



simplified options for groups
with two to 49 employees

GROUP LIFE AND DISABILITY

premium-per-employee plans



selecthealth.

MetLife

▶ *introducing* Premium-Per-Employee Plans

SELECTHEALTH HAS TEAMED UP WITH METLIFE TO OFFER BETTER GROUP LIFE AND DISABILITY SOLUTIONS, MAKING BENEFIT DECISIONS EASIER FOR UTAH'S EMPLOYERS. Our customers have access to MetLife's customized group term life insurance and group disability programs. In addition, special Premium-Per-employee (PPE) plan designs were developed with SelectHealth small employers in mind.

These plans offer the convenience of fixed rates—no need to submit job occupations and salaries just to receive a quote. This means that the rates you see here are the same for each of your employees. In Utah, MetLife makes this option available only through SelectHealth.

Our small employers will also enjoy the advantage of pooled risk by participating in the MetLife Multiple Employer Trust. Review our plan designs and learn how easily you can add value to your employee benefit packages for a competitive cost.

Five Simple Steps to Purchase a Premium-Per-Employee Plan



- (1) Identify your industry's Standard Industrial Classification (SIC) code to determine if your company is eligible and whether you are in the Standard or Preferred category. Your category may vary by product.
- (2) Choose your plan designs. Use the "Calculate Your Total Premium" box to determine your cost for each product.

example	Monthly Cost/EE	Calculate Your Total Premium
	\$8	x ____ (# of employees) =
	\$12	x 12 (# of employees) = \$144
	\$19	x ____ (# of employees) =

- (3) Complete the following (documents enclosed and/or available at **selecthealth.org/life**):
 - a. New Group Submission Checklist;
 - b. Request for Participation in the Trust;
 - c. Your preference of a Group Census or Employee Enrollment Forms;
 - d. Risk Assessment Summary, if applicable; and
 - e. Binder Check for your first month's premium (payable to MetLife).
- (4) Your agent will submit the above information to a SelectHealth Small Employer Sales representative via e-mail, fax at 801-442-3698, or mail to:

SelectHealth
Attn: Small Employer Sales
P.O. Box 30192
Salt Lake City, UT 84130-0192
- (5) SelectHealth will work with MetLife to finalize enrollment. MetLife will notify you upon approval. All applications are subject to final underwriting approval.

Financial protection for the unexpected.

About two in 10 households say they prefer to buy life insurance through the workplace¹

LIFE AND AD&D (PREFERRED INDUSTRY)

Plan Design	Monthly Premium/EE	Calculate Your Total Premium
Flat \$15,000	\$8	x _____ (# of employees) = _____
Flat \$30,000	\$12	x _____ (# of employees) = _____
Flat \$50,000	\$19	x _____ (# of employees) = _____

PREFERRED SIC CODES

0200-0724, 0740-0742, 0750-0971, 2300-2399, 2500-2599, 2700-2711, 2720-2796, 3000-3089, 3540-3559, 3570-3579, 3610-3639, 3660-3679, 3700, 3720-3728, 3740-3999, 4000-4013, 4300-4311, 4800-4900, 4910-4911, 4930-4952, 4953, 4959-4971, 5100, 5110-5149, 5150-5159, 5160-5193, 5194, 5198-5199, 5300-5399, 5500-5599, 5700-5736, 5900, 5910-5912, 5920-5921, 5930-5932, 5940-5949, 5960-5963, 5983-5999, 6000-6099, 6100-6211, 6220-6221, 6230-6289, 6500-6799, 7300, 7310-7319, 7320-7342, 7349, 7350-7352, 7353-7363, 7370-7379, 7380-7381, 7382, 7383-7384, 7389, 7800-7829, 7830-7833, 7840-7841, 7900-7999, 8000-8069, 8070, 8071-8072, 8080, 8082, 8090, 8092-8099, 8100-8111, 8200-8299, 8610-8611, 8660-8661, 8700-8748, 8800-8811, 8900-8990, 8999-9110

LIFE AND AD&D (STANDARD INDUSTRY)

Plan Design	Monthly Premium/EE	Calculate Your Total Premium
Flat \$15,000	\$10	x _____ (# of employees) = _____
Flat \$30,000	\$15	x _____ (# of employees) = _____
Flat \$50,000	\$24	x _____ (# of employees) = _____

STANDARD SIC CODES

0100-0191, 1000-1241, 1300-1310, 1311, 1320, 1321, 1380, 1381, 1382-1389, 1400-1499, 1500-1522, 1530-1542, 1600-1629, 1700, 1710-1731, 1740-1743, 1750-1771, 1780-1781, 1790-1799, 2000-2099, 2100-2141, 2200-2299, 2400-2411, 2420-2429, 2430-2499, 2600-2679, 2800-2824, 2830-2836, 2840-2999, 3100-3111, 3130-3281, 3290, 3291, 3292, 3295-3449, 3450-3452, 3460-3479, 3480-3489, 3490-3499, 3500-3537, 3560-3569, 3580-3600, 3640-3652, 3690-3699, 3710-3716, 3730-3732, 4100-4173, 4200-4212, 4213, 4214-4215, 4220-4221, 4222-4226, 4230-4231, 4400-4499, 4500-4581, 4600-4613, 4619-4789, 4920-4925, 5000, 5010-5088, 5090, 5091-5092, 5093, 5094-5099, 5200, 5210-5261, 5270-5271, 5400-5499, 5600-5699, 5800-5813, 6300-6399, 6400-6411, 7000-7221, 7230-7241, 7250-7299, 7500, 7510-7519, 7520-7521, 7532-7539, 7540-7542, 7549-7699, 8300-8399, 8400-8600, 8620-8651, 8690-8699, 9111-9999

DEPENDENT LIFE AND AD&D COVERAGE

Spouse	Children Younger than 15 Days	Children 15 Days to 6 Months	Children Older Than 6 Months	Monthly Premium/EE
Flat \$5,000	\$0	Flat \$100	Flat \$2,000	\$1.10
Flat \$10,000	\$0	Flat \$100	Flat \$5,000	\$2.25

LIFE/AD&D ELIGIBILITY & UNDERWRITING

ELIGIBLE EMPLOYEE (EE)	Each active, full-time employee working at least 30 hours a week (excludes part-time/seasonal employees)
EMPLOYER CONTRIBUTIONS	100%
PARTICIPATION REQUIREMENT	100% of all eligible employees
DEPENDENT COVERAGE PREMIUM	Premium is a per employee rate; applies to all employees who have dependents, regardless of the number of dependents
NONMEDICAL MAXIMUMS	No medical evidence is required to elect these benefit amounts For employers with two to nine eligible employees = \$15,000 For employers with ten to 49 eligible employees = \$30,000 or \$50,000 Risk Assessment Summary required for all submitted groups
CHILD LIMITING AGE DEFINITION	A child is covered up to age 21; students are covered up to age 23

Ease the immediate impact of a disability by providing vital income protection.

One in four of today's 20-year-olds will become disabled before reaching age 67.²

SHORT TERM DISABILITY (PREFERRED INDUSTRY)						
Weekly Benefit Percentage	Maximum Weekly Benefit	Elimination Period		Maximum Benefit Duration	Monthly Premium/EE	Calculate Your Total Premium
		Accident	Illness			
50% income replacement	\$600	14 days	14 days	11 weeks	\$9	x ____ (# of employees) = ____
50% income replacement	\$600	14 days	14 days	24 weeks	\$14	x ____ (# of employees) = ____
60% income replacement	\$600	14 days	14 days	11 weeks	\$11	x ____ (# of employees) = ____
60% income replacement	\$600	14 days	14 days	24 weeks	\$17	x ____ (# of employees) = ____

PREFERRED SIC CODES

0740-0742, 1740-1743, 1780-1781, 4222-4226, 4600-4613, 4619-4789, 4800-4900, 5010-5088, 5091-5092, 5094-5099, 5110-5149, 5150-5159, 5160-5193, 5194, 5198-5199, 5210-5261, 5300-5399, 5400-5499, 5500-5599, 5600-5699, 5700-5736, 5910-5912, 5940-5949, 5983-5999, 6100-6211, 6230-6289, 6300-6399, 6400-6411, 6500-6799, 7000-7221, 7250-7299, 7310-7319, 7320-7342, 7350-7352, 7353-7363, 7370-7379, 7383-7384, 7389, 7510-7519, 7532-7539, 7549-7699, 7840-7841, 8070, 8080, 8090, 8100-8111, 8200-8299, 8400-8600, 8610-8611, 8620-8651, 8660-8661, 8690-8699, 8700-8748, 9111-9999

SHORT TERM DISABILITY (STANDARD INDUSTRY)						
Weekly Benefit Percentage	Maximum Weekly Benefit	Elimination Period		Maximum Benefit Duration	Monthly Premium/EE	Calculate Your Total Premium
		Accident	Illness			
50% income replacement	\$600	14 days	14 days	11 weeks	\$12	x ____ (# of employees) = ____
50% income replacement	\$600	14 days	14 days	24 weeks	\$18	x ____ (# of employees) = ____
60% income replacement	\$600	14 days	14 days	11 weeks	\$14	x ____ (# of employees) = ____
60% income replacement	\$600	14 days	14 days	24 weeks	\$21	x ____ (# of employees) = ____

STANDARD SIC CODES

1311, 1382-1389, 1500-1522, 1530-1542, 1600-1629, 1710-1731, 1750-1771, 2000-2099, 2200-2299, 2300-2399, 2420-2429, 2430-2499, 2500-2599, 2600-2679, 2700-2711, 2720-2796, 2800-2824, 2830-2836, 2840-2999, 3000-3089, 3130-3281, 3291, 3295-3449, 3450-3452, 3460-3479, 3490-3499, 3500-3537, 3540-3559, 3560-3569, 3570-3579, 3580-3600, 3610-3639, 3640-3652, 3660-3679, 3690-3699, 3700, 3710-3716, 3720-3728, 3740-3999, 4100-4173, 4200-4212, 4213, 4214-4215, 4230-4231, 4400-4499, 4500-4581, 4910-4911, 4920-4925, 4930-4952, 4959-4971, 5000, 5100, 5200, 5270-5271, 5800-5813, 5930-5932, 5960-5963, 6000-6099, 6220-6221, 7230-7241, 7349, 7382, 7800-7829, 7830-7833, 7900-7999, 8000-8069, 8071-8072, 8082, 8092-8099, 8300-8399, 8999-9110

INELIGIBLE SIC CODES

0100-0191, 0200-0724, 0750-0971, 1000-1241, 1300-1310, 1320, 1321, 1380, 1381, 1400-1499, 1700, 1790-1799, 2100-2141, 2400-2411, 3100-3111, 3290, 3292, 3480-3489, 3730-3732, 4000-4013, 4220-4221, 4300-4311, 4953, 5090, 5093, 5900, 5920-5921, 7300, 7380-7381, 7500, 7520-7521, 7540-7542, 8800-8811, 8900-8990

STD ELIGIBILITY & UNDERWRITING

ELIGIBLE EMPLOYEE (EE)	Each active, full-time employee working at least 30 hours a week (excludes part-time or seasonal employees)
EMPLOYER CONTRIBUTIONS	100%
PARTICIPATION REQUIREMENT	100% of all eligible employees
UNDERWRITING	No medical evidence is required; three month/12 month pre-existing conditions limit applies;* Risk Assessment Summary required for all submitted groups
ELIMINATION PERIOD	The elimination period begins on the day you become disabled. It is the length of time you must wait while being disabled before you are eligible to receive a benefit. It is also known as the "qualifying" period
ZERO-DAY RESIDUAL	If you continue to meet the Definition of Disability, the elimination period may be satisfied during part-time employment
DEFINITION OF DISABILITY	Due to sickness, pregnancy, or accidental injury, you are receiving appropriate care and treatment and are unable to earn more than 80% of your predisability earnings at your own occupation*
PRE-DISABILITY EARNINGS DEFINITION	The amount of the employee's gross salary or wages from his or her employer as of the day before his or her disability began. This includes Basic Earnings only

* For a complete description of this and other requirements, refer to the Certificate of Insurance.

Group Long-Term Disability

Protecting employees' financial security for extended periods while they are unable to work.

One in eight will become disabled for five years or more during their working career.³

LONG-TERM DISABILITY (PREFERRED INDUSTRY)					
Monthly Benefit Percentage	Maximum Monthly Benefit	Elimination Period	Maximum Benefit Duration	Monthly Premium/EE	Calculate Your Total Premium
50% income replacement	\$3,000	90 days	SSNRA	\$10	x ____ (# of employees) = ____
50% income replacement	\$3,000	180 days	SSNRA	\$6	x ____ (# of employees) = ____
60% income replacement	\$3,000	90 days	SSNRA	\$15	x ____ (# of employees) = ____
60% income replacement	\$3,000	180 days	SSNRA	\$10	x ____ (# of employees) = ____

PREFERRED SIC CODES

0740-0742, 1530-1542, 2720-2796, 2830-2836, 3500-3537, 3540-3559, 3560-3569, 3570-3579, 3580-3600, 3610-3639, 3640-3652, 3660-3679, 3690-3699, 3700, 3710-3716, 3720-3728, 3730-3732, 3740-3999, 4200-4212, 4214-4215, 4500-4581, 4600-4613, 4800-4900, 4910-4911, 4920-4925, 4930-4952, 4959-4971, 5000, 5010-5088, 5150-5159, 5900, 5910-5912, 6000-6099, 6220-6221, 6230-6289, 6400-6411, 6500-6799, 7300, 7310-7319, 7350-7352, 7370-7379, 7383-7384, 7900-7999, 8070, 8071-8072, 8090, 8092-8099, 8200-8299, 8400-8600, 8610-8611, 8620-8651, 8660-8661, 8690-8699, 8700-8748

LONG-TERM DISABILITY (STANDARD INDUSTRY)

Monthly Benefit Percentage	Maximum Monthly Benefit	Elimination Period	Maximum Benefit Duration	Monthly Premium/EE	Calculate Your Total Premium
50% income replacement	\$3,000	90 days	SSNRA	\$13	x ____ (# of employees) = ____
50% income replacement	\$3,000	180 days	SSNRA	\$8	x ____ (# of employees) = ____
60% income replacement	\$3,000	90 days	SSNRA	\$20	x ____ (# of employees) = ____
60% income replacement	\$3,000	180 days	SSNRA	\$13	x ____ (# of employees) = ____

STANDARD SIC CODES

1300-1310, 1311, 1320, 1380, 1382-1389, 1500-1522, 1600-1629, 1700, 1710-1731, 1740-1743, 1750-1771, 1780-1781, 1790-1799, 2000-2099, 2200-2299, 2300-2399, 2430-2499, 2500-2599, 2600-2679, 2700-2711, 2800-2824, 2840-2999, 3000-3089, 3130-3281, 3290, 3291, 3295-3449, 3460-3479, 3490-3499, 4100-4173, 4213, 4220-4221, 4222-4226, 4230-4231, 4300-4311, 4400-4499, 4619-4789, 5100, 5110-5149, 5160-5193, 5198-5199, 5200, 5210-5261, 5270-5271, 5300-5399, 5400-5499, 5500-5599, 5600-5699, 5700-5736, 5800-5813, 5920-5921, 5930-5932, 5940-5949, 5960-5963, 5983-5999, 6100-6211, 6300-6399, 7000-7221, 7230-7241, 7250-7299, 7320-7342, 7349, 7353-7363, 7380-7381, 7382, 7389, 7500, 7510-7519, 7520-7521, 7532-7539, 7540-7542, 7549-7699, 7800-7829, 7830-7833, 7840-7841, 8000-8069, 8080, 8082, 8100-8111, 8300-8399, 8900-8990, 8999-9110, 9111-9999

INELIGIBLE SIC CODES

0100-0191, 0200-0724, 0750-0971, 1000-1241, 1321, 1381, 1400-1499, 2100-2141, 2400-2411, 2420-2429, 3100-3111, 3292, 3450-3452, 3480-3489, 4000-4013, 4953, 5090, 5091-5092, 5093, 5094-5099, 5194, 8800-8811

LTD ELIGIBILITY & UNDERWRITING

ELIGIBLE EMPLOYEE (EE)	Each active, full-time employee working at least 30 hours a week (excludes part- time/seasonal employees)
EMPLOYER CONTRIBUTIONS	100%
PARTICIPATION REQUIREMENT	100% of all eligible employees
UNDERWRITING	No medical evidence is required; three month/12 month pre-existing conditions limit applies;* Risk Assessment Summary required for all submitted groups
ELIMINATION PERIOD	The elimination period begins on the day you become disabled. It is the length of time you must wait while being disabled before you are eligible to receive a benefit; this is also known as the "qualifying" period
ZERO DAY RESIDUAL	If you continue to meet the Definition of Disability, the elimination period may be satisfied during part-time employment
DEFINITION OF DISABILITY	Due to sickness, or accidental injury, you are receiving appropriate care and treatment and are unable to earn more than 80% of your predisability earnings. Following a 24-month Own Occupation period, eligibility will be based upon your ability to earn 80% of your predisability earnings at any gainful occupation for which you are reasonably qualified, taking into account your training, education, and experience*
PRE-DISABILITY EARNINGS DEFINITION	The amount of the employee's gross salary or wages from his or her employer as of the day before his or her disability began. This includes Basic Earnings only
MAXIMUM BENEFIT DURATION	Disability benefits will be payable for as long as you remain disabled, not to exceed the Social Security Normal Retirement Age (SSNRA); this age ranges from 65 to 67 depending on your year of birth

Group Life and AD&D

Please note that a reduction schedule may apply. See your benefit administrator or Certificate for specific details.

Accidental Death & Dismemberment insurance does not include payment for any loss which is caused or contributed to by physical or mental illness, diagnosis or treatment of the illness; an infection, unless caused by an external wound accidentally sustained; suicide or attempted suicide; intentionally self-inflicted injury; the voluntary intake or use by any means of any drug, medication, or sedative, unless taken as prescribed by a doctor or an over-the-counter drug taken as directed; voluntary intake of alcohol in combination with any drug, medication, or sedative; war, whether declared or undeclared, or act of war, insurrection, rebellion, or riot; commission of or attempt to commit a felony; any poison, fumes, or gas voluntarily taken, administered, or absorbed; service in the armed forces of any country or international authority, except the United States National Guard; operating or learning to operate an aircraft, or serving as a crew member of an aircraft; while in any aircraft for the purpose of descent from such aircraft while in flight (except for self preservation); or operating a vehicle or device while intoxicated as defined by the laws of the jurisdiction in which the accident occurs.

Group Disability

Under both Short-Term Disability (STD) and Long-Term Disability (LTD), your plan may not cover a sickness or accidental injury that arose in the months prior to your participation in the plan.

Pre-existing conditions are defined as a sickness or accidental injury for which the employee received medical treatment, consultation, care, or services; took prescription medication or had medications prescribed; or had symptoms or conditions that would cause a reasonably prudent person to seek diagnosis, care, or treatment in the three months before insurance or any increase in the amount of insurance under the Certificate takes place.

MetLife will not pay benefits for a Disability that results from a pre-existing condition if you have been actively at work for less than 12 consecutive months after the date their Disability insurance takes effect under the Certificate.

No payment will be made for any Disability caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion, or terrorist act;
- Active participation in a riot;
- Intentionally self-inflicted injury or attempted suicide; or
- Commission of or attempt to commit a felony.

Disability Benefit Income Offsets

MetLife will reduce your Disability benefit by the amount of all Other Income. Other Income includes the following:

- Any disability or retirement benefits which You, Your Spouse or child(ren) receive or are eligible to receive because of Your disability or retirement under:
 - > Federal Social Security Act;
 - > Railroad Retirement Act;
 - > Any state or public employee retirement or disability plan;
 - > Any pension or disability plan of any other nation or political subdivision thereof;
- Any income received for Disability or retirement under the Employer's Retirement Plan, to the extent that it can be attributed to the employer's contributions;
- Any income received for Disability under:
 - > A group insurance policy to which the employer has made a contribution, such as benefits for loss of time from work due to disability and installment payments for permanent total disability;
 - > A no-fault auto law for loss of income, excluding supplemental disability benefits;
 - > A government compulsory benefit plan or program which provides payment for loss of time from your job due to your disability, whether such payment is made directly

by the plan or program or through a third party;

- > A self-funded plan or other arrangement if the employer contributes toward it or makes payroll deductions for it;
- > Any sick pay, vacation pay, or other salary continuation that the employer pays to you;
- > Workers' compensation or a similar law which provides periodic benefits;
- > Occupational disease laws;
- > Laws providing for maritime maintenance and cure;
- > Unemployment insurance law or program; and/or
- Any income that you receive from working while disabled. This includes, but is not limited to salary, commissions, overtime pay, bonus, or other extra pay arrangements from any source;
- Recovery amounts that you receive for loss of income as a result of claims against a third party by judgment, settlement, or otherwise, including future earnings.

Short-Term Disability

Your plan does not cover any Disability which is caused or contributed to by elective treatment or procedures such as cosmetic surgery, sex-change surgery, reversal of sterilization, liposuction, visual correction surgery, in-vitro fertilization, embryo transfer procedure, artificial insemination, or other specific procedures. However, pregnancies and complications from any of these procedures will be treated as a sickness.

Additionally, no payment will be made for a Disability caused or contributed to by any injury or sickness for which you are entitled to benefits under workers' compensation or a similar law.

Long-Term Disability

Limited benefits apply for specific conditions. Disabilities due to mental or nervous disorders or diseases; neuromuscular, musculoskeletal, or soft tissue disorder; chronic fatigue syndrome and related conditions; alcohol, drug, or substance abuse or addiction will be limited to a lifetime maximum of 24 months of Disability benefits, including the Elimination Period, per occurrence. In no event will MetLife pay benefits beyond the Maximum Benefit Period. During your Disability, we require you to participate in an alcohol, drug, or substance abuse or addiction recovery program recommended by a physician.

Benefits will end at the earliest of:

- The date which immediately follows the 24 months of your disability;
- The date you cease or refuse to participate in the recovery program referred to above; or
- The date you complete such recovery program.

Benefits will be limited as stated above for mental or nervous disorders or disease except for:

- schizophrenia;
- dementia; or
- organic brain disease.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and Policyholder and are subject to each state's laws and availability. Specific details regarding these provisions can be found in the Certificate.

Group Life, AD&D, and Group Disability coverages are provided under a group insurance policy (Policy Form GPNP10-TRUST) issued to the Trustees of the Trust by MetLife. These coverages under your association's plan terminate when your membership ceases, when your plan contributions cease, or upon termination of the group contract. Dependent Life and AD&D coverages will terminate when a dependent no longer qualifies as a dependent. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.



Intermediary and Producer Compensation Notice

MetLife enters into arrangements with a variety of agents, brokers, consultants, third party administrators, general agents, associations, and other parties that may participate in the sale of MetLife products (each an “Intermediary”). If you purchase a MetLife product through an Intermediary, MetLife may pay the Intermediary base commission and other forms of compensation for the sale, renewal and/or administration of MetLife products, or remit compensation to the Intermediary on your behalf. Compensation may include payments, commissions, fees, awards, overrides, bonuses, supplemental compensation, loans, gifts, prizes, stock options or any other form of valuable consideration. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (e.g., consulting or reinsurance arrangements). More information about the eligibility criteria, limitations, payment calculations and other terms and conditions of MetLife’s intermediary compensation plans can be found on MetLife’s Web site at whymetlife.com/brokercompensation. Questions regarding Intermediary compensation can be directed to ask4met@metlife.com, or if you would like to speak to

someone about Intermediary compensation, please call **(800) ASK-4MET**. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your MetLife sales representative. Compensation paid to your MetLife sales representative is for participating in the sale, servicing, and/or renewal of Products, and the compensation paid may vary based on a number of factors including the type of Product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your MetLife sales representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your MetLife sales representative.

1. 2013 Life Insurance Awareness Month based on facts from LIMRA’s life insurance consumer studies.
2. U.S. Social Security Administration, Fact Sheet February 7, 2013.
3. Council for Disability Awareness. Commissioner’s Disability Insurance Tables A and C, assuming equal weights by gender and occupation class. <<http://www.disabilitycanhappen.org>>.
4. NCQA – According to NCQA’s Health Insurance Plan Rankings 2011-12 – Private.
5. LIMRA U.S. Life & Disability Sales in Force Report, Q4 2012.



For more information about Premium-Per-Employee Group Life and Disability plans, please contact your insurance agent. If you have further questions you can also call SelectHealth Sales at 801-442-5000 (Salt Lake area) or 800-442-3125.



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- ▶ 27 years experience
- ▶ Utah's top-ranked health plan⁴
- ▶ Local insurance partner



- ▶ 140 years experience
- ▶ #1 Group Life carrier⁵
- ▶ #3 Group Disability carrier⁵

selecthealth.org/life