000
Conversion	Included
Waiver of Dependent Premium	Included. Applies if Employee Qualifies for Waiver of Premium.

Supplemental Dependent AD&D	
	Option 1
Spouse	Matches Spouse Supplemental Life Amount
Child	Matches Supplemental Child Life Amount
Standard Benefits	Same as Supplemental Employee AD&D

LONG TERM DISABILITY INSURANCE

Cost Summary: Option 1

Age	Lives	Monthly Covered Payroll	Monthly Rate per \$100	Estimated Monthly Premium
<25	7	TBD	\$0.06	TBD
25-29	23	TBD	\$0.07	TBD
30-34	19	TBD	\$0.12	TBD
35-39	33	TBD	\$0.23	TBD
40-44	37	TBD	\$0.34	TBD
45-49	42	TBD	\$0.47	TBD
50-54	46	TBD	\$0.66	TBD
55-59	53	TBD	\$0.72	TBD
60-64	40	TBD	\$0.64	TBD
65+	19	TBD	\$0.54	TBD
Total	319	TBD		TBD

Long Term Disability

	Option 1
Class 1	All Active Full-Time Employees
Minimum Hours Requirement	20 Hours per Week
Definition of Earnings	Regular rate of pay, not including bonuses, commissions or any other form of compensation
Coverage Basis	24 Hour Coverage
Benefit Percentage	60%
Maximum Monthly Benefit	\$5,000
Guarantee Issue Benefit	\$5,000
Minimum Monthly Benefit	Greater of 10% or \$100
Elimination Period	180 Days
Maximum Duration of Benefits	ADEA I with SSNRA
Definition of Disability	24 Months Own Occupation
Pre-Existing Condition Exclusion	3/12
Employee Contribution Type	Voluntary
Participation Requirement	25% or 10 enrolled lives, whichever is greater
Enrollment Type	Initial Open Enrollment then Traditional Evidence of Insurability for Annual Enrollments
Agent Commissions	Flat 15%
Rate Guarantee	3 Years
Earnings Test	Own Occ 80% / Any Occ Benefit Percent
Residual Disability	Residual
Recurrent Disability While Satisfying the Elimination Period (Accumulation Period)	1/2 of Elimination Period
Recurrent Disability While Receiving Benefits	6 months
Return to Work Incentive	12 months

Integration Method	Direct
Social Security Offset	Family
Mental Illness Limitation	24 Months Outpatient (Lifetime)
Substance Abuse Limitation	24 Months Outpatient (Lifetime)
Family Care Credit	Included
Employee Assistance Program	Embedded 5 sessions per calendar year per family
Workplace Modification Benefit	Included
Rehabilitation Participation Requirement	Included
Survivor Income Benefit	3 Times Gross Benefit
Employer Participates in Workers Compensation	Yes
Accidental Dismemberment & Loss of Sight	Yes
Activities of Daily Living Benefit	10%
Takeover	Yes
W-2 Reporting	Included
Premium Waiver	Included

Proposal Assumptions and Qualifications

General Assumptions

- Proposal expires in 90 days.
- Quote assumes coverage will become effective on September 1, 2025.
- Quote assumes all claims incurred prior to the effective date will be the responsibility of the prior carrier.
- Quote assumes an SIC Code of 8211.
- Quote assumes the employer has been in business for at least 2 years.
- Quote assumes ID as the situs state. United Heritage standard filed contract language applies unless approved in advance.
- If an employee is not actively at work on the day coverage would normally become effective, coverage for that employee will not go into effect until the day the employee returns to active full-time employment for the Policyholder, subject to any Takeover-provision as outlined in this proposal.
- Quote does not include coverage for any temporary, leased, contracted or seasonal employees.
- Relatives (father, mother, spouse, children, etc.) may not comprise more than 50% of the employees to be insured.
- Quote assumes eligible employees are U.S. citizens or U.S. residents working in U.S. locations who have met the employee eligibility requirements. Requests of coverage of International employees must be approved in advance.
- Differences in premium contributions and the pre-disability earnings definition may exist between eligible owners and employees. Please refer to your policy and certificate for details.
- Coverage is written on a fully insured, non-participating, non-dividend eligible funding arrangement.
- Evidence of Insurability is required for requested coverage amounts in excess of any specified Guarantee Issue limits.
- United Heritage reserves the right to revise the Rate(s) or decline to offer coverage if the participation requirement is not met.
- Unless otherwise noted, quote assumes a Traditional Evidence of Insurability (EOI) enrollment on any employee paid coverage.
- Late entrants are required to provide Evidence of Insurability to enter into the plan at any coverage level/amount.
- This proposal is based on the census data received. Costs and provisions will be based on the actual sold enrollment on the effective date of the plan and must be reviewed and accepted by United Heritage.
- At any time during the rate guarantee period, United Heritage reserves the right to revise the Rate(s) for one or more of the following reasons:
 - More than a 15% change in the number of eligible employees, enrolled employees or covered volume;
 - Changes in state or federal insurance regulations or mandated benefits;
 - Changes in the sold plan design or employee eligibility from that proposed;
 - Material misstatement or misrepresentation of the information provided during the Request for Proposal (RFP) process, including but not limited to bid specifications, claims experience or inforce benefits.

- If there are any union negotiated provisions, those provisions are not a part of this quote unless specifically stated in this proposal. In addition, this proposal is not subject to any collective bargaining agreement.
- Quote assumes proposed plan of benefits is subject to ERISA regulations.
- This proposal explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this proposal and the policy, the terms of the policy apply. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in full or discontinued. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy issued to the policyholder. This program may vary and may not be available to residents of all states.

Master Policy – Coverage will be provided under a master policy issued to the Employer.

Certificates – Each insured employee will receive or have access to a certificate which outlines the benefits of the plan.

Life and AD&D

- If the group decides to offer the Supplemental Life plan, it must be sold with the Basic Life plan.
- The Supplemental Life requires a minimum of 25% Participation; with no less than 10 employees enrolled.
- Quote assumes equal Amounts of Supplemental Life and AD&D are written for each insured.
- An employee must be enrolled in the Supplemental Life plan in order for Dependent Supplemental coverage to be purchased.
- Employees covered under the policy cannot also be covered as dependents. Additionally, no person can be insured as a Dependent of more than one Employee under the policy.
- The Minimum Life Benefit stated represents the minimum benefit before the application of Age Reduction Provisions.

Long Term Disability

- Quote assumes the employer participates in Social Security.
- Quote assumes that the employer participates in Workers Compensation.
- Quote assumes that the employer participates in statutory disability benefits where mandated.
- Quotation includes W-2 preparation unless the employer requests otherwise.
- On employer paid coverage(s), quote assumes the employer pays the cost of coverage on a pre-tax basis.
- On employee paid coverage(s), quote assumes the employee pays the cost of coverage on a post-tax basis. A minimum of 25% participation is required with no less than 10 employees enrolled.

Proposal Acceptance and Signature

An Employee Benefits Proposal for: INDEPENDENT SCHOOL DISTRICT OF EMMETT #221 DBA EMMETT SCHOOL DISTRICT

Presented by: Acrisure, LLC

Effective Date: September 1, 2025

Product: Life and Long Term Disability

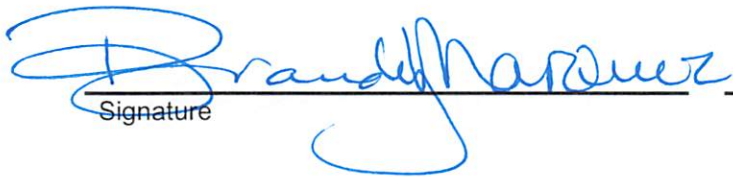
Prepared on: May 1, 2025

This proposal is a summary of certain benefits and rating features associated with this offer. A complete description of benefits, limitations and exclusions will be included with the policy and certificate(s). United Heritage reserves the right to revise rates if actual enrollment varies from the census information used in the original rating or if there are any deviations from the statements in the Assumptions and Qualifications section of this document.

Please select the Line(s) of Coverage and Option chosen:

	Sold Coverage(s) (Check all that apply)	Description (Select Option Number)
Basic Employee Life	☒	
Basic Employee AD&D	☒	
Basic Dependent Life		
Supplemental Employee Life	☒	
Supplemental Employee AD&D	☒	
Supplemental Dependent Life	☒	
Supplemental Dependent AD&D	☒	
Long Term Disability	☒	

These benefits and rates are accepted on behalf of the customer by:

 Signature	06/05/2025 Date
Brandy Marquez Printed Name	HR Relationship to Customer