



mgc group[®]

INSURANCE BENEFIT GUIDE / ACTIVE AGENT MEMBERS OF AAFBC



Enroll in benefits
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(913) 402-7591

WELCOME

Now is your opportunity to enroll in world-class, guaranteed issue group benefits designed specifically for the AAFBC. This benefit package rivals that of many Fortune 500 companies and is available to you, your staff members, and your families. Please contact our office if you need information on staff benefits. Enroll at: **www.AAFBCbenefits.com**.

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ENROLL TODAY
www.AAFBCbenefits.com

All products listed
are guaranteed issue

No medical
questions

No underwriting

Everyone is accepted
during the initial
open enrollment
opportunity.

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All illustrations and descriptions within this book are a brief summary of the benefits. Although every effort is made to ensure accuracy, if a discrepancy exists, the benefits stated in the carrier's proposal and/or contract prevail.

LONG TERM DISABILITY

WHY IS LONG TERM DISABILITY SO IMPORTANT?

- Long term disability (LTD) Insurance protects your largest asset - your ability to earn an income.
- LTD is one of The “Big Three” insurances every portfolio should address: **Health, Life and Disability Insurance.**

What makes LTD our signature product?

We are able to customize our LTD product specifically for agents, providing superior pricing, features and guaranteed issue. When comparing our policy to the features of other group products or to individual policies, there is no comparison.

TYPE OF LOSS (The grid below shows the odds of other types of typically insured losses.)	ODDS OF LOSS
VEHICLE TOTALED	1 out of 10
HOUSE BURNED	1 out of 100
BOAT TOTALED	1 out of 15
DYING BEFORE RETIREMENT AGE	1 out of 58
▶ DISABILITY BEFORE RETIREMENT AGE	1 out of 3

- LTD insurance replaces a portion of your income **should you become disabled.**
- This policy has an **own occupation** definition that is written specifically for agents and is in place through the life of the policy. Own occupation means: a sickness or injury prevents you from performing the material and substantial duties of your regular occupation. *Most group policies have a 2-year own occupation, then any occupation definition. Meaning after two years the insurance company will want you to seek employment in any occupation to offset losses.*
- **This policy is based on gross 1099 income.** If you were to purchase an individual policy or have a traditional group LTD policy, it would be based on your personal income tax returns or W2 income. That is a dramatic difference in the amount of income you are able to protect.
- **The loss of income provision is a 1% loss of earnings compared to the industry standard of 20%.** This is important for commissioned sales agents. In the event of a disability your 1099 income will slowly trail off. Typically you would have to incur a 20% loss of net earnings before LTD plans would pay a benefit. This policy pays a benefit at a 1% loss of 1099 earnings. In fact, during the first year you will be reimbursed at 100% for a partial disability (loss of income between 1% - 20%).
- This policy **does not offset** with other disability policies, excess DI policies or agent buyouts.
- **This is GUARANTEED ISSUE** for all new hires. That means no forms to fill out, no blood draws, no medical questions or underwriting. Just enroll, everyone is accepted during their initial open enrollment.



FEATURES	BENEFIT	DEFINITIONS
DEFINITION OF DISABILITY	Own occupation	Own occupation throughout the benefit period: A sickness or injury prevents you from performing the material and substantial duties of your regular occupation.
EARNINGS LOSS REQUIREMENT	1%	Percentage of lost income, based on indexed monthly earnings, due to the disabling sickness or injury.
ELIMINATION PERIOD	90 Days	The length of time of continuous disability which must be satisfied before you are eligible to receive benefits
MAXIMUM BENEFIT AMOUNT	60% of gross 1099 income Up to \$15,000 per month	The percentage paid of your average monthly earnings based on your gross annual 1099 earnings into your agency (whether you are a corporation, LLC or individual) during the two full calendar years immediately prior to the day your disability began, up to the maximum allowable amount, based upon loss of income. This is a tax free benefit provided you pay your premiums with post tax dollars. If the premiums are paid with pretax dollars you will incur a taxable consequence.
PRE-EXISTING CONDITION LIMITATION	3 months prior / 12 months after	You have a pre-existing condition if you received medical treatment, consultation, care or services; taking prescribed medicines, being prescribed medicines and/or receiving diagnostic measure or where symptoms were present to the degree that an ordinarily prudent person would seek treatment; within the 3- months just prior to your effective date of coverage; and the disability begins in the first 12 months after your effective date of coverage.
MENTAL & NERVOUS LIMITATION DRUG & ALCOHOL LIMITATION	12 months in your lifetime	If your disability is caused or contributed to by mental illness, substance abuse or special conditions, you will be paid a monthly payment up to the maximum lifetime time period.
SURVIVOR BENEFIT	This benefit will be equal to 3 times your last gross monthly benefit payment.	Upon proof of your death, after you have been disabled for at least 180 consecutive days and while you were receiving a monthly payment, you will be paid a one-time lump sum benefit to your eligible survivor.
MAXIMUM BENEFIT DURATION	Disabled before age 60, to age 65. If disabled at age 60 and later see the chart below.	Your duration of benefits is based on your age when the disability occurs.

MAXIMUM PAYMENT DURATION Social Security Normal Retirement Age Social security normal retirement age (SSNRA) means the age at which you are eligible for social security full retirement benefits.	AGE AT DISABILITY	MAXIMUM PAYMENT DURATION	
	less than age 60	to age 65 but not less than 60 months	64 30 months
	60	60 months	65 24 months
	61	48 months	66 21 months
	62	42 months	67 18 months
	63	36 months	68 15 months
			69 and over 12 months



LIFE / AD&D

WHAT IS DIFFERENT ABOUT OUR LIFE/AD&D POLICY?

- The agents Term Life policy includes an AD&D policy for the same face amount.
- **TERM OF POLICY** - As long as you are enrolled, current with your premium and are an actively appointed agent.
- **PREMIUMS** are priced into 5-year age bands. Single rate per age band, (Premiums will readjust on your birthday each time you age into a new level.)
- **GUARANTEED ISSUE** during your initial open enrollment. No medical questions, no examinations just sign-up and receive coverage.

FEATURES	LIFE/AD&D
BENEFIT AMOUNT	\$25,000 to a maximum of the lesser of 5x your gross 1099 income or \$500,000.
AD&D	An AD&D policy for the same face amount of the life insurance policy is automatically part of the policy for the Agent only.
SPOUSE LIFE BENEFIT AMOUNT	Flat \$50,000 (Agent must elect a minimum coverage amount of \$50,000).
CHILD LIFE BENEFIT AMOUNT	Flat \$10,000 for all children (Agent must elect a minimum coverage amount of \$25,000).
GUARANTEED ISSUE LIMIT	AGENTS: The lesser of \$200,000 or 3x your gross 1099 income SPOUSE: \$50,000 DEPENDENT: \$10,000 <i>14-days to 21 years; to age 25 if full-time student</i>
BENEFIT REDUCTION	Benefit reduces to 65% at age 70 and 50% at age 75. Coverage ceases at retirement. Spouse coverage terminates when agent attains age 70 or retires.
ACCELERATED DEATH BENEFIT	50% up to \$50,000
WAIVER OF PREMIUM	To age 65 if disabled prior to age 60 and the disability lasts at least 9 months.
PORTABILITY	You may elect portability for your life coverage only. The ported rates may have differences at the time of porting, including possible variances for tobacco use.
CONVERSION	If you leave the company the policy may be converted to an individual whole life policy.

CRITICAL ILLNESS/CANCER



WHY IS CRITICAL ILLNESS AND CANCER INSURANCE SO IMPORTANT?

- Health plans may help cover many of the direct costs associated with a critical illness or cancer, but most still have to deal with rising deductibles and out-of-pocket maximums with these policies.
- Treatment costs for critical illnesses and cancers continue to rise and they are not all necessarily covered by health plans. There are additional associated costs such as: **lost income, child care, travel to and from treatment, high deductibles and home modifications.**
- The lifetime odds of developing cancer is 1-in-2 for men and 1-in-3 for women.

PERCENTAGES OF PAYOUT UPON INITIAL DIAGNOSES

100% of face amount	75% of face amount	30% of face amount	\$250
CANCER TYPE 1 (INVASIVE) HEART ATTACK STROKE KIDNEY FAILURE HEART FAILURE ORGAN FAILURE	BENIGN BRAIN TUMOR	CARCINOMA IN SITU ARTERIOS-CLEROSIS	SKIN CANCER

FEATURES	BENEFIT	DESCRIPTION
AGENT GUARANTEED ISSUE DURING YOUR INITIAL OPEN ENROLLMENT OPPORTUNITY UP TO \$25,000 FOR AGENTS UNDER 70 YEARS OF AGE	Choose in \$5,000 increaments • \$5,000 • \$10,000 • \$15,000 • \$20,000 • \$25,000	You may apply for additional coverage, subject to evidence of insurability. Agent: up to \$50,000 Spouse & dependent: up to \$25,000
SPOUSE & DEPENDENTS	50% of your lump sum benefit amount	
PREMIUMS ARE AGE BANDED	Age Bands • 18-29 • 30-39 • 40-49 • 50-59 • 60-69	Once enrolled, you do not change age bands as you grow older. You stay in the age band you are in when you initially enroll.
ADDITIONAL OCCURANCE BENEFIT	100% when prognosis are separated by 3 months	For example: If you have a heart attack and then 3-months or more have passed and you are diagnosed with cancer (an additional occurrence), the policy will pay the full percentage payout provided the diagnoses are separated by 3-months.
RE-OCCURRENCE BENEFIT	50% when prognosis are separated by 12 months	For example: If you have a heart attack and 12-months or more have passed and you have another heart attack (a re-occurrence), the policy will pay 50% of the payout percentage provided the diagnoses are separated by 12-months.

- **3/12 pre-existing condition limitation:** if you received medical treatment, consultation, care or services; taking prescribed medicines, being prescribed medicines and/or receiving diagnostic measure or where symptoms were present to the degree that and ordinarily prudent person would seek treatment; within the 3-months just prior to your effective date of coverage; and the disability begins in the first 12 months after your effective date of coverage.
- **Benefit reduction:** The Benefit reduces to 50% at age 70
- **Maximum benefit payout** is 300% of the issued face amount for all combined claims.



VISION

WHY IS VISION HEALTH SO IMPORTANT?

A good eye exam can help you improve your eyesight and your health.

- 50% of the U.S. population requires corrective lenses.
- 90% of those who spend three hours or more per day working at a computer suffer from vision problems associated with eyestrain.
- An eye exam can help provide early detection of major health issues, such as diabetes.

SERVICE FREQUENCIES	
Eye Exams	Once every calendar year
Lenses	Once every calendar year
Contact Lenses	Once every calendar year
Frames	Every other calendar year

You will elect annual coverage either through the VSP Choice network or the Davis Network. Both plans are similar but this allows more options to find a doctor that is in-network. You will get the most from your vision benefits by visiting an in-network doctor. If you visit an in-network provider they will handle your claim on your behalf.

If you visit an out-of-network provider you'll be required to pay the full amount to the provider at the time of service. You can then submit a claim for reimbursements, which is a lesser benefit when compared to visiting an in-network provider as outlined on the next page.

Find out if your doctor is in-network at www.GuardianAnytime.com.

HOW DOES MY PLAN WORK?		VSP CHOICE NETWORK		DAVIS NETWORK	
VISION HEALTH COVERAGE	COPAY	IN-NETWORK REIMBURSEMENT	OUT-OF-NETWORK REIMBURSEMENT	IN-NETWORK REIMBURSEMENT	OUT-OF-NETWORK REIMBURSEMENT
EYE EXAMS BENEFITS	\$10	100%	\$39 Max	100%	\$39 Max
LENSE BENEFITS					
Single	\$25	100%	\$23 Max	100%	\$48 Max
Bifocal	\$25	100%	\$37 Max	100%	\$67 Max
Trifocal	\$25	100%	\$49 Max	100%	\$86 Max
Lenticular	\$25	100%	\$64 Max	100%	\$126 Max
CONTACT LENSES BENEFITS					
Medically Necessary	\$25	100%	\$210 Max	100%	\$210 Max
Elective	\$25	\$150 Max copay waived	\$100 Max copay waived	\$150 Max copay waived	\$100 Max copay waived
FRAME BENEFITS	\$25	\$130 retail max + 20% off the balance	\$46 Max	\$130 retail max + 20% off the balance	\$48 Max
Davis' Tower designer frame	\$25	n/a	n/a	100%	\$48 Max
Davis' Premier designer frame	\$25	n/a	n/a	100%	\$67 Max
Fitting / Evaluation Fees	\$25	15% discount	no discount	15% discount	no discount

DENTAL

WHY IS DENTAL HEALTH SO IMPORTANT?

- Maintaining healthy teeth and gums reduces the risk for pneumonia and chronic obstructive pulmonary disease.
- Gum disease has been linked to a 50 percent rise in pancreatic and kidney cancer risk and a 30 percent increase in blood cell cancers.
- Research has shown, and experts agree, that there is an association between periodontal diseases and other chronic inflammatory conditions, such as diabetes, cardiovascular disease and Alzheimer's disease.

HOW CAN USING A NETWORK DENTIST HELP LOWER MY COSTS?

You are free to use the dentist or specialist of your choice and the insurance will pay at the listed coinsurance amount.

If you use one of the Guardians in-network dentists you will be able to take advantage of their fee discounts and be able to stretch your annual maximum amount further. Treatment is available from dentists who do not participate in the Guardian network but their fees are subject to an allowable charge.

Find an in-network dentist at:
www.GuardianAnytime.com.

■ Why is dental insurance the smart choice?

Compare the annual cost of your dental insurance with paying your dental expenses yourself

PREVENTIVE / DIAGNOSTIC SERVICES

Adult cleaning	<i>\$82 twice yearly</i>	\$164
Oral examination	<i>\$47 twice yearly</i>	\$94
Bitewing x-rays	<i>\$57 once a year</i>	\$57
Total annual cost for preventive care		\$315

OTHER SERVICES YOU OR A DEPENDENT MAY NEED:

Fluoride treatment	\$34
One surface filling	\$138
Root canal	\$1,021
Crown	\$1,051
Gum scaling	\$231



DENTAL COVERAGE	BASE PLAN (NO WAITING PERIOD)	ENHANCED PLAN (WAITING PERIOD*)
ANNUAL DEDUCTIBLE AMOUNTS	\$50 individual / \$150 Family	\$50 individual / \$150 Family
	The annual amount that must be paid first before any coinsurance is paid by the insurer. The only exception are preventive services where there is no deductible and coinsurance is 100%.	
ANNUAL MAXIMUMS	\$750 per person	\$1,000 per person
	After the annual deductible has been met for an individual or the family, the insurance will pay the coinsurance percentage for eligible procedures that fall within the respective categories listed below until the annual maximum has been met. Preventive services count toward the annual maximum.	
PREVENTIVE (DEDUCTIBLE WAIVED)	100% coinsurance	100% coinsurance
	Oral exams (once/6 mos.), cleanings (once/6 mos.) x-rays (full mouth series once/36 mos.), fluoride treatment (to age 19, once/6 mos.), sealants (to age 16, once/36 mos.), space maintainers/harmful habit appliances.	
BASIC SERVICES (AFTER ANNUAL DEDUCTIBLE IS MET)	50% coinsurance	80% coinsurance
	For basic services such as fillings, simple extractions, general anesthesia, emergency treatment of pain.	
MAJOR SERVICES (AFTER ANNUAL DEDUCTIBLE IS MET) (12 MONTH WAITING PERIOD)	Network discounts	50% coinsurance
	Bridges & dentures, endodontic services (e.g.: root canal), implants, single crowns, complex extractions, repair & maintenance of crowns, bridges & dentures, perio maintenance procedure (once/6 mos.), combined cleanings/perio maintenance (limit 2 in 12 consecutive months period), periodontal services (eg: scaling and root planning), periodontal surgery, inlays, onlays & veneers.	



ACCIDENT

HOW CAN ACCIDENT INSURANCE HELP?

For covered accidental injuries, fixed benefits are paid directly to you regardless of any other coverage you may have and you spend it any way you choose. Benefits are paid according to a fixed schedule that includes benefits for hospitalization, fractures and dislocations, emergency room visits, major diagnostic exams, physical therapy and more.

Accidents are unexpected and can strike any member of your family. The costs associated with treatment can mount quickly. Out-of-pocket costs are unavoidable anymore with high deductibles and high out-of-pocket maximums. Many costs associated to accidents are not covered by medical insurance.

- **One in six U.S. residents require medical treatment from an injury each year.**
- **Over 40 million Americans visit a physician’s office for unintentional injuries each year.**

HOW DOES MY PLAN WORK?

In the event of an accident, you will file your claim directly with the Guardian. The claim form can be found on the **www.AAFBCbenefits.com** website under forms. Below are two examples of typical accidents and the amount of benefit you would receive.

TREATMENT EXAMPLE 1	BENEFIT
broken finger (no surgery)	\$110.00
emergency treatment	\$175.00
follow-up visit (3)	\$100.00
TOTAL	\$385.00

TREATMENT EXAMPLE 2	BENEFIT
broken leg (no surgery)	\$825.00
emergency treatment	\$175.00
ambulance	\$150.00
initial hospitalization	\$1,000.00
hospital benefit (1 day)	\$225.00
crutches	\$125.00
follow-up visit (2)	\$150.00
physican therapy (2x)	50.00
TOTAL	\$2,700.00

CHILD ORGANIZED SPORT BENEFIT: BENEFITS ARE INCREASED BY 20% IF A COVERED DEPENDENT CHILD (AGED 18 YEARS OR YOUNGER) IS INJURED WHILE PARTICIPATING IN AN ORGANIZED SPORT

HOW DOES MY PLAN WORK?	ACCIDENT PLAN
ACCIDENT COVERAGE	Off Job
ACCIDENTAL DEATH AND DISMEMBERMENT	
Death Benefit	Employee: \$25,000 Spouse: \$12,500 Child: \$5,000
Catastrophic Loss	Quadriplegia: 100% of AD&D Loss of speech and hearing (both ears): 100% of AD&D Loss of cognitive function: 100% of AD&D Hemiplegia: 50% of AD&D Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D
Common Disaster	200% of Spouse AD&D benefit
DISMEMBERMENT	
Seatbelts and Airbags	Seatbelts: \$10,000 Airbags: \$15,000
Thumb/Index Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Reasonable Accommodation to Home or Vehicle	\$2,500
PORTABILITY	Included without Evidence
CHILDREN AGE LIMITS	Birth to 26 years (26 if full time student) subject to state limitations
ACCIDENT EMERGENCY TREATMENT	\$175
ACCIDENT FOLLOW-UP VISIT DOCTOR	\$50 up to 6 treatments
AIR AMBULANCE	\$1,000
AMBULANCE	\$150
APPLIANCE	\$125
BLOOD/PLASMA/PLATELETS	\$300
BURNS (2ND DEGREE/3RD DEGREE)	9 sq inches to 18 sq inches: \$0/\$2,000 18 sq inches to 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000
BURN - SKIN GRAFT	50% of burn benefit
CHILD ORGANIZED SPORT	20% increase to child benefits
CHIROPRACTIC VISITS	\$25 per visit up to 6 visits
COMA	\$10,000
CONCUSSIONS	\$75
DISLOCATIONS	Schedule up to \$4,400
DIAGNOSTIC EXAM (MAJOR)	\$150
EMERGENCY DENTAL WORK	\$300/Crown \$75/Extraction
EPIDURAL PAIN MANAGEMENT	\$100, 2 times per accident
EYE INJURY	\$300
FAMILY CARE	\$20/day up to 30 days
FRACTURE	Schedule up to \$5,500
HOSPITAL ADMISSION	\$1,000
HOSPITAL CONFINEMENT	\$225/day - up to 1 year
HOSPITAL ICU ADMISSION	\$2,000
HOSPITAL ICU CONFINEMENT	\$450/day - up to 15 days
INITIAL PHYSICIAN'S OFFICE/URGENT CARE FACILITY TREATMENT	\$75
KNEE CARTILAGE	\$500
JOINT REPLACEMENT (HIP/KNEE/SHOULDER)	\$2,500/\$1,250/\$1,250
LACERATION	Schedule up to \$400
LODGING	\$125/day, up to 30 days for companion hotel stay
OCCUPATIONAL OR PHYSICAL THERAPY	\$25/day up to 10 days
PROSTHETIC DEVICE/ARTIFICIAL LIMB	1: \$500 2 or more: \$1,000
REHABILITATION UNIT CONFINEMENT	\$150/day up to 15 days
RUPTURED DISC WITH SURGICAL REPAIR	\$500
SURGERY (CRANIAL, OPEN ABDOMINAL, THORACIC)	Schedule up to \$1,250 Hernia: \$150
SURGERY - EXPLORATORY OR ARTHROSCOPIC	\$250
TENDON/LIGAMENT/ROTATOR CUFF	1: \$500 2 or more: \$1,000
TRANSPORTATION	\$500, 3 times per accident
X-RAY	\$30



TELEHEALTH IS THE FASTEST, MOST CONVENIENT, AND EFFECTIVE WAY TO SEE A DOCTOR FOR ACUTE HEALTH ISSUES.

Over 70% of all ER, urgent care, and doctor visits can be safely and effectively handled over the phone

- 24/7 physician access anywhere by phone, video or email
- There are no additional costs for your consultation outside of the monthly premium.
- 2,300 domestically domiciled, board-certified doctors for information, diagnosis and prescriptions
- Guaranteed to have an appointment within 3 hours
- Average appointment is within 11 minutes
- 30% of appointments happen within 2 minutes
- Doctors are able to safely diagnose symptoms, prescribe medication, if necessary and send the prescription to the pharmacy of your choice.

Have you or your child visited an urgent care, walk-in clinic or emergency room for any of the conditions listed below?

- Bronchitis
- Earaches
- Sore throat
- Pink eye
- Sinusitis
- Strep throat
- Allergies
- Upper respiratory infections
- Urinary tract infections
- Any non-emergency issue

If so, you could have been safely, effectively and quickly treated over the telephone by a board certified physician from the convenience of your home.



EXCESS DISABILITY

THIS UNIQUE BENEFIT IS DESIGNED TO PREVENT FINANCIAL HARDSHIP FOR YOU AND YOUR FAMILY.

■ **Guaranteed issue is available during a May 15 through June 15 open enrollment period after reaching \$150,000 in gross annual 1099 income.**

Excess DI pays a one-time lump sum benefit up to 1 million dollars, 12 months after a career ending accident or illness that forces you to stop working. You can use this money any way you wish. You may want to pay down existing debt. Perhaps you will invest it to provide needed income when you reach age 65, the age when traditional disability policies stop making payments. Whatever your needs, you may use the money how you choose.

EXCESS DISABILITY	
DEFINITION OF DISABILITY	Own Occupation
EARNINGS LOSS REQUIREMENT	Total Disability
BENEFIT AMOUNT	\$250K, \$500K, \$750K or 1Million
MAXIMUM BENEFIT AMOUNT	One Time Lump Sum Payment
ELIMINATION PERIOD	1 Year
PRE-EXISTING CONDITION LIMITATION	12 months prior / 12 months after
MENTAL & NERVOUS LIMITATION	See Policy exclusions
DRUG & ALCOHOL LIMITATION	See Policy exclusions
MAXIMUM BENEFIT DURATION	One Time Payment
CONVERSION	Fully Portable

FREQUENTLY ASKED QUESTIONS

WHO DO I CALL WITH QUESTIONS OR A CLAIM?

mgc group will handle all administration for every aspect of your benefits. If you have questions, need to file a claim or want to make changes, contact either your account manager or sales executive that has been assigned to your group:

HOLLY VIELHAUER
NICOLE WOODS

ACCOUNT MANAGER
SALES EXECUTIVE

HOLLY@MGCFIRST.COM
NICOLE@MGCFIRST.COM

(913) 402-7591
(913) 402-7591

WHO IS mgc group?

mgc group is a boutique insurance agency that has over a decade of expertise is procuring, marketing and administering group benefits to independent contractors.

WHAT IS THE BIG DEAL ABOUT GROUP BENEFITS?

Group benefits often provide unique plan offerings and design modifications that are more difficult to find in the open market. Often, there price advantages and convenience of group plan offerings. The biggest advantage is the guaranteed issue opportunity that is available. Certain products only offer a one-time guaranteed issue during the initial open enrollment period.

WHAT DOES GUARANTEED ISSUE MEAN?

Guaranteed issue is when a policy is offered to any eligible applicant without regard to health status. There is no underwriting, no medical questions just an ability to obtain insurance even for people with pre-existing conditions.

WHEN CAN WE ENROLL?

NEWLY APPOINTED AGENTS: Every newly appointed agent is eligible to enroll in benefits during their initial open enrollment period which is the first 90-days (except WI – which is the first 30-days.)

ACTIVE AGENTS: Open enrollment is generally held each fall for a 2-3 week period. Your specific open enrollment period will be announced by the end of October.

WHAT GROUP BENEFITS ARE AVAILABLE?

As long as the agent is a member of the *AAFBC* and minimum hourly requirements are met, agents can enroll in the following group insurance benefits

■ LONG TERM DISABILITY ■ TELEHEALTH ■ LIFE/AD&D ■ EXCESS DISABILITY ■ ACCIDENT
■ DENTAL ■ VISION ■ CRITICAL ILLNESS/CANCER

HOW MUCH DO THE BENEFITS COST?

The cost of benefits vary by product. In some cases the rates are age banded and others are composite rated for the entire group. Rates are guaranteed via contract, for certain periods of time but are subject to increases. To find out what the premiums are for products you are interested in, establish and visit your personal portal on our website at www.AAFBCbenefits.com.

WHEN ARE PREMIUMS DUE?

Premiums are due the month preceding coverage. Premiums are collected on or around the same date each month.

HOW DO I PAY THE PREMIUMS?

Premiums are paid via ACH bank transfer. You will need to supply a valid bank account number and routing number to have premiums automatically drafted. In certain cases, commission deduction is allowed. If that is an option, you will be notified accordingly.

DOES OUR STAFF HAVE ACCESS TO BENEFITS?

Yes, your staff and their family will have access to guaranteed issue group benefits through your paid membership. You will have the opportunity to provide the benefits, subsidize a percentage of the benefits or they can elect them on a voluntary basis. How ever you want to arrange it the mgc group will help you. Please note, some of the benefits offered to the staff are different than those offered to the agents.

WHAT ARE THE MINIMUM HOURS REQUIRED TO BE ELIGIBLE FOR GROUP BENEFITS?

■ **Agents: 30 hours per week for LTD and STD**

■ **Staff: 20 hours per week for STD**

All other benefits require that you work a minimum of 17.5 hours per week.

HOW CAN I VIEW (AND PRINT) MY CURRENT BENEFITS?

All of your benefit information as well as policies and claim forms can be found on our website, www.AAFBCbenefits.com. Just log in to your account to view.

TAKE ACTION: ENROLL NOW

Enroll, get quotes, review policies, watch videos and get other information by:

1. Going to www.AAFBCbenefits.com and login.
2. If you are a first time user, enter your email address into the “1 st Time User” box. You will be sent a link, via email, that will allow you to establish a password.
3. Once you have established your password, return to www.AAFBCbenefits.com . Enter your email address and password under the “Insured Login” side.

Once you have logged in you will have access to the site. Your first time visiting you will be asked for specific demographic and income information. This will allow you to receive quotes on the various insurance products.

Once you have completed that information you will be able to click on the “Enroll” button at the top of the page or click on the “Apply Now” buttons to see your rates.

*This does not automatically enroll you. No one will be enrolled until the enrollment period has concluded and all the steps, including premium payment method, is completed.

ENROLLMENT DATES AND INSTRUCTIONS

YOUR BENEFITS WILL BE AVAILABLE TO VIEW ON THE www.AAFBCbenefits.com WEBSITE APPROXIMATELY 10 BUSINESS DAYS AFTER COMPLETION OF ENROLLMENT.

- Intuitive online enrollment experience
- Educational information about the benefits being offered
- Secure access to your benefit enrollments, coverage amounts and benefits statement
- Printable, temporary vision and dental cards

	NEWLY HIRED AGENTS AND STAFF	ALL OTHER AGENTS AND STAFF
LONG TERM DISABILITY	GUARANTEED ISSUE: ENROLL BEFORE 3 MONTH ANNIVERSARY Coverage Effective: 1 st day of month after 3 month anniversary	SUBJECT TO EVIDENCE OF INSURABILITY OPEN ENROLLMENT 11/1 TO 11/30 Coverage Effective: Pending EOI Approval
LIFE/AD&D	GUARANTEED ISSUE: ENROLL BEFORE 3 MONTH ANNIVERSARY Coverage Effective: 1st day of month after 3 month anniversary	SUBJECT TO EVIDENCE OF INSURABILITY OPEN ENROLLMENT 11/1 TO 11/30 Coverage Effective: Pending EOI Approval
VISION	GUARANTEED ISSUE: ENROLL BEFORE 3 MONTH ANNIVERSARY Coverage Effective: 1st day of month following enrollment	GUARANTEED ISSUE: OPEN ENROLLMENT 11/1 TO 11/30 Coverage Effective: 1/1
DENTAL	GUARANTEED ISSUE: ENROLL BEFORE 3 MONTH ANNIVERSARY Coverage Effective: 1st day of month after 3 month anniversary	GUARANTEED ISSUE: OPEN ENROLLMENT 11/1 TO 11/30 Coverage Effective: 1/1
HEALTH ASSIST	GUARANTEED ISSUE: ENROLL BEFORE 3 MONTH ANNIVERSARY Coverage Effective: 1st day of month following enrollment	GUARANTEED ISSUE: OPEN ENROLLMENT 11/1 TO 11/30 Coverage Effective: 1st day of month following enrollment
CRITICAL ILLNESS/ CANCER	GUARANTEED ISSUE: ENROLL BEFORE 3 MONTH ANNIVERSARY Coverage Effective: 1st day of month after 3 month anniversary	GUARANTEED ISSUE: OPEN ENROLLMENT 11/1 TO 11/30 Coverage Effective: Pending EOI Approval
EXCESS DISABILITY	Enroll May 15th thru June 15th after reaching \$150,000 in gross annual earnings *Coverage effective pending approval	Enroll May 15th thru June 15th after reaching \$150,000 in gross annual earnings *Coverage effective pending approval

NOTES



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