



2017 Benefits Guide





Our employees make Kane's Furniture one of the nation's leaders in our industry. We believe in not only making an impact in our industry, but also with our employees.

With that in mind, our Benefits Plan is designed to recognize the diverse needs of our workforce. Our plan continues to:

- Provide competitive and comprehensive benefit options
- Maintain a program that considers your individual needs
- Provide long-term financial security for you and your family

We encourage you to review all of your benefit options before making your elections. Only you can determine which benefits are the best for you. We want you to understand all your options and make informed decisions.

Welcome to your 2017/2018 Benefits Enrollment

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BENEFIT	WHO PAYS	TAX TREATMENT
Medical and Prescription Drugs (Three Options)	Kane's Furniture and You	Pre-Tax
Dental Plans (Two Options)	You	Pre-Tax
Vision Benefits	You	Pre-Tax
Basic Life and AD&D	Kane's Furniture	N/A
Voluntary Benefits	You	Post-Tax

Who is Eligible to Enroll?

- ◆ All regular full-time Kane's Furniture employees working more than 30 hours per week.
- ◆ The following family members are eligible to enroll:
 - Your Legal Spouse
 - Dependent children up to age 30
 - Dependent child of any age who is or becomes disabled and dependent on you

IRS Code Section 125

Premiums for medical, dental, and vision insurance are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code (IRC) and are pre-tax to the extent permitted. Under Section 125, changes to your pre-tax benefits can be made ONLY during the Open Enrollment period unless you or your qualified dependents experience a qualifying event and the request to make a change is made within 30 days of the qualifying event.

Under certain circumstances, you may be allowed to make changes to your benefits elections during the plan year, if the event affects your own, your spouse's, or your dependent's coverage eligibility. An "eligible" qualifying event is determined by the Internal Revenue Service (IRS) Code, Section 125.

Qualifying Life Event

- ◆ Marriage
- ◆ Divorce
- ◆ Legal separation
- ◆ Birth or Adoption of a child
- ◆ Change in employment status of spouse
- ◆ Dependent ceases to be eligible for benefits
- ◆ Death



FYI

Please note that you must notify human resources within 31 days of a qualifying life event. You will need to submit supporting documentation at this time, in order to make a benefit election change.

Important

If you experience a qualifying event, you must contact the Human Resources Coordinator within 30 days of the qualifying event to make the appropriate changes to your coverage. Beyond 30 days, requests will be denied and employee may be responsible both legally and financially for any claim and/or expense incurred as a result of the employee or a dependent who continues to be enrolled but no longer meets eligibility requirements. If approved, changes will take place in accordance with the carrier's policies and procedures. However, newborns are effective on the date of birth. You may be required to furnish valid documentation supporting a change in status or "Qualifying Event".

Enrollment Process

Kane's Furniture provides electronic enrollment through Explain My Benefits. Explain My Benefits provides benefit eligible employees the ability to make group insurance benefit elections and changes online during the annual open enrollment, new hire orientation and qualifying events.

Enrollment has never been easier. Accessible 24 hours a day, information about all of your employee benefits election options, including premiums and carrier contact information, are also available to help you make informed decisions.

You can also log into the Explain My Benefits portal at any time to review your benefits, access carrier links, update your personal information for yourself and dependents, update your beneficiaries and process qualifying life events.

How to Enroll

Self-Service

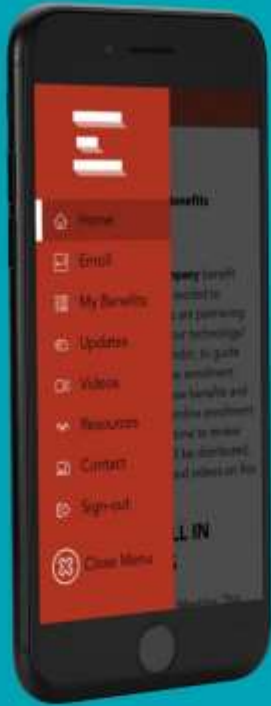


- ◆ Visit www.explainmybenefits.biz/kanes, click on the blue "Log into Your Benefit System" button, or download the **Kane's Mobile App**, log-in and move through the enrollment system at your own pace.
- ◆ See screen shots to the right for instructions on how to log into the system
- ◆ Review the posted benefit guide and plan summaries to help you with your benefit decisions.
- ◆ Be sure to click "submit" at the end of the process and make note of your confirmation number.
- ◆ Return to the system anytime and click your confirmation number to view your confirmation statement.

Once you enter the requested information on the screen above and click Enter, you will be taken to the following screen to begin your enrollment.

REMINDERS

- ◆ Be sure to review the 2017-2018 Benefit Guide and plan summaries **prior** to going through the enrollment process
- ◆ Be prepared by gathering dependent and beneficiary information (i.e. collect information such as social security numbers and dates of birth)



NEW Kane's Furniture Mobile App

"Benefits at
your fingertips"



Download Today!

1. Visit the Apple or Anroid Store
2. Search for: **EXPLAIN MY BENEFITS**
3. Download the Free App
4. Enter Company Code: **kanes**

- ✓ View Current Benefits
- ✓ Enroll in benefits from YOUR Phone!
- ✓ Watch Benefit Education Videos
- ✓ Review Benefit Guides and Plan Summaries
- ✓ Receive Message Notifications



Medical Plans

Allegiance (a Cigna Company) is the medical carrier for Kane's Furniture.

Finding the right medical coverage helps you avoid the risk of unpredictable high cost medical expenses. It makes sense not to take that risk. Kane's Furniture offers three plans to help you select a plan that fits your budget and health needs. The three options are summarized in the following table.

Plan Name	OAP Low Plan	OAP High Plan	OAP HDHP H.S.A. Plan	
General Plan Information	In-Network Only	In-Network Only	In-Network	Out-of-Network
Health Savings Account (HSA)	N/A	N/A	Annual Maximum Deposit Allowed	
Individual / Family	N/A	N/A	\$3,400 / \$6,750 in 2017 \$3,400 / \$6,750 in 2018	
*Deductible/s	Member Pays	Member Pays	Member Pays	
Individual / Family	\$5,000 / \$10,000	\$2,500 / \$5,000	\$3,000 / \$5,000	\$5,000 / \$10,000
Coinsurance (Plan / Member)	100%	90% / 10%	100%	70% / 30%
*Out of Pocket Maximum	Member Pays	Member Pays	Member Pays	
Individual / Family	\$5,000 / \$10,000	\$4,000 / \$8,000	\$3,000 / \$5,000	\$10,000 / \$20,000
Benefit Provision (Member Pays)				
Preventive Services	Covered 100%	Covered 100%	Covered 100%	30% after Deductible
PCP Office Visit / Exam	\$50 copay	\$25 copay	Covered 100% after Deductible	30% after Deductible
Specialist Office Visit	\$75 copay	\$45 copay	Covered 100% after Deductible	30% after Deductible
Diagnostic X-Ray and Lab Tests - Freestanding Lab/Diagnostic Center/ Physician's Office	Covered 100%	Covered 100%	Covered 100% after Deductible	30% after Deductible
Advanced Imaging (Cat Scan, MRI, etc.) - Diagnostic Center / Physician's Office	\$100 copay + Deductible	\$100 copay + 10% after Deductible	Covered 100% after Deductible	30% after Deductible
Advanced Imaging (Cat Scan, MRI, etc.) - Hospital Based Facility	\$100 copay + Deductible	\$100 copay + 10% after Deductible	Covered 100% after Deductible	30% after Deductible
Urgent Care Center	\$100 copay	\$65 copay	Covered 100% after Deductible	30% after Deductible
Emergency Room Visit	Covered 100% after Deductible	Covered 100% after Deductible	Covered at 100% after In-Network Deductible	
Hospitalization / Surgeries				
Inpatient Hospitalization	Covered 100% after Deductible	Covered 100% after \$200 copay per day for first 5 days	Covered 100% after Deductible	30% after Deductible
Outpatient Surgery - Ambulatory Surgical Center/Physician's Office	Covered 100% after Deductible	\$200 copay	Covered 100% after Deductible	30% after Deductible
Outpatient Surgery - Hospital Facility	\$500 copay + Deductible	\$500 copay	Covered 100% after Deductible	30% after Deductible
Mental Health / Substance Abuse				
Inpatient Hospitalization	Covered 100% after Deductible	Covered 100% after \$200 copay per day for first 5 days	Covered 100% after Deductible	30% after Deductible
Outpatient Care	\$50 copay	\$25 copay	Covered 100% after Deductible	30% after Deductible
Prescription Drug Benefits	Retail (31 day supply)			
Generic	\$20 copay	\$20 copay	Covered 100% after Deductible	30% after Deductible
Preferred Brand	\$50 copay	\$50 copay	Covered 100% after Deductible	30% after Deductible
Non-Preferred Brand	\$80 copay	\$80 copay	Covered 100% after Deductible	30% after Deductible
Specialty Medications (30 day supply)	25% coinsurance	25% coinsurance	Covered 100% after Deductible	30% after Deductible
Mail Order Pharmacy (90 day supply)	2x retail copay			

Medical Plan Rates

Non-Smoker Rates						
Tier	OAP Low Plan		OAP High Plan		OAP HDHP H.S.A. Plan	
	Semi-Monthly	Monthly	Semi-Monthly	Monthly	Semi-Monthly	Monthly
Employee	\$85.00	\$170.00	\$250.00	\$500.00	\$175.00	\$350.00
Employee + Spouse	\$230.00	\$460.00	\$425.00	\$850.00	\$310.00	\$620.00
Employee + Children	\$230.00	\$460.00	\$425.00	\$850.00	\$310.00	\$620.00
Employee + Family	\$317.50	\$635.00	\$662.50	\$1,325.00	\$475.00	\$950.00

Smoker Rates						
Tier	OAP Low Plan		OAP High Plan		OAP HDHP H.S.A. Plan	
	Semi-Monthly	Monthly	Semi-Monthly	Monthly	Semi-Monthly	Monthly
Employee	\$127.50	\$255.00	\$300.00	\$600.00	\$225.00	\$450.00
Employee + Spouse	\$280.00	\$560.00	\$475.00	\$950.00	\$360.00	\$720.00
Employee + Children	\$280.00	\$560.00	\$475.00	\$950.00	\$360.00	\$720.00
Employee + Family	\$367.50	\$735.00	\$712.50	\$1,425.00	\$525.00	\$1,050.00

- ◆ You will receive a new ID card
- ◆ You will be able to create an account on or after your benefit effective date and set-up any services or search for medications, etc.
- ◆ To search for a pharmacy, once you have created an online account, log in, go to the bottom of the member page and look for the link that says "PRESCRIPTIONS"
 - ◆ From there, the link to "Find a Pharmacy" is at the bottom of the screen
 - ◆ You will be able to enter any identifying information for a pharmacy search, such as Zip Code, City, State, etc.
- ◆ You can contact Customer Service by either phone or via the website below:
 - ◆ Rx Benefits - 800-334-8134
 - ◆ Website - www.express-scripts.com



FYI

To find an in-network provider, go to www.askalliance.com and click on **Find a Provider**

Health Savings Account (HSA)

Want to reduce your taxable income and increase your take home pay? Enroll in an HSA today, and start saving money for IRS Qualified health care expenses for you, your spouse and your tax dependents. Eligible expenses include medical copays, deductibles, prescriptions, dental expenses, vision exams and eyewear and many more.



A Health Savings Account (HSA) is an individually-owned, tax-advantaged account that you can use to pay for current or future IRS-qualified health care expenses.

Advantage of having an HSA account:

- ◆ Funds roll over from year to year - No “use it or lose it” provision
- ◆ Tax benefits on contributions, earnings and distributions
 - ◆ Contributions can be made on a pre-tax basis (via paycheck) or directly into your account
- ◆ Portability
 - ◆ Account belongs to you
 - ◆ Tax-free withdrawals for qualified medical expenses even if qualifying coverage ends

The Health Savings Account administrator for Kane's Furniture is USAmeriBank. To complete your HSA enrollment or to manage your account go to:

<https://usameribankconsumer.lh1ondemand.com/Login.aspx?sec=UAB-KF>

 A screenshot of the USAmeriBank website's login page. At the top left is the USAmeriBank logo. Below it is a 'Login' section with two columns. The left column is for 'Existing User?' and contains fields for 'Username' and 'Password', with links for 'Forgot Username?' and 'Forgot Password?'. A 'Login' button is at the bottom of this column. The right column is for 'Setting up a New Account?' and contains the text 'It's easy to apply for a new account. Click 'Get Started' below to begin.' and a 'Get Started' button. Below the login section is a 'New User?' section with the text 'Create your new username and password'. At the bottom of the page, there is a 'Contact Us' link and phone number information.

Voluntary Benefits

What are Voluntary Benefits?

Voluntary Benefits are offered to strengthen your overall benefits package. You customize the benefit based on need and affordability.

- ◆ Ownership - Policies are fully portable and belong to you if you leave your employer, same price and same plan
- ◆ Benefits are payroll deducted
- ◆ Cash benefits are paid directly to you, not to a hospital or doctor
- ◆ Benefits are paid regardless of any other coverage you may have
- ◆ Level premiums - Rates do not increase with age
- ◆ Guaranteed Renewable
- ◆ Designed to provide additional cash flow to assist with out of pocket medical costs and other bills



The Voluntary Benefits are being offered through Trustmark.

Critical Life Events

Critical Illness coverage focuses on cancer, stroke and heart attack, to help cover medical and non-medical expenses. Pays partial benefits for early identification, full benefits for late-stage diagnosis. Early-diagnosis benefit can provide funds to help prevent conditions from worsening. **Replenishing benefit amount fully restores each calendar year with no lifetime maximum.**

Guaranteed Issue at Initial Offering

\$20,000 Employee / \$10,000 Spouse / \$2,000 Children

Examples of covered conditions: Cerebral Vascular Disease (Stroke, TIA/RIND), Coronary Artery Disease (Heart Attack, Obstruction, Initial Diagnosis), Cancer (Stage I, II, III, IV), Skin Cancers, Leukemia, Myelodysplastic Syndrome, In-situ, Multiple Myeloma, Benign Tumors

A Healthy Living Benefit is included and pays \$50 for each insured. Each covered person will get one routine test and one follow-up diagnostic test, providing support for early detection and prevention.

Examples of Routine Screenings			
Mammography	EKG/ECG	HPV Vaccination	CA 125 Blood Test
Pap Smear	Colonoscopy	Prostate Specific Antigen (PSA)	Skin Cancer Screening

Rates: This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. See brochure for more details. **Your specific rate will be calculated for you in the electronic enrollment system.**

Accident (Off-the-Job)



A plan that is designed to cover unexpected expenses that result from all kinds of accident, even sports-related and household ones!

Family Coverage

Employees may cover themselves, their spouse, their children and financially dependent grandchildren

Initial Care

Benefits for emergency room visits, ambulance, doctor’s visit, lodging, surgery, blood transfusions, emergency dental

Injuries

Benefits for fractures, dislocations, lacerations, burns, concussions, eye injury, herniated disc, dismemberment, tendon, ligament, rotator cuff, torn knee cartilage

Follow-up Care

Benefits for physical therapy, appliances, prosthetic device, artificial limb, skin graft, transportation

Rates	Monthly (Payroll Deductions)	Semi-Monthly (As a reference only)
Employee Only	\$14.91	\$7.45
Employee + Spouse	\$21.93	\$10.96
Employee + Child(ren)	\$30.16	\$15.08
Family	\$37.18	\$18.59

Short Term Disability

Short Term Disability coverage supplements your lost wages should you be unable to work due to an illness, injury or pregnancy. STD coverage begins after missing the specific elimination period below due to a medically certified reason. Benefits are payable up to the specific benefit duration period below.

Guaranteed Issue at Initial Offering
Up to \$3,000 monthly benefit

There are two elimination periods available to you, both with a 6 month benefit period:

Option 1: 7 day elimination period, 6 month benefit period

Option 2: 30 day elimination period, 6 month benefit period

Monthly Benefit: You may elect up to 60% of your monthly earnings to a maximum benefit of \$3,000.

Pre-Existing Conditions: A sickness or physical condition for which an insured received treatment or medical advice, or had taken medicine with 12 months before the effective date will not be covered for the first 12 months of the policy.

Rates: Your specific rate will be calculated for you in the electronic enrollment system.



Basic Life and AD&D

Group Basic Life Insurance from The Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by Kane's Furniture and is free to you.



Eligibility

Definition of a Member	You are a member if you are an active employee of Kane's Furniture Corporation and regularly working at least 30 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Eligibility Waiting Period	You are eligible on the first of the month that follows 60 consecutive days as a member
Member Classes	Class 1 - Salaried Exempt Class 2 - Hourly Non-exempt

Benefits

Basic Life Coverage Amount	Class 1 - \$10,000 Class 2 - \$5,000
Basic AD&D Amount	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
Age Reduction Schedule	Basic Life and AD&D insurance coverage amount reduces as listed below: To 65% at age 65 To 50% at age 70 To 35% at age 75

Voluntary Life and AD&D

The cost of this insurance is paid by the employee.

You also have the opportunity to purchase Voluntary Term Life coverage for yourself, your spouse and dependent children. Please note that dependent children include unmarried adopted, natural or stepchildren from birth to age 20 (24 if full-time student).



	Employee	Spouse	Child
Benefit Schedule	Increments of \$10,000	Increments of \$10,000	Flat \$10,000
Maximum Benefit	\$300,000 (not to exceed 6x Annual Earnings)	\$250,000	N/A
Minimum Benefit	\$10,000	\$10,000	N/A
Guarantee Issue	\$150,000	\$50,000	Full Benefit
AD&D Benefit	Matches Life Benefit	Matches Life Benefit	Matches Life Benefit
Age Reduction Schedule	To 65% at age 65 To 50% at age 70 To 35% at age 75	To 65% at age 65 To 50% at age 70 To 35% at age 75	N/A

****EOI is required if you choose any amount over the Guaranteed Issue amount as well as for enrollment / changes after the initial enrollment period and coverage is subject to approval by The Standard.**

Monthly Rates for Voluntary Term Life and Accidental Death & Dismemberment				
Age Band	Employee & Spouse Life Monthly Rate per \$1,000*	Age Band	Employee & Spouse Life Monthly Rate per \$1,000*	Child Life Monthly Rate
0-29	\$0.13	55-59	\$0.70	\$0.24
30-34	\$0.14	60-64	\$0.94	
35-39	\$0.15	65-69	\$1.64	
40-44	\$0.20	70-74	\$3.54	
45-49	\$0.27	75-99	\$13.24	
50-54	\$0.44			

*Spouse rate is based on employee age
Rates will change from each age band based on policy year not birthday.

Example: A 36 year old employee wants to purchase \$50,000 of term life insurance.

$$\frac{\$50,000}{\text{Coverage Amount}} \div \frac{\$1,000}{\text{\# of Units}} = \frac{50}{\text{\# of Units}} \times \frac{.15}{\text{Rate from table above}} = \frac{\$7.50}{\text{Monthly Premium}}$$

Employee Assistance Program EAP

Connection to Resources, Support and Guidance

An Employee Assistance Program (EAP) can keep you healthy and productive in more ways than you might realize. The EAP and WorkLife services provide covered employees, their spouses, domestic partners or minor children with consultation, information and referrals to community resources for a variety of concerns including:

- ◆ Marital or relationship difficulties
- ◆ Stress management
- ◆ Parenting and family issues
- ◆ Alcohol and drug use
- ◆ Legal and financial problems
- ◆ Grief and loss
- ◆ Depression and anxiety
- ◆ Adoption and education information
- ◆ Childcare and eldercare
- ◆ Identity Theft and Fraud Resolution



Face-to-Face Consultation Sessions

In addition to unlimited, 24-hour online and telephone access to clinicians with master's degrees, employees can use up to three face-to-face assessment and consultative sessions per year, per issue for mental health and substance abuse issues. Sessions are provided by BDA's national network of licensed providers.

WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, travel, daily living and care for your pet, child or elderly loved one.

Online Resources

Visit www.eapbda.com to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

******All services are completely confidential and no information is reported back to Kane's Furniture. This service is free to all eligible employees at no out-of-pocket cost to the employee for any services listed.**

Dental

The Kane's Furniture dental plan offers two options that are administered by The Standard. Dental services are separate into three types:

1. Preventive care covers routine exams and cleanings, fluoride treatments, sealants, and x-rays at 100%.
2. Basic care includes fillings and extractions
3. Major care covers treatments such as crowns and dentures.



Take advantage of the preventive care visits during the year. For other services, you pay a deductible and the plan pays a percentage of your costs up to the annual plan maximum.

The Standard Dental	MCE Dental Low Plan		Dental PPO High Plan	
General Plan Information	In-Network	Out-of-Network	In-Network	Out-of-Network
Fee Reimbursement	Fee Schedule	Fee Schedule	Fee Schedule	**MAC
Plan Year Deductible	\$50 / \$150		\$50 / \$150	
Waived for Preventive	Yes	No	Yes	No
Annual Plan Maximum	\$1,000		\$1,000	
Diagnostic and Preventive Services	*Maximum Covered Expense		100%	100% to **MAC
Basic Services	*Maximum Covered Expense		80%	80% to **MAC
Major Services	*Maximum Covered Expense		50%	50% to **MAC
Orthodontia Services	Not Covered		Not Covered	
Rates	Monthly (Payroll Deductions)	Semi-Monthly (As a reference only)	Monthly (Payroll Deductions)	Semi-Monthly (As a reference only)
<i>Deductions are currently taken on a MONTHLY basis.</i>				
Employee Only	\$13.76	\$6.88	\$21.84	\$10.92
Employee + Spouse	\$27.91	\$13.96	\$46.92	\$23.46
Employee + Child(ren)	\$41.00	\$20.50	\$59.04	\$29.52
Family	\$55.16	\$27.58	\$84.12	\$42.06

*MCE: Maximum Covered Expense is a scheduled dollar amount charged per procedure found in the Summary Plan Description

**MAC: Maximum allowable charge paid to a non-participating dental provider

FYI

To find an in-network dentist, go to www.thestandard.com and click on **Find a Dentist**

Important Notes:

- ◆ Because premiums are paid on a pre-tax basis through the IRS Section 125 Plan, the dental plan you elect cannot be changed or cancelled during the year without a Qualifying Life Event. This is an IRS rule, not a Kane's Furniture policy or rule.



Vision

This table summarizes your vision care benefits through Advantica. Your benefits also include discounts for laser vision correction and other vision related items and services. As a member, you have access to consumer education tools and claims information to help you manage your vision care. You can log onto www.advanticabenefits.com and tour the site.

Benefit Summary	Advantica	
	Select Plus 125 Plan	
General Plan Information	In-Network	Out-of-Network
Eye Exam	\$15 copay	Reimbursed up to \$40 (less \$15 copay)
Frequency	<i>Once every 12 months</i>	
Materials		
Frames	Up to \$125 allowance (\$20 copay if not included with lenses)	Reimbursed up to \$40 (less \$20 copay if not included with lenses)
Frame Frequency	<i>Once every 24 months</i>	
Lenses Frequency	<i>Once every 12 months</i>	
Single Vision (pair)	\$20 copay	Reimbursed up to \$20 (less \$20 copay)
Bifocal (pair)	\$20 copay	Reimbursed up to \$40 (less \$20 copay)
Trifocal (pair)	\$20 copay	Reimbursed up to \$60 (less \$20 copay)
Lenticular (pair)	\$20 copay	Reimbursed up to \$100 (less \$20 copay)
Contact Lenses Frequency (in lieu of frames & lenses)	<i>Once every 12 months</i>	
Elective	\$20 copay / \$125 materials allowance	Reimbursed up to \$60 (less \$20 copay)
Medically Necessary	\$20 copay / \$250 materials allowance	Reimbursed up to \$250 (less \$20 copay)
Rates	Monthly Payroll Deductions	Semi-Monthly (As a reference only)
	<i>Deductions are currently taken on a MONTHLY basis.</i>	
Employee Only	\$5.74	\$2.87
Employee + Spouse	\$11.48	\$5.74
Employee + Child(ren)	\$10.90	\$5.45
Family	\$17.14	\$8.57

Important Contacts

Vendor	Phone Number	Website
Medical Allegiance	800-877-1122, Opt. 2, Opt. 1 M-F 9am-8pm EST Group #2003015	www.askallegiance.com
Prescription Express Scripts	800-334-8134	www.express-scripts.com
HSA USAmeriBank	727-584-1100	usameribankconsumer.lh1ondemand.com
Voluntary Benefits Trustmark	800-917-8877	www.trustmarksolutions.com
Basic Life & Voluntary Life The Standard	800-628-8600	www.standard.com
Employee Assistance Plan The Standard	888-937-4783	www.eapbda.com
Dental The Standard	800-547-9515	www.standard.com
Vision Advantica	866-425-2323	www.advanticabenefits.com
Trustmark Claims Assistance Explain My Benefits	321-296-8060, Option 3	service@explainmybenefits.biz





Enrollment Preparation Worksheet

So that you are prepared for your enrollment please complete the worksheet below:

MY DEPENDENTS:

<u>Dependent's Name</u>	<u>Birth Date</u>	<u>Social Security #</u>
_____	___/___/___	____-____-____
_____	___/___/___	____-____-____
_____	___/___/___	____-____-____
_____	___/___/___	____-____-____
_____	___/___/___	____-____-____
_____	___/___/___	____-____-____

Are there any doctors you want to verify are on the plan? If so, doctor's name and city.

Who would you like to list as your life insurance beneficiary?

- Please note:
1. We strongly recommend you list more than one beneficiary (if one primary, list a contingent)
 2. A benefit check cannot be payable to anyone under age 18. If a beneficiary listed is under 18, the benefit check is payable to that beneficiary's legal guardian (i.e., you list your 16 year old child as beneficiary and your former spouse is his/her legal guardian, the life insurance check is payable to your former spouse)

<u>Primary Beneficiary</u>	<u>Birth Date</u>	<u>Relationship</u>	<u>Percentage</u>
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____

<u>Contingent Beneficiary</u>	<u>Birth Date</u>	<u>Relationship</u>	<u>Percentage</u>
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____



KANE'S FURNITURE

Please Note: This guide provides information regarding the benefit program. More detailed information is available from the plan documents and administrative contacts. The plans and policies stated in this information are not a contract or a promise of benefits of any kind, and therefore, should not be interpreted as such.