Please check one:

- [x] New Account
- [ ] Existing account implementing a flex plan.
  Indicate existing BCN _____
  Federal Tax ID# _____

Colonial Life

Making benefits count.

Flex Plan Supplemental Form

Plan Dates:

Colonial Life Plan Effective Date: 07/01/16

Initial Enrollment Dates: Start 06/08/16 Stop 06/09/16

Subsequent (Future) Plan Document Date: ___/___/___

Subsequent (Future) Enrollment Dates: Start ___/___/___ Stop ___/___/___

Employer Reminder Notice

We are pleased you have selected Colonial Life & Accident Insurance Company (hereinafter called Colonial Life) as a supplier of insurance under the flexible benefits plan that you are implementing within the guidelines of Section 125 of the Internal Revenue Code. As a supplier of currently acceptable insurance coverage, we would like to remind you of several elements of Code Section 125.

1. You should have a written plan document that addresses the 6 primary elements listed in the Proposed Regulations.
2. You should realize that as a result of of salary reduction you, the employer, reduce your FICA (Social Security) contributions as a result of your employees' reducing their FICA contributions. Both of these reductions may ultimately somewhat reduce the Social Security benefit eventually paid to the employee.
3. You should review state statutes as they pertain to state tax implications of employees salary reductions under your plan. In addition, you should check with your Workers' Compensation insurance carrier to determine if the Workers' Compensation insurance can be based on the reduced gross pay after salary reductions.
4. Because premiums being paid are considered employer paid, certain claim payments will be subject to 1099 reporting by Colonial Life.
5. Payments for the first six months of total disability are subject to FICA tax. Colonial Life will withhold the correct FICA taxes from these claim payments and notify you, the employer, of your obligation to pay the employer's portion of the FICA tax and the amount due. You will be required to add the disability payment to the employee's W-2 or provide a separate W-2 for the amount of the payment.
6. Once employee elections are made, they may not be changed during the plan year except under circumstances outlined in the Plan document. Any changes must be communicated to Colonial Life in writing by your Plan Administrator. Since premiums are considered employer paid, all refunds will be made to the employer. The employer will be responsible for any tax withholdings and reporting and for distributing the refunds to employees.
7. The cost of certain insurance coverage is required to be reported by the employer on the employees' Form W-2 for information only. Colonial Life's hospital confinement indemnity and specified disease products are required to be reported on Form W-2 for this purpose when all or part of the premiums are paid through salary reduction (pre-taxed) by the employer. The premiums are not considered to be taxable income to the employee.
8. Certain benefit plans, when pretaxed, may become subject to the Employee Retirement Income Security Act of 1974 (ERISA). Under ERISA, all employers (other than governmental and church employers) must provide each participant in a welfare or pension benefit plan with a summary plan description.
9. Flexible benefit plans are subject to discrimination rules to ensure highly compensated and key employees are not allowed to benefit from the plan disproportionately compared to other employees. The employer is responsible for complying with the discrimination guidelines.

You should consult your professional advisors, lawyers, and/or Certified Public Accountants for answers to specific questions.

I acknowledge that I have read and understand the Flex Plan Supplemental Form. This also serves as confirmation of existing plan dates, any amendments to them if applicable, and inclusion of Colonial Life products under the plan.

Jill's House
Account Name

Tricia Simms
Authorized Officer Name

Tricia Simms
Signature of Authorized Officer

Tim Handwork
Colonial Life Producer Name

Accounting Manager
Title

06/06/16
Date (mm/dd/yyyy)

Colonial Life

Making benefits count.

Producer Contact: 1.800.43VOICE, Option 2, 2
Fax Forms to 1.800.543.8573 or email to newaccountservicecenter@coloniallife.com

Account Information

Account name: Jill's House
Address: 751 E Tamarack Trail
City: Bloomington **State:** IN **Zip** 47408
Phone: (812) 787 7962 **Fax:** (___) ___

If this account is associated with another Colonial Life or one of its affiliates' accounts, please provide the name and BCN of the account or master group number: ___

Account billing address (if different from above address): 250 West 103rd Street Indianapolis IN 46290
Contact person for billing and service: Tricia (First Name) ___ (Middle Initial) Simms (Last Name) ___ (Title)
E-mail address: tsimms@houseinvestments.com
Are there locations that will be written in NY? ☐ Yes ☑ No
Number of benefit-eligible employees: 4 **Federal Tax ID:** 47-4957126
Exact nature of business: Nursing Care
Will a third party administer, reconcile and/or remit the premium deductions? ☒ Yes ☐ No
If yes, is the third party a: ☒ Payroll Company ☐ Professional Employer Organization ☐ Other ___
Please indicate name, address, phone number and contact person ___

***A Premium Services and Administration Agreement may be needed.**
Will any deductions be made pretax? ☒ Yes ☐ No **If yes, include Flex Plan Supplemental Form.**
Will the employer be contributing any premium toward the Colonial Life benefits? ☐ Yes ☒ No

Important Compensation Disclosure Information

Colonial Life is committed to helping working Americans and their families minimize personal financial risk with a comprehensive offering of voluntary benefits through the workplace. Colonial Life compensates producers to facilitate the sale and delivery of these valuable benefits. This compensation might include commissions as well as various incentives and awards.

We support the full disclosure of compensation programs for our products, and your insurance advisor can provide you with complete information about these programs. You may also learn additional information about our compensation programs by contacting our Plan Administrator Service Center at 1.800.256.7004.

Is employer/account paying a fee to an insurance advisor for this placement of Colonial Life insurance? ☐ Yes ☒ No ___ Initials of Authorized Officer

If yes, list advisor(s) names ___

A completed Compensation Consent and Disclosure Form 62291 is required for each insurance advisor receiving a fee.

If fee is paid in the future, it is the employer's responsibility to notify Colonial Life of the change.

The employer account (and/or its assigns) agrees to forward promptly all insurance premiums payroll deducted from its employees to Colonial Life & Accident Insurance Company (hereafter Colonial Life) for payment of employee insurance coverage and to notify Colonial Life promptly of the names of any employees to cease deductions because of termination from employment or otherwise. If the employer fails to notify Colonial Life that an individual's employment has terminated, that an individual has otherwise ceased deductions or where there is some other misunderstanding between the employer and employee concerning the payroll deductions, Colonial Life agrees to reimburse the employer up to one (1) month's premium in the event of loss by the employer as long as a claim has not been paid. Refund of premiums on flexible benefit plan accounts will be made payable to the employer. The issuance of any coverage paid for by payroll deduction pursuant to this agreement does not relieve the employer of the requirements of Workers' Compensation Laws of their state.

Signed at: Indianapolis (City and State) this 6th day of June

Tricia Simms
Print Name and Title of Authorized Officer

Signature of Authorized Officer

Submitted by Tim Handwork **Producer #** ___ **Producer Telephone Number** 3179973891

3/11

56405-8

Data Requirements for Web Entry

Company Information

Company Name: Jill's House

Phone: 3175802540 Street Address: 751 E Tamarack Trail

City/State/Zip: Bloomington, IN 47408

Benefits Contact: Tricia Simms Email: tsimms@houseinvestments.com

Email Address to send ePOP Document to: tsimms@houseinvestments.com

State of Legal Construction: IN Federal Tax ID Number: _____

Is this a Church or Government? NO *Legal Entity Type: Healthcare Services LLC

Is this an amendment to the original plan? NO

-If yes, what is Original Effective date of the plan? _____
-What is the effective date of the amendment? _____

Current Plan Year Start Date: 07/01/16

Current Plan Year End Date: 07/01/17

Eligibility Requirements

Waiting Period: 60 Days Hours per Week: 30 Months per Year: _____

Date of Eligibility:
- ✓ First of Month following waiting period.
- _ Immediately following the waiting period.
- _ Fifteenth of month following waiting period.

Are Union employees eligible? Yes
Are Seasonal employees eligible? NO

-If yes, what is the maximum number of consecutive work weeks an employee must work to be classified as seasonal? _____

Core Benefits

Core Benefits being offered on a pre-tax basis (check all that apply)

- ☑ Health
- ☑ HSA
- ☑ Vision
- ☑ Dental
- ☐ Group Term Life
- ☑ Disability
- ☑ Cancer
- ☑ Accident
- ☑ Bridge/Gap
- ☑ Hospital Confinement
- ☐ Other:

Optional HSA Amendment Language

☐ Health Savings Account Contribution
HSA Amendment Effective Date: _____

Optional Enrollment Type Language
(Check all that apply)

☐ Negative/Default Enrollment (Employees are *automatically* enrolled in the pre-tax plan when first eligible.)

☐ Evergreen/Rolling Enrollment (Employee elections roll over from year-to-year)

Affiliates
(Please list all other associated companies covered by this POP Plan)

Affiliated Employer Name #1: _____
Affiliated Employer Name #2: _____
Affiliated Employer Name #3: _____

Signature

06/06/16
Date

*Legally Entity Type= C-Corp, S-Corp, Sole Proprietorship, Partnership, Non-Profit, LLC or Government Entity