



Employer's Acceptance of Voluntary Insurance Program

American Heritage Life Insurance Company
1776 American Heritage Life Drive
Jacksonville, Florida 32224
1-800-521-3535

This is to advise American Heritage Life Insurance Company (AHL) that we will process AHL's Voluntary Insurance Program for the benefit of our employees. For each employee who executes a payroll deduction request, we will withhold the amount authorized. We will forward this money either: (i) directly to AHL upon notice of the premium due from each employee, or (ii) to the credit union if named below.

We may, upon written notice to AHL and to our employees, discontinue our participation in AHL's Voluntary Insurance Program. In such event, the continued payment of premiums will be a matter directly between each employee and AHL.

We assume no responsibility for forwarding premiums from anyone other than current employees.

We understand that AHL does not disclose personal information about our employees to companies or organizations not affiliated with AHL that would use the information to market their own products and services. However, AHL may share with us personal information about our employees, and other persons, in order to carry out the purpose of AHL's Voluntary Insurance Program. Personal information includes all personally identifiable health information and other information about a person that:

- a person provides to AHL to obtain insurance,
- results from an insurance transaction, or
- is otherwise obtained in connection with providing insurance.

We agree not to disclose or use this personal information except as necessary for our participation in AHL's Voluntary Insurance Program. We may be provided access to this information in electronic form and are responsible for limiting this access to those necessary for our participation.

Employer Name: JACKSON COUNTY MISSOURI

Address (Street & Number): 415 E 12th St.

City: KANSAS CITY State: MO Zip: 64106

Telephone: 881-3136 Fax: _____ Email: _____

Employer Selected Insurance Plan(s): DL 26 w/ long term care rider

Future Purchase Option Rider Selected: Yes No

Check here if payroll deductions will be sent to Credit Union.

Credit Union to which deductions will be forwarded: _____

Agent of Record: Mc DANIEL HAZLEY Group Agent # 14430

Accepted by Employer:

Signature: [Signature] Title: DIRECTOR of FINANCE & PURCHASING

Printed Name: Q. TROY THOMAS Date: 11/20/2010

APPROVED AS TO FORM:

COUNTY COUNSELOR

Collected in Jan.

New Account Set Up Instructions

American Heritage Life Insurance Company

Account No.: _____ Master Account No.: _____ Industry Type: _____

SIC Code: _____ Years in Business: _____ Number of Employees: _____
(or number of members if not an employer)

Account Name: JACKSON County Missouri

Owner/Chief Executive: _____ Account Contact Person: _____

Account Effective Date: _____ Date of First Deduction: _____

Is account discontinuing a previous voluntary insurance program? Yes No

If yes, name of prior insurer and product types: _____

Billing Instructions (check & complete one)

Credit Union Account. Complete Credit Union Account Set-Up Form

Direct Account. Initial Billing Date: _____

Electronic invoice notices will be sent to (email address): Self billed

Correspondence Address (if different from Account's address): _____

City: KANSAS City State: MO Zip: 64106

Telephone: 881-3136 Fax: _____ Email: _____

If billing/premium payment will be processed through a third party, indicate whether third party is:

The account's own service provider (example: payroll service company).

A third party administrator of AHL (example: AHL agent). Requires TPA contract with AHL.

Name of third party: _____

Billing will be sorted: Alphabetically Numerically (By Control #) _____

Billing Options (Check only one.)

Billing Frequency	Deductions Per Year	Bills Per Year	Billing Frequency	Deductions Per Year	Bills Per Year
<input type="checkbox"/> Monthly	12 monthly	12	<input type="checkbox"/> Semi-Annually	varies	2
<input type="checkbox"/> Monthly	24 semi-monthly	12	<input type="checkbox"/> Annually	varies	1
<input type="checkbox"/> Every 4 Weeks (28 days)	52 weekly	13	<input type="checkbox"/> Ninthly	varies	9
<input type="checkbox"/> Every 4 Weeks (28 days)	26 bi-weekly	<u>13</u>	<input type="checkbox"/> Tenthly	varies	10
<input type="checkbox"/> Quarterly	varies	4			

Is account to be under a Section 125 Plan? Yes No Federal Tax I.D. No. _____

Enrollment for Plan Year 1/1/2011 to 1/1
(Effective Date)

Note-Self Accounting: Accounts may remit premium checks with their own payroll deduction lists or worksheets if the data (1) is in electronic format only, and (2) includes the following minimum information for each deduction: Employee/Member Name, Social Security or Other I.D. Number, and Amount Deducted. Please contact the AWD Premium Administration Department for details.

Servicing Agent Certification

I have personally contacted this new account, verified all the above information and the account is ready to be processed.

Signature: _____

Agent No.: _____

Printed Name: _____

Date: _____