Group Benefit Program Summary for

American Library Association

- Group Term Life
- Accidental Death & Dismemberment (AD&D)
- Supplemental Term Life
- Voluntary Group Short-Term Disability (STD)*
- Group Long-Term Disability (LTD)**
- Beneficiary Resource Services
- Travel Resource Services
- Disability Resource Services

*policy require Part-Time employee be at least .5 FTE
**policy require Part-Time employee be at least .8 FTE
Group Benefit Program Summary for

American Library Association

Group Term Life

The death of a family member can mean not only dealing with the loss of a loved one, but the loss of financial security as well. With Blue Cross and Blue Shield of Illinois' Group Term Life plan, an employee can achieve peace of mind by giving their family the financial security they can depend on.

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>All Active Full-Time and Part-Time Employees excluding Assistant Directors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group Term Life Benefit:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Employee</strong></td>
<td>2 times salary to a maximum of $300,000 with a minimum of $10,000</td>
</tr>
<tr>
<td><strong>Guarantee Issue Amount:</strong></td>
<td>$300,000</td>
</tr>
<tr>
<td><strong>Age Reduction Schedule</strong></td>
<td>Benefits reduce by 50% of the original amount at age 70.</td>
</tr>
<tr>
<td><strong>Waiver of Premium</strong></td>
<td>Elimination Period: 9 months; Duration: To age 65</td>
</tr>
<tr>
<td><strong>Accelerated Death Benefit (ADB)</strong></td>
<td>Benefit: Up to 75% of the employee’s Life insurance; Life expectancy of 24 months or less.</td>
</tr>
</tbody>
</table>

**Portability Privilege (Life Insurance)**

Not Included

**Conversion**

Included

**Beneficiary Resource Services**

Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents.

**Travel Resource Services**

Helps travelers deal with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance, and access to other critical services and resources available via the internet.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

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Accidental Death & Dismemberment (AD&D)

Group AD&D is an additional death benefit that pays in the event a covered employee dies or is dismembered in a covered accident. AD&D benefit is 24-hour coverage.

<table>
<thead>
<tr>
<th>Accidental Death &amp; Dismemberment (AD&amp;D) – Employee</th>
<th>1.5 times salary to a maximum of $150,000 with a minimum of $10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>AD&amp;D – Age Reduction Schedule</td>
<td>Benefits reduce by 50% of the original amount at age 70.</td>
</tr>
</tbody>
</table>

**AD&D Schedule of Loss * | Principal Sum | AD&D Product Features Included: |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of Life</td>
<td>100%</td>
<td>• Seatbelt Benefit</td>
</tr>
<tr>
<td>Loss of both hands or both feet</td>
<td>100%</td>
<td>• Airbag Benefit</td>
</tr>
<tr>
<td>Loss of one hand and one foot</td>
<td>100%</td>
<td>• Repatriation Benefit</td>
</tr>
<tr>
<td>Loss of speech and hearing</td>
<td>100%</td>
<td>• Education Benefit</td>
</tr>
<tr>
<td>Loss of sight of both eyes</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Loss of one hand and sight of one eye</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Loss of one foot and sight of one eye</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Quadriplegia</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Paraplegia</td>
<td>75%</td>
<td></td>
</tr>
<tr>
<td>Hemiplegia</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Loss of one eye</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Loss of one hand or one foot</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Loss of speech or hearing</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Loss of thumb and index finger of same hand</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>Uniplegia</td>
<td>25%</td>
<td></td>
</tr>
</tbody>
</table>

* Loss must occur within 365 days of accident

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Group Benefit Program Summary for
American Library Association - #F023261
Supplemental Term Life

The death of a family member can mean not only dealing with the loss of a loved one, but the loss of financial security as well. With our Group Term Life plan, an employee can achieve peace of mind by giving their family the financial security they can depend on.

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>All Active Full-Time and Part-Time Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group Term Life Benefit: Employee</strong></td>
<td>1.00 - 5.00 times salary in increments from a minimum of $10,000 to a maximum of $1,000,000, rounded to the next higher $1,000.</td>
</tr>
<tr>
<td><strong>Guarantee Issue Amount – Employee</strong></td>
<td>$250,000</td>
</tr>
<tr>
<td><strong>Group Term Life Benefit: Spouse (Includes Domestic Partner)</strong></td>
<td>$25,000 or $50,000 benefit, not to exceed 50% of the employee benefit amount</td>
</tr>
<tr>
<td><strong>Guarantee Issue Amount - Spouse</strong></td>
<td>$25,000</td>
</tr>
<tr>
<td><strong>Group Term Life Benefit: Child(ren)</strong></td>
<td>Birth to 14 days: $10,000 Age 15 days to 6 months: $10,000 Age 6 months to age 26: $10,000</td>
</tr>
<tr>
<td><strong>Group Term Life Age Reduction Schedule</strong></td>
<td>Same as Basic Life</td>
</tr>
<tr>
<td><strong>Premium Waiver Type</strong></td>
<td>Same as Basic Life</td>
</tr>
<tr>
<td><strong>Accelerated Death Benefit (ADB)</strong></td>
<td>Same as Basic Life</td>
</tr>
<tr>
<td><strong>Portability Privilege (Life Coverage)</strong></td>
<td>Included (Employee)</td>
</tr>
<tr>
<td><strong>Conversion</strong></td>
<td>Included</td>
</tr>
</tbody>
</table>

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Supplemental Life Plan Features - Employee

Select your coverage option: 1 to 5 times basic annual salary, in increments of 1.00 times salary to a maximum of $500,000 with a minimum of $10,000  
*Benefits reduce by 50% of the original amount at age 70.

Supplemental Life Plan Features – Spouse: $25,000  Child: $10,000

*Benefits reduce by 50% of the original amount at age 70.

Supplemental Life Rates - Employee & Spouse

<table>
<thead>
<tr>
<th>Age (Based on attained age of last birthday)</th>
<th>Employee Monthly Premium (per $1,000 of coverage)</th>
<th>Spouse Monthly Premium (per $1,000 of coverage)</th>
<th>Age (Based on attained age of last birthday)</th>
<th>Employee Monthly Premium (per $1,000 of coverage)</th>
<th>Spouse Monthly Premium (per $1,000 of coverage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 20</td>
<td>$0.05</td>
<td>$0.48</td>
<td>45-49</td>
<td>$0.13</td>
<td>$0.48</td>
</tr>
<tr>
<td>20-24</td>
<td>$0.05</td>
<td>$0.48</td>
<td>50-54</td>
<td>$0.18</td>
<td>$0.48</td>
</tr>
<tr>
<td>25-29</td>
<td>$0.05</td>
<td>$0.48</td>
<td>55-59</td>
<td>$0.32</td>
<td>$0.48</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.06</td>
<td>$0.48</td>
<td>60-64</td>
<td>$0.52</td>
<td>$0.48</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.07</td>
<td>$0.48</td>
<td>65-69</td>
<td>$0.88</td>
<td>$0.48</td>
</tr>
<tr>
<td>40-44</td>
<td>$0.09</td>
<td>$0.48</td>
<td>70+</td>
<td>$2.05</td>
<td>$0.48</td>
</tr>
</tbody>
</table>

| Child(ren): $0.08 per $1,000 of coverage |

Premium Calculation - EXAMPLE (The following example is based on the following):

Employee: Age 35  $42,535* – base annual salary  
Plan Selected: 2 times base salary = $85,070  Benefit: $86,000
Spouse: Age 32  Benefit: $25,000
Child(ren): Benefit: $10,000

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage Option</td>
<td>Monthly Rate (per $1,000 of coverage)</td>
<td>x</td>
<td>Selected Coverage Amount</td>
<td>Total Amount (B X C)</td>
<td>Rates are per $1,000 of coverage, so divide column D by 1000 = Monthly Premium</td>
</tr>
<tr>
<td>Life - Employee</td>
<td>$0.07</td>
<td>x</td>
<td>$86,000</td>
<td>6020</td>
<td>$6.02</td>
</tr>
<tr>
<td>Life - Spouse</td>
<td>$0.48</td>
<td>x</td>
<td>$25,000</td>
<td>12000</td>
<td>$12.00</td>
</tr>
<tr>
<td>Life – Child(ren)</td>
<td>$0.08</td>
<td>x</td>
<td>$10,000</td>
<td>800</td>
<td>$0.80</td>
</tr>
</tbody>
</table>

Total: $18.82  $9.41

To calculate your weekly premium take your monthly premium, multiply by 12, then divide by 52.
To calculate your bi-weekly premium take your monthly premium, multiply by 12, then divide by 26.
* To calculate your semi-monthly premium take your monthly premium, multiply by 12, then divide by 24.

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11/11/2019
SUPPLEMENTAL LIFE WORKSHEET

How much coverage do I need?

Listing the following information can help determine the amount of life insurance coverage you or your family members may need:

<table>
<thead>
<tr>
<th>Life Insurance Coverage Currently In-force:</th>
<th>EMPLOYEE</th>
<th>SPOUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Group Life Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Life Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong> Life Insurance Coverage</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Current Obligations:

- Funds necessary to provide for living expenses upon death of spouse
- Mortgage Loan Balance
- Automobile Loan Balance(s)
- Credit Card Balance(s)
- Other Loan Balance(s)
- Education Fund
- Emergency Fund
- Funeral Expenses
- **Total Needs**

Subtract Your Obligations from your Current Insurance Coverage In-force (from above):

Your Insurance Needs Are:

<table>
<thead>
<tr>
<th>A Coverage Option</th>
<th>B Monthly Rate – per table above (per $1,000 of coverage)</th>
<th>C x Selected Coverage Amount</th>
<th>D Total Amount (B x C)</th>
<th>E Rates are per $1,000 of coverage, so divide column D by 1000 = Monthly Premium</th>
<th>F Semi-Monthly Premium*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life - Employee</td>
<td>$</td>
<td>x $</td>
<td>= $</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Life - Spouse</td>
<td>$0.48</td>
<td>x $</td>
<td>= $</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Life – Child(ren)</td>
<td>$0.08</td>
<td>x $</td>
<td>= $</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

TOTAL: $
Group Benefit Program Summary for
American Library Association
Voluntary Group Short-Term Disability (STD)

Today, most Americans would not be able to make payments on their homes or keep their family financially stable without their current salary. STD reduces the burden during these unstable times. It is a convenient, economical way of securing an income while out of work from an unexpected injury or illness.

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>All Active Full-Time and Part-Time Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group STD Benefit</td>
<td>60% of weekly earnings</td>
</tr>
<tr>
<td>Weekly Maximum Benefit</td>
<td>$2,000</td>
</tr>
<tr>
<td>Benefits Begin</td>
<td>15th Day for Injury</td>
</tr>
<tr>
<td></td>
<td>15th Day for Sickness</td>
</tr>
<tr>
<td>Maximum Benefit Period</td>
<td>24 Weeks or until LTD benefits begin, whichever is earlier</td>
</tr>
<tr>
<td>Total Disability</td>
<td>Total Disability means that due to Injury or Sickness the employee is unable to perform all of the material and substantial duties of the employee’s regular occupation, and the employee’s disability earnings, if any, are less than the percentage (20%) of the employee’s pre-disability weekly earnings.</td>
</tr>
<tr>
<td>Partial Disability</td>
<td>Partial Disability means that during the elimination period the employee is able to perform some, but not all, of the material and substantial duties of the employee’s regular occupation. After the elimination period, partial disability means that due to injury or sickness the employee is able to perform some but not all of the material and substantial duties of the employee’s regular occupation, and the employee’s disability earnings, if any are at least the minimum percentage (20%), but less than the maximum percentage of the employee’s pre-disability weekly earnings (80%).</td>
</tr>
<tr>
<td>Pre-Existing Condition Limitation</td>
<td>12/12 - A pre-existing condition is a sickness or injury for which you have received treatment within 12 months prior to your effective date. Any disability contributed to or caused by a Pre-Existing Condition within the first 12 months of your effective date will not be covered</td>
</tr>
<tr>
<td>Additional Features</td>
<td>Survivor Benefit, Work Incentive Benefit, Worksite Modification Benefit. FMLA Coverage Extension, Recurrent Disability</td>
</tr>
</tbody>
</table>

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Voluntary Short-Term Disability Insurance

American Library Association

Benefit Schedule

<table>
<thead>
<tr>
<th>Benefit Percentage</th>
<th>Monthly Rate per $10 of Weekly Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Percentage</td>
<td>Age</td>
</tr>
<tr>
<td>60% of Weekly Earnings* to a maximum weekly benefit of $2,000</td>
<td>Under 20</td>
</tr>
<tr>
<td>Elimination Period - Injury</td>
<td>14 Days</td>
</tr>
<tr>
<td>Elimination Period - Sickness</td>
<td>14 Days</td>
</tr>
<tr>
<td>Benefits Begin – Injury</td>
<td>15th Day</td>
</tr>
<tr>
<td>Benefits Begin – Sickness</td>
<td>15th Day</td>
</tr>
<tr>
<td>Maximum Period Payable</td>
<td>24 weeks or until LTD begins, whichever is earlier</td>
</tr>
<tr>
<td>Pre-Existing Conditions Limitation</td>
<td>12/12</td>
</tr>
<tr>
<td>Work Incentive Benefit, Worksite Modification Benefit, Continuity of Coverage</td>
<td>Included</td>
</tr>
</tbody>
</table>

*Weekly Earnings means your annual, monthly or weekly rate of earnings from your employer in effect immediately prior to the date disability begins. It includes total income before taxes, including deduction made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. It does not include bonuses, overtime pay, any other extra compensation or commissions.

Sample Premium Calculation

(Sample assumes a 30-year-old employee with $45,000 in annual earnings)

<table>
<thead>
<tr>
<th>Annual Salary ÷ 52</th>
<th>=</th>
<th>Weekly Earnings</th>
<th>x</th>
<th>STD Benefit %</th>
<th>=</th>
<th>10 (max. $200)</th>
<th>x</th>
<th>STD Rate (from table above)</th>
<th>=</th>
<th>Monthly Premium</th>
<th>x 12 ÷ 24</th>
<th>Semi-Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>$45,000 ÷ 52</td>
<td>=</td>
<td>$865</td>
<td>x</td>
<td>$0.60</td>
<td>=</td>
<td>$51.90</td>
<td>x</td>
<td>$0.89</td>
<td>=</td>
<td>$46.19</td>
<td>x 12 ÷ 24</td>
<td>$23.10</td>
</tr>
</tbody>
</table>

Your Premium Calculation

(Enter your salary and the rate for your current age from the table above)

<table>
<thead>
<tr>
<th>Annual Salary ÷ 52</th>
<th>=</th>
<th>Weekly Earnings</th>
<th>x</th>
<th>STD Benefit %</th>
<th>=</th>
<th>10 (max. $200)</th>
<th>x</th>
<th>STD Rate (from table above)</th>
<th>=</th>
<th>Monthly Premium</th>
<th>x 12 ÷ 24</th>
<th>Semi-Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>÷ 52</td>
<td>=</td>
<td>$</td>
<td>x</td>
<td>$0.60</td>
<td>=</td>
<td>$</td>
<td>x</td>
<td>$</td>
<td>=</td>
<td>$</td>
<td>x 12 ÷ 24</td>
</tr>
</tbody>
</table>

To determine Bi-Weekly Premium, multiply Monthly Premium by 12, and then divide by 26.

To determine Semi-Monthly Premium, multiply Monthly Premium by 12, and then divide by 24.

To determine Weekly Premium, multiply Monthly Premium by 12, and then divide by 52.

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# Group Benefit Program Summary for American Library Association
## Group Long-Term Disability (LTD)

Our Group LTD plans are more than an insurance contract; they are a commitment to provide income protection to an impacted employee, and a commitment to work with the policyholder to explore return to work strategies, workplace accommodations and retraining opportunities.

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>All Active Full-Time and Part-Time Non Pension Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group LTD Benefit Percentage</td>
<td>60%</td>
</tr>
<tr>
<td>Maximum Monthly Benefit</td>
<td>$10,000</td>
</tr>
<tr>
<td>Minimum Monthly Benefit</td>
<td>$100 or 10% of gross monthly benefit, whichever is greater</td>
</tr>
<tr>
<td>Elimination Period</td>
<td>180 days</td>
</tr>
<tr>
<td>Maximum Period Payable</td>
<td>Social Security Normal Retirement Age (SSNRA)</td>
</tr>
<tr>
<td>Social Security Offset Method</td>
<td>Primary and Family Integration</td>
</tr>
<tr>
<td>Mental Disorder Limitation</td>
<td>No Limitation</td>
</tr>
<tr>
<td>Substance Abuse Limitation</td>
<td>No Limitation</td>
</tr>
<tr>
<td>Special Conditions Limitation</td>
<td>No Limitation</td>
</tr>
<tr>
<td>Pre-Existing Condition Limitation</td>
<td>6/12 - A pre-existing condition means a sickness or injury for which you have received treatment within 6 months prior to your effective date. Any disability contributed to or caused by a Pre-Existing Condition within the first 12 months of your effective date will not be covered.</td>
</tr>
</tbody>
</table>

### Rehabilitation Incentive Income (RII)
RII is offered to employees who agree to take part in a Rehabilitation Plan, structured to return them to gainful employment in another occupation because they cannot return to their regular occupation. During the first 12 months, RII is equal to the monthly benefit. If disability earnings during this period exceed 100% of indexed pre-disability earnings, the monthly benefit is reduced by the excess. After 12 months, RII is equal to the monthly benefit reduced by multiplying the monthly benefit by the adjusted loss of salary ratio. Includes Day Care Expense Benefit.

### Disability Resource Service
In addition to the resource services available on-line at www.GuidanceResources.com, Disability Resource Services provides a 24 hour telephonic support for all LTD insureds for behavioral health issues. A staff of master degree clinicians is available to provide each caller with assessment, counseling and referral advice for face-to-face counseling. Face-to-face counseling – Up to 3 face-to-face counseling sessions per year to address appropriate behavioral health issues.

### Additional Features
Work Incentive Benefit, Survivor Benefit

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Disability Resource Services is administered by ComPsych® Corporation. ComPsych® Corporation is an independent organization that does not provide Blue Cross and Blue Shield of Illinois or Dearborn Life Insurance Company products or services.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Illinois is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD®, and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.
## LTD Definition of Disability

<table>
<thead>
<tr>
<th>Total Disability</th>
<th>Total Disability means that during the first 24 consecutive months of benefits due to Injury or Sickness the employee is unable to perform all of the material and substantial duties of the employee’s regular occupation, and the employee’s disability earnings, if any, are less than the percentage 20% of the employee’s pre-disability weekly earnings.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partial Disability</td>
<td>Partial Disability means that during the elimination period the employee is able to perform some, but not all, of the material and substantial duties of the employee’s regular occupation. After the elimination period, partial disability means that due to Injury or Sickness the employee is able to perform some but not all of the material and substantial duties of employee’s regular occupation, and the employee’s disability earnings, if any are at least the minimum percentage (20%), but less than the maximum percentage of the employee’s pre-disability weekly earnings (60%).</td>
</tr>
</tbody>
</table>
When a loved one dies, families often face complex issues ranging from estate planning, legal questions, funeral planning and coping with grief and financial uncertainties. That’s why we offer Beneficiary Resource Services, a program that combines family wellness and security at the most difficult of times. Services include grief and financial counseling, funeral planning, legal support and online will preparation. Beneficiary Resource Services is provided by Morneau Shepell.

**Services for Insureds and Their Families**

**Online Will Preparation**
You and your family have access to a full legal library with many estate planning documents, including an online will. You can create your own will online in a safe and secure way, right from your home. The will can be saved and updated as family situations change. Creating a will provides security and peace of mind for several reasons:

- Appoints a guardian for children
- Controls where property and assets go
- Provides family security

**Online Funeral Planning**
You have access to an online funeral planning site that features a variety of helpful tools and information, such as:

- A downloadable funeral planning guide to document vital information your loved ones will need when making final arrangements
- Calculators to estimate and compare expenses for various types of funeral arrangements
- Information on funeral requirements and various religious customs
- Directories to locate funeral homes and cemeteries in your area

**Beneficiary Resource Services™**

Counseling: 800-769-9187
BeneficiaryResource.com
Username: beneficiary

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148.
Services for Beneficiaries and Their Families
The following services are available after a life claim or for those who qualify for an accelerated death benefit:

Face-to-Face Working Sessions*
Five face-to-face working sessions are available to you or your beneficiaries. All five sessions may be used with one grief counselor or legal advisor, or they may be split among the two types of counselors or advisors in geographically accessible locations. A one-hour financial consultation on the phone is also available.

Unlimited Phone Contact
Available for up to one year with a grief counselor, legal advisor or financial planner.

Referrals and Support Services
Morneau Shepell maintains a comprehensive directory of qualified and accessible grief counselors and legal and financial consultants.

Follow Up
Counselors will initiate follow-up calls when necessary for up to one full year from the date of initial contact.

Morneau Shepell’s network of experienced professionals can offer counseling for those facing emotional, financial or legal issues. Morneau Shepell’s counselors are available 24 hours a day, 365 days a year. All calls are completely confidential.

To access these valuable resources, call or visit:

800-769-9187

BeneficiaryResource.com
Username: beneficiary

*May include face-to-face sessions, over-the-phone sessions or time taken for research or document preparation.

For employee use. Beneficiary Resource Services is provided by Morneau Shepell. Morneau Shepell is an independent organization that does not provide Blue Cross and Blue Shield of Illinois (BCBSIL) or Dearborn Life Insurance Company products or services. Morneau Shepell is solely responsible for the products and services described in this flier. Legal services will not be provided for court proceedings or for the preparation of briefs for legal appearances or actions or for any action against any party providing Beneficiary Resource Services. Legal services provided under Beneficiary Resource Services are not intended for adversarial matters. May include face-to-face sessions, over-the-phone sessions or time taken for research or document preparation. Neither Morneau Shepell, BCBSIL nor Dearborn Life Insurance Company are responsible or liable for care or advice rendered by any referral resources.

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Travel Resource Services™
Your Ticket to Safe and Worry-Free Travel

Our Travel Resource Services provider, Assist America, offers around-the-clock emergency and information services that can help you access emergency assistance when you are traveling 100 or more miles away from home.

Medical Emergency Assistance
- Medical referral
- Medical monitoring
- Emergency medical evacuation
- Foreign hospital admission assistance
- Medical repatriation
- Prescription assistance

Travel Emergency Assistance
- Compassionate visit
- Care of minor children
- Evacuation transport for family members
- Return of mortal remains
- Other services include:
  - Return of vehicle
  - Legal & interpreter referrals
  - Pre-trip information

Download the Mobile App!
Access a wide range of global emergency assistance services from your phone by downloading the FREE Assist America Mobile App. Enter your Assist America Reference Number to set up the App:
01-AA-TRS-12201

Pre-Trip Information
Access detailed country-specific information to prepare your trip

Embassy & U.S. Pharmacy Locator
Locate the nearest embassy/consulate of 23 countries and pharmacies near you (U.S. pharmacies only)

Travel Alerts
Receive alerts on urgent global situations that may impact travel

Travel Status Indicator
A GPS feature letting you know when you are eligible for services

Mobile ID Card
Your Assist America ID card is conveniently stored within the app

Available in 7 languages
The app is available in English, Spanish, Arabic, Mandarin, Thai, Bahasa, and French

How to Activate Services
If you are traveling more than 100 miles away from home, or in a foreign country, and require assistance, contact Assist America's 24/7 Operations Center:
Your Assist America Reference Number is: 01-AA-TRS-12201

TAP FOR HELP
On the Mobile App

800-872-1414
(Toll Free within the U.S.)
+1-609-986-1234
(outside the U.S.)

medservices@assistamerica.com

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148.
Medical Emergency Assistance

Medical Referral:
Assist America’s 24/7 Operations Center is staffed by trained, multilingual assistance personnel who can make immediate recommendations for any emergency situation.

Medical Monitoring:
Assist America maintains regular communication with members, their families and attending medical staff, closely monitoring the quality and course of treatment.

Emergency Medical Evacuation:
If a member becomes ill or injured where an adequate medical facility is not available, Assist America will arrange to transport the member under medical supervision, if required, to the nearest medical facility capable of providing the required care.

Foreign Hospital Admission Assistance:
Assist America fosters prompt hospital admission by validating the member’s health insurance or advancing funds as needed to the hospital.

Medical Repatriation:
When the member has been stabilized to the satisfaction of Assist America’s consulting physicians and the attending physician, and is medically cleared for travel, we will arrange and pay for transportation via commercial carrier back home or to a rehabilitation facility with medical supervision, if required.

Prescription Assistance:
When a prescription is lost or left behind, Assist America works with the prescribing physician and a local pharmacy to replace the member’s medicine.

Travel Emergency Assistance

Compassionate Visit:
Assist America will arrange and pay for a family member or a friend to join a member who is traveling alone and is expected to be hospitalized for more than seven days.

Care of Minor Children:
If an injured member has minor children left unattended, Assist America will pay for them to return home to a family member or will arrange child care locally or at home.

Evacuation Transport for Family Members:
If a member is evacuated, Assist America will arrange and pay for either the return of the immediate family members (spouse, children, parents) home or the transportation to the location where the member is evacuated.

Return of Mortal Remains:
In the event that a member passes away, Assist America will arrange and pay for the required documents, preparation of the remains and transport to a funeral home near the member’s place of residence.

Other services include:
• Return of vehicle
• Legal & interpreter referrals
• Emergency cash & bail bond coordination
• Pre-trip information

For employee use. Travel Resource Services is administered by Assist America, Inc. Assist America is an independent organization that does not provide Blue Cross and Blue Shield of Illinois or Dearborn Life Insurance Company products or services. Assist America is solely responsible for the products and services associated with Travel Resource Services. Usage of the Assist America mobile app may be subject to additional terms and conditions.

Conditions and Exclusions

All travel transportation services must be arranged by Assist America. Claims for reimbursement will not be accepted under the Assist America Global Emergency Assistance program. Assist America is not medical insurance. Medical bills are the responsibility of the member or the health insurance as applicable.

Upon verification of your eligibility, Assist America will arrange and pay for the following services:
• Emergency Medical Evacuation and Medical Repatriation: $150,000 Combined Single Limit
• Repatriation of Mortal Remains: Up to $15,000
• Care of Minor Children: Up to $5,000
• Return of Vehicle: Up to $2,500
• Compassionate Visit: Up to $5,000

Assist America will not provide services in the following instances:
• Suicide or attempted suicide; intentionally self-inflicted injuries;
• The transfer from one medical facility to another of similar capabilities which provides the same level of care;
• Occurrence of mild lesions, simple injuries such as sprains, simple fractures or mild sickness which can be treated by local doctors that do not prevent the continuation of travel;
• Participation in any war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not) or civil war, revolution, and insurrection, military or usurped power;
• Participation in any military maneuver or training exercise;
• Traveling against the advice of a physician;
• Traveling for the purpose of obtaining medical treatment;
• Traveling in any country in which the U.S. State Department issued travel restrictions prior to such travel;
• Piloting or learning to pilot or acting as a member of the crew of any aircraft;
• Mental or emotional disorders, unless hospitalized;
• Being under the influence of drugs or intoxicants unless prescribed by a physician;
• Commission or the attempt to commit a criminal act;
• Participation as a professional in athletics or underwater activities;
• Participating in bodily contact sports; skydiving; hang gliding; parachuting; mountaineering; any race; bungee cord jumping; speed contests; spelunking or caving, heli-skiing, extreme skiing;
• Dental treatment except as a result of accidental injury to sound, natural teeth;
• Any non-emergency treatment or surgery, routine physical examinations, hearing aids, eyeglasses or contact lenses;
• Pregnancy and childbirth (except for complications of pregnancy prior to the 28th week of the pregnancy);
• Curtailment or delayed return for other than covered reasons;
• Services not shown as covered; trips exceeding 90 days in length from primary legal residence.

The services described above currently are available in every country of the world. Due to political and other situations in certain areas of the world, Assist America may not be able to respond in the usual manner. Assist America also reserves the right to suspend, curtail or limit its services in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strikes, nuclear accidents, Acts of God or refusal of authorities to permit Assist America to fully provide services.

Assist America is not responsible and cannot be held liable for any malpractice performed by a local physician or attorney who is not an employee of Assist America; or for any loss or damage to your vehicle during the return of vehicle; or for any loss or damage to any personal belongings.
Disability Resource Services™

Extra Help When It’s Needed Most

When personal problems arise, many people may choose to cope alone, resulting in negative consequences at home and the workplace. This is why we have teamed with ComPsych® Corporation to offer Disability Resource Services to employees who are covered by our long-term disability (LTD) policy and their immediate family. Disability Resource Services provides convenient resources to help address emotional, legal and financial issues.

Face-to-Face Sessions
Disability Resource Services provides three face-to-face sessions in a geographically accessible location to address behavioral issues.

Unlimited Telephonic Counseling
Disability Resource Services also provides unlimited telephonic counseling (24 hours a day, 7 days a week) to help address behavioral issues. Master's degree level counselors use a conversational approach to identify issues, assess needs and refer participants to specialists to help resolve their issues.

Web-Based Services
GuidanceResources® Online (guidanceresources.com) is a secure, password-protected website that contains self-assessments, extensive content on personal health and powerful tools to help with personal, relational, legal, health and financial concerns. This service is free of charge to employees who are insured with us for long-term disability insurance and their immediate family. It covers many topics and personal concerns, such as:

- Alcohol and drug abuse
- Depression
- Divorce and family law
- Estate planning
- Getting out of debt
- Grief and loss
- Job pressures
- Managing debt obligations
- Marital and family conflicts
- Retirement planning
- Saving for college
- Stress and anxiety
- Tax questions
- Real estate buying and selling

To Access Your Services

Call: 866-899-1363

- You will be asked what type of insurance policy you have: LTD, STD or life insurance. If you are unsure, consult with your HR representative.

Online: GuidanceResources.com

- Click “Register” to create a new account.
- Enter Your Company ID: DISRES
Your Guide to GuidanceResources® Online

GuidanceResources.com

What about financial concerns?
Financial issues can arise at any time, from dealing with debt to saving for college. GuidanceResources® Online is available to provide you with the tools and information you need to help solve your personal money management concerns.

How can I manage all of my life’s little details and the issues my family may face?
Whether you are a new parent, giving care to an elder, sending a child off to college, buying a car or doing home repairs, you’re bound to come across concerns that need to be addressed. Let GuidanceResources® Online help you explore your options.

Where can I get answers to my legal questions?
GuidanceResources® Online provides access to practical, understandable information and tools to help address your concerns about divorce, bankruptcy, buying real estate and other issues.

Guide to using GuidanceResources.com
1. On the GuidanceResources.com home page, click on the tab at the top labeled “Register.”
2. Enter your company ID: DISRES. Create a username and password. The username has to be at least six characters long and should have no spaces (for example: joesmith). Make sure that you complete all required fields, noted with red asterisks.
3. Read the Terms of Use and click inside the checkbox to indicate your agreement to those terms.
4. When you’ve finished, click on the “Submit” button at the bottom of the page.

GuidanceResources® Online offers web-based services designed to help address the personal concerns and life issues you may be facing. Whether it’s depression, alcohol and drug abuse, or grief and loss, these services are available to you and members of your family at no cost—24 hours a day, 7 days a week.

ONLINE ACCESS:
GuidanceResources.com

• Click “Register” to create a new account.
• Enter Your Company ID: DISRES
• FOR FUTURE LOGINS, just go to the member login section and enter your username and password. This will take you directly to GuidanceResources.com.

If you have any problems logging in, you can contact: memberservices@guidanceresources.com or 877-595-5289.

Disability Resource Services™
In the U.S. and Canada call
866-899-1363
TDD: 800-697-0353
guidanceresources.com
Enter Your Company ID: DISRES

For illustrative purposes only. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in the issued policy. Please consult the policy for the actual terms of coverage.

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**Enrollment and Change Form**

Administrative Offices: 701 E. 22nd Street, Lombard, IL 60148

☐ New Enrollment  ☐ Change  ☐ Open Enrollment  ☐ COBRA  ☐ Retiree

**Employer/Employee Section**

Enrollment forms must be submitted directly to us unless the group is self-administered. If the group is self-administered, submit enrollment forms to us only if evidence of insurability is required.

<table>
<thead>
<tr>
<th>EMPLOYER</th>
<th>GROUP NO. / ACCOUNT NUMBER</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Library Association</td>
<td>F023261</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMPLOYEE NAME - LAST</th>
<th>FIRST</th>
<th>MIDDLE INITIAL</th>
<th>GENDER</th>
<th>DATE OF BIRTH</th>
<th>DATE OF HIRE (FULL TIME)</th>
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<tr>
<th>SOCIAL SECURITY NO.</th>
<th>EARNINGS</th>
<th>JOB TITLE</th>
<th>CLASS</th>
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</thead>
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<tr>
<td></td>
<td>Hourly</td>
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<td>Weekly</td>
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<td>Monthly</td>
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<td></td>
<td>Annual</td>
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<table>
<thead>
<tr>
<th>HOME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
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</table>

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<tr>
<th>HOME PHONE</th>
<th>WORK PHONE</th>
<th>CELL PHONE</th>
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**BENEFIT SELECTION - Life & Disability**

**COVERAGE SELECTION:** Your non-medical group insurance program may not include all the benefits listed below. Ask your employer for the details about the benefits available to you, your cost, if any, and whether you will be required to complete a health questionnaire.

**Basic Coverage** (check all that apply) Spouse includes Domestic Partner and Party to a Civil Union as defined in the Certificate.

- [ ] Term Life / AD&D
- [ ] Long-Term Disability (LTD)

**Supplemental Coverage** (check all that apply) Spouse includes Domestic Partner and Party to a Civil Union as defined in the Certificate.

- [ ] Term Life - Employee
- [ ] Term Life - Spouse
- [ ] Term Life - Child(ren)

**Voluntary Coverage** (check all that apply) Spouse includes Domestic Partner and Party to a Civil Union as defined in the Certificate.

- [ ] Short-Term Disability (STD): % of Earnings
  - (A)Add, (C)Change, (D)Delete
  - Total Amount of Coverage Desired
  - If (C)hange, list Prior Coverage

**BENEFICIARY DESIGNATION:** (For Employee Only: Must Be Completed if you have applied for Life or AD&D insurance.) If two or more primary beneficiaries are named, and you do not list benefit percentages, proceeds will be paid in equal shares to the named primary beneficiaries who survive you. If no primary beneficiary survives you, proceeds will be paid to the contingent beneficiary(ies). If you list benefit percentages, the total must equal 100%. (Employee is the beneficiary of proceeds from spouse or child coverage.)

<table>
<thead>
<tr>
<th>SPOUSE NAME - LAST</th>
<th>FIRST</th>
<th>M.I.</th>
<th>SEX</th>
<th>SPOUSE DATE OF BIRTH</th>
<th>SPOUSE SOCIAL SECURITY №</th>
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<td>(if Applicant)</td>
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**First Name** | **Last Name** | **Social Security No.** | **Date of Birth** | **Relationship** | **Percentage** |
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<td>Contingent</td>
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<td>Contingent</td>
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</table>

I hereby request to be insured and authorize deductions, if any, from my compensation for my share of the cost of the benefits to which I may be entitled under the group policy (ies) issued to the employer listed above. I understand that if I am not actively at work on the effective date of my coverage, my insurance will not begin until the day I return to work. I understand that if I do not remain actively at work that my coverage may lapse or terminate. For those coverages I have declined, I understand that if I choose to enroll at a later date, my cost may be higher and a health questionnaire may be required.

**FOR OFFICE USE ONLY**

**Waiver of Coverage:**

I DO NOT WISH TO ENROLL at this time and understand that the opportunity to enroll at any future time will be subject to such arrangements as may be made with the company.

**EMPLOYEE SIGNATURE**  
**DATE** / /