



Voluntary Term Life Insurance

FOR EMPLOYEES OF CERRO WIRE LLC

ELIGIBILITY - VTL 2- ALL ELIGIBLE CROTHERSVILLE, IN EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by you.

COVERAGE GUIDELINES

Coverage Options	1 to 5 times annual salary, in increments of 1 times annual salary
Minimum	\$0
Maximum	5 times annual salary, up to \$350,000
Guarantee Issue Amount	5 times annual salary, up to \$350,000

Subject to any reductions shown below. Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability.

BENEFITS

Life Insurance Benefit Amount	Within the coverage guidelines defined above, you select the amount of life insurance coverage you want. In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.
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FEATURES

Living Care/ Accelerated Death Benefit	50% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$175,000.
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Portability	Allows you to continue this insurance program should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
Conversion	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.

SERVICES

Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aides and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.
Will Prep	We work with Willing® to offer employees an online will prep tool. In just a few clicks you can complete a customized plan to protect your family and property (valid in all 50 states). To get started visit www.willing.com/mutualofomaha

AGE REDUCTIONS AND EXCLUSIONS

Insurance benefits and guarantee issue amounts are subject to age reductions:

- At age 70, amounts reduce to 50%

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. 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.

> Frequently Asked Questions

Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

What is Guarantee Issue?

The amount of insurance applied for without answering any health questions (or which does not require evidence of insurability). Coverage amounts over the Guarantee Issue Amount will require evidence of insurability.

What is Evidence of Insurability?

Evidence of Insurability or proof of good health – may be required if you are a late entrant and/or you request any additional coverage above your guarantee issue amount.

Can I take this insurance with me if I change jobs/am no longer a member of this group?

In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you may have the right to continue this insurance under the Portability or Conversion provision, subject to certain conditions.

Are there any limitations, reductions or exclusions?

The benefits payable are based on the following:

- Insurance benefits and guarantee issue amounts are subject to age reductions:
 - At age 70, amounts reduce to 50%
-
- Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. 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.

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

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. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Life insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy form number 7000GM-U-EZ 2010 or state equivalent (in NC: 7000GM-U-EZ 2010 NC). United of Omaha Life Insurance Company is licensed nationwide, except New York.





BASIC AD&D INSURANCE

Principal Sum \$50,000.00

Loss Period Loss within 365 Days of Injury

*Base Annual Earnings (BAE) is defined as base annual wage excluding bonuses, commissions, overtime or any other compensation.

Accidental Death and Specific Loss Benefits for any Insured age 70 and over shall be payable in accordance with the following schedule:

- Age 70 through 74 65% of the original Principal Sum Benefit Amount
- Age 75 through 79 45% of the original Principal Sum Benefit Amount
- Age 80 through 84 30% of the original Principal Sum Benefit Amount
- Age 85 and over 15% of the original Principal Sum Benefit Amount

CERRO WIRE LLC
(Affiliate Company of The Marmon Group)

Voluntary AD&D Benefits Summary

ELIGIBILITY:

All active full-time employees (working 30 hours or more per week) of the Affiliate Company, excluding those hourly employees at the Hartselle, AL location, who are U.S. citizens domiciled in the United States and their eligible dependents. Eligible dependents include your lawful spouse (to include same sex or opposite sex domestic partner), unmarried dependent children, of you or your spouse, natural and adopted, or foster children under age 19 (23 if a full-time student in an accredited college or university).

EFFECTIVE DATE OF COVERAGE:

Your insurance is effective on the later of: (a) the policy effective date or (b) the first day of the month following the date the Policyholder Affiliate Company receives your completed enrollment form and payroll deduction authorization.

COVERAGE:

This plan offers protection on a worldwide basis, 24 hours a day, 365 days a year against any covered accident in the course of business or pleasure, including accidents on or off the job, in or away from the home, commuting, traveling by train, airplane, automobile or other private and public conveyances.

PRINCIPAL SUM AMOUNTS – Guarantee Issue:

EMPLOYEE: 1 to 10 times your Base Annual Earnings* rounded to the next higher \$1,000 to a maximum amount of \$400,000.

*Base Annual Earnings is defined as your base annual wage excluding bonuses, commissions, overtime or any other compensation.

FAMILY COVERAGE: Under a full family plan your spouse's principal sum is 40% of yours and each child's principal sum is 10% of yours. If there are no children covered, your Spouse's benefit increases to 50% of yours. If there is no spouse covered, each child's benefit increases to 15% of yours.

NOTE: Spouse and/or All Children coverage cannot be purchased on a "standalone" basis, i.e., Employee Participation is also required.

BENEFITS:

Accidental Death & Specific Loss

Benefits are payable when covered injuries result in loss within 365 days after the date of the accident. Certain losses are payable at 100% of the Principal Sum and other losses are payable at a lesser percentage, as follows:

Loss of Life, Loss of Two Members*,	
Loss of Speech & Hearing	Principal Sum
Loss of One Member*, Loss of	
Speech or Hearing	½ Principal Sum
Loss of Thumb and Index Finger	
of the Same Hand	¼ Principal Sum

*Member or Members means hand/hands, foot/feet or eye/eyes.

ADDITIONAL FEATURES:

Paralysis Benefits - When you suffer injuries, which result in hemiplegia, paraplegia or quadriplegia commencing within 60 days after the accident, and continuing for one year, we will pay benefits as follows:

For Hemiplegia	50% of Principal Sum
For Paraplegia.....	75% of Principal Sum
For Quadriplegia	100% of Principal Sum

Seat Belt Benefit - When you or a covered dependent receives injuries covered by the policy which result in loss of life, we will pay an additional 10% of the Principal Sum not to exceed \$25,000 if, at the time of the accident, you were the operator of or a passenger in a private passenger automobile and utilizing a seat belt. A doctor, coroner, traffic officer or other person of competent authority must verify seat belt usage.

Exposure and Disappearance - If, while insured under the policy, an Insured is unavoidably exposed to the elements because of a covered accident which results in the disappearance, sinking or damaging of a conveyance on which the Insured is covered by the policy and in which the Insured riding, and if as a result of such exposure the Insured suffers a loss for which benefits are otherwise payable hereunder, such loss will be covered under the policy.

If, while insured under the policy, an Insured disappears because of a covered accident resulting in the disappearance, sinking or damaging of a conveyance on which the Insured is covered by the policy and in which the Insured was riding, and if the body of the Insured has not been found within 52 weeks after the date of such accident, it will be presumed, subject to no evidence to the contrary, that the Insured suffered loss of life as a result of injuries covered by the policy.

Pilot Coverage - Coverage is provided for injuries received by the Insured if the Insured is a qualified pilot, provided such injuries are received while the Insured is flying as a pilot of any civil aircraft which has a current and valid United States airworthiness certificate (or its foreign equivalent) of other than a limited, restricted or experimental classification. Unless previously consented to in writing by us, coverage is not provided for a flight that includes: (a) aerial photography; (b) banner towing; (c) racing; (d) endurance tests; (e) acrobatic or stunt flying; (f) crop dusting or spraying, crop seeding or fertilizing; (g) construction or demolition activity; (h) power line or pipeline inspection; (i) exploration surveys; (j) fire fighting; (k) pursuit of animals or birds; or (l) any operation which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted.

Conversion Privilege - Conversion coverage is available to you and a dependent in the event the insurance provided by the certificate should end because your eligibility ends. You must send us a written application for conversion coverage and the initial premium within 31 days after your coverage under the policy ends. The conversion coverage will be issued in accord with: (a) our rules and (b) the conversion law in effect when application is made.

The conversion coverage: (a) shall provide indemnity for specific loss in an amount not to exceed the Principal Sum applicable to you or a dependent under the certificate; and (b) may be substantially different from the certificate.

AGE REDUCTIONS:

Principal Sum Benefits for covered individuals age 70 and over will be payable as follows: from age 70 through age 74 benefits reduce to 65% of the original amount; from age 75 through age 79 benefits reduce to 45% of the original amount; from age 80 through age 84 benefits reduce to 30% of the original amount and from age 85 and later benefits reduce to 15% of the original amount.

PREMIUMS:

The monthly premium for each \$1,000 unit of Principal Sum is:

Employee Only	\$.032
Employee & Family	\$.046

Premiums for this coverage will be withdrawn automatically by payroll deduction on a monthly basis.

DEFINITIONS:

"Injuries" means accidental bodily injuries: (a) received while insured under this policy and (b) resulting independently of sickness and all other causes.

Paralysis:

"Hemiplegia" means complete loss of function of one side of the body with involvement of the arm and leg.

"Paraplegia" means complete loss of function of the lower extremities of the body with involvement of both legs.

"Quadriplegia" means complete loss of function of both the upper and lower extremities of the body with involvement of both arms and legs.

"Qualified Pilot" means a person who holds a current and valid pilot certificate of a rating, other than that of a student, authorizing such person to operate the aircraft which he or she is flying.

"Seat Belt" means any factory-installed passive restraint device or child passive restraint device which meets published federal safety standards.

EXCLUSIONS:

This plan does not cover: (a) suicide or any attempt thereat while sane or insane; (b) loss caused by act of declared or undeclared war; (c) injuries received while participating in training exercises or maneuvers of an armed service while a member of an armed service; (d) injuries received while traveling by air (except as provided in the policy/certificate); (e) injuries received because the insured person was under the influence of any controlled substance unless administered on the advice of a physician; or (f) injuries received because the insured person was intoxicated.

HOW TO ENROLL:

1. Complete the Employee Section on the enclosed Voluntary Enrollment Form.
2. Complete the Employee Coverage Election section by placing an [X] in the Employee Only or the Employee and Family box and indicate the insurance amount in the appropriate area.
3. If you have chosen to purchase Spouse and/or Dependent Children coverage please complete the Dependent Information section of the Voluntary Enrollment Form.
4. Complete the Beneficiary section on the Voluntary Enrollment Form.
5. Sign and date the Voluntary Enrollment Form.
6. Return your Voluntary Enrollment Form to your benefits manager.

Note: If you decide not to enroll, you must sign the "Waiver of Group Voluntary Insurance" section on the form and return it to your benefits manager.

This benefits summary outlines the provisions detailed in the master policy issued to Cerro Wire LLC (Affiliate Company of The Marmon Group). Complete benefit, definition and exclusionary details are in the Policy. Should there be any discrepancy between the Policy and this outline, the Policy will prevail.

1-34	.095 / Thousand
35-39	0.115 / Thousand
40-44	.14 / Thousand
45-49	.285 / Thousand
50-54	.52 / Thousand
55-59	.87 / Thousand
60-64	1.32 / Thousand
65-69	1.97 / Thousand
70+	2.99 / Thousand

Election	_____
Divided By	1,000
Multiply By Age Band Cost Above	_____
Equals 1 Month Cost	_____
Multiply 1 Month Cost by	12
Divide By Number Of Pay Periods (26 or 52)	_____
Equals Cost Per Pay Period	_____

Example

41 year old employee that is paid every 2 weeks chooses 100,000 Optional Life Ins

$$100000 / 1000 = 100$$

$$100 * 0.14 = 14$$

$$14 * 12 = 168$$

$$168 / 26 = 6.47 \text{ per pay period}$$