



Worksite Advantage

SECTION 125 REQUIRED FORMS PACKET

Agent _____

AO Number _____ Agency Number _____

Agency Owner _____

Company _____ WS Mobile Prospect # _____

E-mail forms and employee roster to worksite@libnat.com or fax to 205-325-1041.

Liberty National
Life Insurance Company
Since 1900 

COMPANY INFORMATION

Name of Company	Franchise #	() -	() -	Total # Eligible Employees
Company Billing Address	City	State	ZIP	
Company Physical Address (if different from billing address)	City	State	ZIP	
Billing/Payroll Contact (Person who handles deductions)	() -	Phone Number	Email Address	
Employer/Owner/Decision-Maker	() -	Phone Number	Email Address	

BILLING INFORMATION

- Premiums are deducted: (check one)
 weekly
 bi-weekly
 semi-monthly
 monthly
- Deduction amounts shown on the election form are: (if Section 125)
 weekly
 bi-weekly
 semi-monthly
 monthly
- Employer prefers to send a deduction list with payment instead of receiving a billing?
 Yes
 No
- Payments will be sent: (check one)
 weekly (52/yr.)
 bi-weekly
 semi-monthly
 monthly (12 billings)
 9 monthly (school system billing)
 10 monthly (school system billing)
 Every 4 weeks (13 billings per year)
 20 monthly
- Request Online Billing
 Yes
 No
- Type of Business (Give Details) _____
- Date Company was established _____ (Must be at least 1 year old)

mm yyyy
- Enrollment Period

From _____ Through _____

mm dd mm dd

First Deduction Date _____ Policy Effective Date _____

mm dd mm dd yyyy
- Employees should be listed on billing in what order? (check one)
 Alpha
 SS#
 EE#
 Other _____
- Are any of the employees leased?
 Yes
 No

SECTION 125 SPECIAL INFORMATION

- Are existing Payroll Deduction policy premiums being redirected to allow pre-tax salary reductions?
 Yes
 No

If "yes," premiums must be shown on the employee's election forms and employees listed on the New Business form.
- Section 125 policies should be billed:
 on the same billing as other policies
 on a separate billing

AO #: _____ Agent Number: _____ Agency Number: _____

Liberty National Life Insurance Company
Section 125 Premium Only Plan

PLAN ADOPTION AGREEMENT

Instructions to Employer:

You must complete, sign, and date this Plan Adoption Agreement in order to adopt the Liberty National Life Insurance Company Premium Only Plan. The Plan, once adopted, will become effective as of the date you specify below in item #3. Do not specify an effective date earlier than the first day of the payroll period beginning after the day on which you sign the Plan Adoption Agreement.

1. Employer's full name: _____

2. List any affiliated employers or other office locations, if any, who will participate in the Plan Enrollment:

A.	_____	_____	_____	_____	_____
	Employer	Address	City	State	Zip
B.	_____	_____	_____	_____	_____
	Employer	Address	City	State	Zip
C.	_____	_____	_____	_____	_____
	Employer	Address	City	State	Zip
D.	_____	_____	_____	_____	_____
	Employer	Address	City	State	Zip

3. Effective Date: _____ (mm/dd/yyyy)

4. Plan Year:

- The twelve month period commencing on _____ (mm/dd) and ending on _____ (mm/dd).
- The first Plan Year shall be a short Plan Year beginning on _____ (mm/dd/yyyy) and ending on _____ (mm/dd/yyyy).

5. Franchise number: _____

6. Employees shall be considered to work full-time if they work at least _____ hours per week
[specify minimum number of hours].

7. Liberty National Qualified Benefit Plans shall mean:

- | | |
|---|---|
| <input type="checkbox"/> Liberty National Cancer Insurance | <input type="checkbox"/> Liberty National Hospital Intensive Care Insurance |
| <input type="checkbox"/> Liberty National Group Term for Life Insurance | <input type="checkbox"/> Liberty National Accident Protector Max Insurance |
| <input type="checkbox"/> Liberty National Dental Alternative | <input type="checkbox"/> Liberty National Accident Plan Insurance (ACB) |
| <input type="checkbox"/> Liberty National Vision Plan | |

8. Employer's Qualified Benefits to be included in the Plan are:

- | | |
|--|---|
| <input type="checkbox"/> Employer's Group Term Life Plan | <input type="checkbox"/> Employer's Group Health Plan |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

PAYROLL DEDUCTION AGREEMENT
BETWEEN
LIBERTY NATIONAL LIFE INSURANCE COMPANY
AND

COMPLETE NAME OF EMPLOYER (FIRM)

For the benefit and convenience of its employees, _____,
(hereinafter referred to as the "Employer") agrees to provide for payroll deduction for insurance by Liberty National Life Insurance Company, Birmingham, Alabama (hereinafter referred to as "Liberty National Life").

Each employee will authorize payroll deduction in a manner agreeable to the Employer and Liberty National Life. An employee may stop payroll deduction by providing appropriate notice to the Employer and Liberty National Life.

Deductions on a schedule to be agreed upon by Liberty National Life and the Employer will be made from salary paid to employees and such deductions will be paid promptly by the Employer to Liberty National Life.

The Employer assumes no responsibility for payroll deduction after the termination of employment of an insured employee, or after an employee stops payroll deduction by providing appropriate notice.

The Employer agrees to continue deductions and remit all premiums as long as the employee agrees to pay for their coverage. Either the Employer or Liberty National Life may terminate this Agreement as of any date by giving at least 30 days written notice to the other prior to such date. After termination of this Agreement, the payment of premiums shall be entirely and directly between each employee and Liberty National Life.

Signature of Employer:

AO #: _____

Date: _____

Agency: _____

By: _____

Agent Name: _____

Title: _____

Signature of Agent:

Signatures of Affiliated Employers:

By: _____

Signature of Agency Director:

Title: _____

By: _____

Signature of Agency Owner:

Title: _____

POINTS TO REMEMBER ABOUT YOUR SECTION 125 PLAN

- A plan document must be signed by an authorized company official and have an established effective date and plan year. Employee enrollments may not take effect earlier than the first day of the payroll period following the date of enrollment. All re-enrollments must be completed during an election period established by the employer. The election period must be a reasonable period of time ending on or before the last day of the plan year. The employer is responsible for notifying employees when the election period is about to begin.
- The Company may adopt a reinstatement of an existing plan to take advantage of the changes in the rules governing cafeteria plans. To amend and reinstate the plan, a new adoption agreement is completed and executed.
- Plan participation must be offered to every eligible employee and each employee electing plan participation must be offered every benefit available in the plan. A Salary Reduction form must be on file for each employee who elects or declines participation in the plan. The following Plans are offered:

- | | |
|---|--|
| <input type="checkbox"/> Group Term Life | <input type="checkbox"/> Accident Protector Max |
| <input type="checkbox"/> Cancer Insurance | <input type="checkbox"/> Accident Plan (ACB) |
| <input type="checkbox"/> Hospital Intensive Care | <input type="checkbox"/> Dental Alternative |
| <input type="checkbox"/> Vision Plan | <input type="checkbox"/> Other |

- Only policies insuring the employee can be pre-taxed. Individual and single-parent policies covering the spouse and children cannot be pre-taxed.
- Once the plan year begins, employees must remain in the plan for the duration of the plan year as long as they are employed.
- Requests for coverage termination or changes during a plan year can be accepted only if the change request is consistent with a valid change in family status. These include: birth or adoption of a child, marriage, divorce, death of a spouse or child, or change in the spouse's employment.
- No more than \$50,000 of group term life insurance may be provided under the cafeteria plan to an employee.
- Employees should be aware that receipt of employer-provided benefits may result in taxable income to the employee. Employees who receive benefits under a medical plan which are in excess of medical or medical related expenses should consult a qualified tax advisor. Whether a particular item is includable in gross income depends generally upon the facts and circumstances of that employee's situation.
- My company has been provided with a Section 125 Employer Implementation Manual (if a new Section 125 has been installed).
- Guidelines for Employer Self-Calculation have been provided to me or my company representative.
- Employer Tax Savings Information has been furnished to me or my company representative.

Liberty National does not provide tax or legal advice. If tax advice or legal advice or expert assistance is required, Liberty National recommends that you seek and consult with a competent professional prior to implementing any section 125 plan.

LIBERTY NATIONAL LIFE INSURANCE COMPANY APPLICATION FOR GROUP TERM LIFE

Administrative Office:
P.O. Box 2612
Birmingham, Alabama 35202

1. a. **Group Policy Number:** LNGE0

b. **Holder:** _____

2. **Group Effective Date:** Date of first premium deduction

3. **Eligible Person:** Current employees, retired employees, former employees and directors of
the Holder, and their dependents

Authorized Signature for the Policy Holder

Date

Agent Signature

AO#

Agency

(Not required for
5 digit AOs)

The signing of this application by the Policy Holder (employer) does not constitute an endorsement of Liberty National Life Insurance Company or the Group Term Life Insurance product.

Typed employee list with hire dates must be signed by the employer/bookkeeper. List only those employees who work 28 or more hours per week.

XYZ BUSINESS

1234 STREET AVE, SUITE 321
DALLAS, TX 75000
p: 123.555.1234 f: 123.555.2345
www.xyzbusiness.com

Below is a complete roster of XYZ Business employees and their hire dates:

Adams, Chris	February 12, 1992
Douglas, Marsha	September 2, 2000
Dugan, Janelle	March 17, 2002
Evans, Dan	August 28, 1999
Frank, Jim	January 15, 1997
Gregory, Nancy	March 22, 2000
Hudson, Mary	November 5, 2006
Jackson, Sam	October 2, 2003
Jones, Mark	July 21, 2001
Lawton, Judy	April 3, 2009
Michaels, Eric	December 11, 2004
Peterson, Tom	March 21, 2009
Smith, Jay	June 10, 2005
Wilson, Wendy	May 4, 2007

Jane Smith

Employer/Bookkeeper Signature

SAMPLE