



Worksite Advantage

**SECTION 125
REQUIRED FORMS PACKET**

Agent _____

Branch Number 170 Agency Number _____

Branch Manager JASON EVERETT

Company Wise County, Texas

E-mail forms and employee roster to worksite@libnat.com or fax to 205-325-1041.

BM
11/14/11

Liberty National
Life Insurance Company
Since 1900



LNL0702A 0411

Complete these required forms and employee roster when requesting approval for a Section 125 worksite case.

E-mail scanned required forms to worksites@libnat.com. To qualify as a Section 125 case, the requirements for Eligible Employees and Qualified Employers must be met. Refer to the **Worksite Advantage Agent Guide (R-3631)** for these administrative guidelines.

For ALL worksite cases, you must have a minimum of **ten (10) eligible employees** with **seven (7) or more policies** being billed. Employees at businesses with less than ten (10) eligible employees must be written as individual business.

- Payroll Deduction Billing Information Sheet (R-3240)**
 - Agent's printed name and signature required
 - Branch Manager signature required
 - Keep original for Employer Implementation Manual
 - Give a copy to the Bookkeeper
- Online Billing System Enrollment for Worksite Advantage Customers (R-3750)**
 - Must be signed by someone of authority
 - Keep original for Employer Implementation Manual
 - Give a copy to the Bookkeeper
- Section 125 Plan Adoption Agreement (EIM-001, Section 5 Tab, page 1)**
 - Employer signature required
 - Keep original for Employer Implementation Manual
 - Give a copy to the Bookkeeper
- Payroll Deduction Agreement (R-337)**
 - Employer signature required
 - Keep original for Employer Implementation Manual
 - Give a copy to the Bookkeeper
- Points To Remember (R-3245, Section 8 Tab, page 2)**
 - Employer signature required
 - Keep original for Employer Implementation Manual
 - Give a copy to the Bookkeeper
- Application for Group Term Life (GE100-APP A-126)**
Complete even if not initially offering Group Term.
 - Employer signature required
 - Keep original for Employer Implementation Manual
 - Give a copy to the Bookkeeper
 - Not required in CA, IN, and KS
 - AR use (AGE1AR) Application
 - SC use (AGE100, Ed 01-10) Application
- Full Employee Roster**
Typed employee list with hire dates must be signed by the employer/bookkeeper. List only those employees who work 30 or more hours per week.
 - Keep original for Employer Implementation Manual
 - Give a copy to the Bookkeeper

BME / 11/14/11

WORKSITE ADVANTAGE

Payroll Deduction Billing Information Sheet

COMPANY INFORMATION

Name of Franchise (Company) Wise County, Texas Franchise # () Phone Number 940 627 3540 Fax Number () Total # Eligible Employees ()
 Franchise Billing Address Do Box 554 City DECATUR State TX ZIP 76234
 Franchise Physical Address (if different from billing address) 200 Church ST City DECATUR State TX ZIP ()
 Billing/Payroll Contact (Person who handles deductions) KATHERINE Hudson Phone Number 940 627 3540 Email Address ()
 Employer/Owner/Decision-Maker KATHERINE Hudson Phone Number () Email Address ()

How many days must employees be with the company before they are eligible for benefits? 6

BILLING INFORMATION

1. Premiums are deducted: (check one) weekly bi-weekly semi-monthly monthly
 2. Deduction amounts shown on the election form are: (If Section 125) weekly bi-weekly semi-monthly monthly
 3. Employer prefers to send a deduction list with payment instead of receiving a billing? Yes No
 4. Payments will be sent: (check one) weekly bi-weekly semi-monthly monthly (12 billings)
 9 monthly (school system billing) 10 monthly (school system billing)
 Every 4 weeks (13 billings per year)
 5. Type of Business (Give Details) COUNTY GOVERNMENT
 6. Date Company was established _____ (Must be at least 1 year old)
 mm yyyy
 7. Waiting period for eligibility 6 months (Quality-approved Worksite Branches only)
 8. Enrollment Period From _____ Through _____
 mm dd mm dd
 First Deduction Date _____ Policy Effective Date _____
 mm dd yyyy mm dd yyyy
 9. Employees should be listed on billing in what order? (check one) Alpha SS# EE# Other _____

SECTION 125 SPECIAL INFORMATION

1. Are existing Payroll Deduction policy premiums being redirected to allow pre-tax salary reductions? Yes No
 If "yes," premiums must be shown on the employee's election forms and employees listed on the New Business form.
 2. Section 125 policies should be billed: on the same billing as other policies on a separate billing

APPROVAL SECTION

Branch 170 Agency _____ Agent Name _____ Agent Signature _____
 Unit Manager Signature [Signature]
 Branch Manager Signature _____

[Handwritten signature]
11/14/11

Liberty National Life Insurance Company Online Billing System Enrollment for Worksite Advantage Customers REQUEST FOR ENROLLMENT

Liberty National's Online Billing System is available to all Worksite Advantage customers. Our Online Billing System is offered as a convenience to make paying and reconciling invoices easier than it's ever been. Online Billing System features include:

- Pay directly from your company's bank account using a secure, encrypted web service
- Add or remove employees instantly
- Paperless invoicing
- Manage invoices for multiple companies at once
- Update company information online
- Assign roles to other employees; restrict employees to do specific tasks, or have another employee handle everything

All of these great features reduce the time required to reconcile and pay your invoices. To enroll in the Online Billing System, check yes below. If you would prefer to use paper invoices, check no below. Then sign and print your name, along with the date and your current title at the bottom of this page.

Would you like to enroll in the Worksite Online Billing System? (check one)

YES, I would like to enroll in the Liberty National Worksite Online Billing System and take advantage of its convenient services

NO, I would like to receive a paper invoice and opt not to sign up for the Worksite Online Billing System

Bill
Bill McElhaneey (Jury)
 COUNTY JUDGE

Katherine Hudson
 Signature

Bill McELHANEY 11/14/11

Katherine Hudson 11/14/11
 Printed Name

County Treasurer

 Title

 Date

Wise County, Texas

 Company Name

Liberty National Life Insurance Company
Section 125 Premium Only Plan

PLAN ADOPTION AGREEMENT

Instructions to Employer:

You must complete, sign, and date this Plan Adoption Agreement in order to adopt the Liberty National Life Insurance Company Premium Only Plan. The Plan, once adopted, will become effective as of the date you specify below in paragraph 3. Do not specify an effective date earlier than the first day of the payroll period beginning after the day on which you sign the Plan Adoption Agreement.

- 1. Employer's full name: Wise County, Texas
- 2. Name of any affiliated employers, if any, who will participate in the Plan:
 - A. _____
 - B. _____
- 3. Effective Date: _____ (mm/dd/yyyy)
- 4. Plan Year:
 - The twelve month period commencing on _____ (mm/dd) and ending on _____ (mm/dd).
 - The first Plan Year shall be a short Plan Year beginning on _____ (mm/dd/yyyy) and ending on _____ (mm/dd/yyyy).
- 5. Franchise number: _____
- 6. Employees shall be considered to work full-time if they work at least _____ hours per week [specify minimum number of hours].
- 7. Liberty National Qualified Benefit Plans shall mean:

<input checked="" type="checkbox"/> Liberty National Cancer Insurance	<input checked="" type="checkbox"/> Liberty National Hospital Intensive Care Insurance
<input checked="" type="checkbox"/> Liberty National Group Term for Life Insurance	<input checked="" type="checkbox"/> Liberty National Hospital Income Insurance
<input checked="" type="checkbox"/> Liberty National Dental Alternative	<input checked="" type="checkbox"/> Liberty National Accident Protector Plus Insurance
<input checked="" type="checkbox"/> Liberty National Vision Plan	<input type="checkbox"/> Liberty National Accident Plan Insurance (ACB)
- 8. Employer's Qualified Benefits to be Included in the Plan are:

<input checked="" type="checkbox"/> Employer's Group Term Life Plan	<input checked="" type="checkbox"/> Employer's Group Health Plan
<input type="checkbox"/> _____	<input type="checkbox"/> _____

Date: 11/14/11

Signature of Employer:
By: [Signature]
Title: County Judge

Signatures of Affiliated Employers:
By: _____
Title: _____

By: _____
Title: _____

**PAYROLL DEDUCTION AGREEMENT
BETWEEN
LIBERTY NATIONAL LIFE INSURANCE COMPANY
AND**

Wise County, Texas
COMPLETE NAME OF EMPLOYER (FIRM)

For the benefit and convenience of its employees, Wise County, Texas (hereinafter referred to as the "Employer") agrees to provide for payroll deduction for Insurance by Liberty National Life Insurance Company, Birmingham, Alabama (hereinafter referred to as "Liberty National Life").

Each employee will authorize payroll deduction in a manner agreeable to the Employer and Liberty National Life. An employee may stop payroll deduction by providing appropriate notice to the Employer and Liberty National Life.

Deductions on a schedule to be agreed upon by Liberty National Life and the Employer will be made from salary paid to employees and such deductions will be paid promptly by the Employer to Liberty National Life.

The Employer assumes no responsibility for payroll deduction after the termination of employment of an insured employee, or after an employee stops payroll deduction by providing appropriate notice.

Either the Employer or Liberty National Life may terminate this Agreement as of any date by giving at least 30 days written notice to the other prior to such date. After termination of this Agreement, the payment of premiums shall be entirely and directly between each employee and Liberty National Life.

Employer

Liberty National Life

Wise County, TEXAS
EMPLOYER PRINTED NAME

LICENSED AGENT PRINTED NAME

FOR: Boe McWhorter
EMPLOYER SIGNATURE

LICENSED AGENT SIGNATURE

County Judge
TITLE

AGENT NUMBER

11/14/11
DATE

DATE

Boe

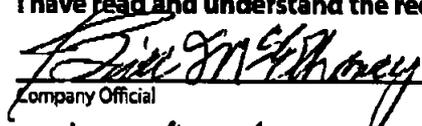
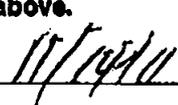
POINTS TO REMEMBER ABOUT YOUR SECTION 125 PLAN

- A plan document must be signed by an authorized company official and have an established effective date and plan year. Employee enrollments may not take effect earlier than the first day of the payroll period following the date of enrollment. All re-enrollments must be completed during an election period established by the employer. The election period must be a reasonable period of time ending on or before the last day of the plan year. The employer is responsible for notifying employees when the election period is about to begin.
- The Company may adopt a reinstatement of an existing plan to take advantage of the changes in the rules governing cafeteria plans. To amend and reinstate the plan, a new adoption agreement is completed and executed.
- Plan participation must be offered to every eligible employee and each employee electing plan participation must be offered every benefit available in the plan. A Salary Reduction form must be on file for each employee who elects or declines participation in the plan. The following Plans are offered:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Group Term Life | <input checked="" type="checkbox"/> Accident Protector Plus |
| <input checked="" type="checkbox"/> Cancer Insurance | <input checked="" type="checkbox"/> Accident Plan (ACB) |
| <input checked="" type="checkbox"/> Hospital Intensive Care | <input type="checkbox"/> Dental Alternative |
| <input checked="" type="checkbox"/> Hospital Income | <input checked="" type="checkbox"/> Vision Plan |
| <input checked="" type="checkbox"/> Other | |

- Only policies insuring the employee can be pre-taxed. Individual and single-parent policies covering the spouse and children cannot be pre-taxed.
- Once the plan year begins, employees must remain in the plan for the duration of the plan year as long as they are employed.
- Requests for coverage termination or changes during a plan year can be accepted only if the change request is consistent with a valid change in family status. These include: birth or adoption of a child, marriage, divorce, death of a spouse or child, or change in the spouse's employment.
- No more than \$50,000 of group term life insurance may be provided under the cafeteria plan to an employee.
- Employees should be aware that receipt of employer-provided benefits may result in taxable income to the employee. Employees who receive benefits under a medical plan which are in excess of medical or medical related expenses should consult a qualified tax advisor. Whether a particular item is includable in gross income depends generally upon the facts and circumstances of that employee's situation.
- My company has been provided with a Section 125 Employer Implementation Manual (if a new Section 125 has been installed).
- Guidelines for Employer Self-Calculation have been provided to me or my company representative.
- Employer Tax Savings Information has been furnished to me or my company representative.

I have read and understand the requirements of Section 125 as listed above.

 Company Official Date

 Company Name Liberty National Agent

Liberty National does not provide tax or legal advice. If tax advice or legal advice or expert assistance is required, Liberty National recommends that you seek and consult with a competent professional prior to implementing any section 125 plan.



LIBERTY NATIONAL LIFE INSURANCE COMPANY APPLICATION FOR GROUP TERM LIFE

Administrative Office:

P.O. Box 2612
Birmingham, Alabama 35202

- 1. a. Group Policy Number: LN00
- b. Holder: Wise County, Texas
- 2. Group Effective Date: Date of first payroll deduction
- 3. Eligible Person: Current employees, retired employees, former employees and directors of the Holder, and their dependents

For: Wise County, Texas

Bob McWhorter, County Judge 11/14/11
 Authorized Signature for the Policy Holder Date

Agent Signature

170
Branch

Agency

(Not required for
5 digit branches
or General Agents)

The signing of this application by the Policy Holder (employer) does not constitute an endorsement of Liberty National Life Insurance Company or the Group Term Life Insurance product.

Typed employee list with hire dates must be signed by the employer/bookkeeper. List only those employees who work 30 or more hours per week.

XYZ BUSINESS

1234 STREET AVE, SUITE 321
DALLAS, TX 75000
p: 123.555.1234 f: 123.555.2345
www.xyzbusiness.com

Below is a complete roster of XYZ Business employees and their hire dates:

Adams, Chris	February 12, 1992
Douglas, Marsha	September 2, 2000
Dugan, Janelle	March 17, 2002
Evans, Dan	August 28, 1999
Frank, Jim	January 15, 1997
Gregory, Nancy	March 22, 2000
Hudson, Mary	November 5, 2006
Jackson, Sam	October 2, 2003
Jones, Mark	July 21, 2001
Lawton, Judy	April 3, 2009
Michaels, Eric	December 11, 2004
Peterson, Tom	March 21, 2009
Smith, Jay	June 10, 2005
Wilson, Wendy	May 4, 2007

Jane Smith

Employer/Bookkeeper Signature

BSM/11/14/11

SAMPLE