

Companion Life Insurance Company

Administrative Guide

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About Your Companion Life Administrative Guide

This administrative guide will give you the basic instructions necessary for the proper administration of your Companion Life Group Insurance Plan. All coverage offered by Companion Life is described in this guide.

We have tried to make these instructions easy to understand, simple to use and as concise as possible. The provisions of your Master Policy will apply in determining the rights and obligations of all parties under the plan.

Important Requirements

1. Review documents at MyOnlineBenefit.com to ensure accuracy and completeness of all coverage and benefits.
2. Develop a procedure so enrollment for new, additional or changed employees will be completed accurately before being sent to Companion Life.
3. Write your Companion Life 12-character group number and name and employee's identification number on all forms and letters when submitting documentation to Companion Life.
4. Ensure all group-related changes, such as additions, deletions, salary updates, etc., are made in a timely fashion. Companion Life policy for retroactive changes is no more than 90 days from the current due date.
5. In order to be reflected on the next bill, ALL premium payments must be received three weeks before the next bill due date. Premiums are always applied to the oldest unpaid bill.
6. Payments must be sent with the bottom portion of your bill to ensure proper allocation.

If a group receives bills for multiple divisions, and one check is being submitted, a breakdown of payments must also be submitted. If more than one check is being submitted, the bottom portion of each bill must accompany the check.

7. Bills must be audited monthly upon receipt, and any discrepancies must be reported to Companion Life.

Section I

Online Services

Online Tools for Group Administrators

MyOnlineBenefit.com is a secure online administration tool designed to meet the needs of today's group administrator.

Please refer to the separate Administrative Guide, Online Portal for more information and instructions for using this valuable resource.

Section II

New Enrollments

Who is eligible for insurance?

- New employees who have completed the group's eligibility waiting period and are eligible employees, as defined in your Master Policy.
- Active employees first entering a class of employees eligible for insurance.
- These employees will be required to complete an Evidence of Insurability form for contributory and/or voluntary products only — but excluding dental, vision or critical illness; active employees who apply for insurance after their eligibility date; and employees who previously waived the right to insurance but now want it. See, *When a health statement or other evidence of insurability is required* on page 10.
- If an eligible employee is not actively at work on the effective date of the policy or on the effective date of his or her certificate, coverage will not take effect for that employee until he or she returns to active work.

Processing New Enrollments

If an employee requests more group life insurance than the Guaranteed Issue (GI) amount, he or she must submit a health statement or Evidence of Insurability form to Companion Life. If no such form is submitted, or if Companion Life denies the request for the extra amount, the employee will be covered for the GI amount only.

Any premium due for such an individual will be based on the appropriate premium for the amount of insurance in the GI class.

Unless other provisions have been made, the full amount of insurance will take effect on the first premium due date after the date of approval.

If additional insurance is approved, the premium due will change on the first of the month or the next premium due date after the effective date of the approved additional insurance.

A new employer application is needed if there is a new division with a separate Tax ID number. Employees can be moved from an existing group to create the new division, or new enrollment, or census enrollment, forms may be accepted. We cannot accept a division without any employees. Check your Master Policy for the applicable provision and details of coverage.

Companion Life will produce Certificates of Insurance and both a temporary and permanent dental ID cards, if needed. Temporary dental ID cards & Certificates of Insurance are available for download through our online portal. Permanent dental cards will be mailed to each employee's home address unless the group administrator or agent has requested cards be mailed to the group administrator's address.

All permanent vision ID cards will be mailed directly to each employee's home address from our vision care provider.



Please ensure all information is completed on the enrollment (i.e., name, complete member address, occupation, Social Security number, etc.). Also be sure to include beneficiary information.

If the employer (policyholder) pays all the cost, 100 percent of eligible employees must be enrolled, unless a written waiver is received. If, in addition to a partial contribution by the employer, the insured employees contribute to the cost, product participation will apply.

For dental and vision coverage, list all dependents (include last name and date of birth). Complete the other Dental Insurance section if applicable. Companion Life Insurance Company will continue dental coverage for unmarried dependent children up to age 26 (or older when required by state law), regardless of student status. If a dependent is incapacitated, please include medical documentation for verification. Refer to the Master Policy.

The employer must maintain copies of current beneficiary designations to submit in case of a death claim.

Enrollment can be maintained at MyOnlineBenefit.com. See separate Administrative Guide Online Portal for further instructions.

When a Health Statement or Other Evidence of Insurability Is Required

Generally, any time an employee elects to add or increase coverage for which he or she was previously eligible, but did not enroll at that time, a health statement or other evidence of insurability is required. This is true even if he or she elects coverage on the group's anniversary date. This is not applicable for dental or vision, but the employee must satisfy the group's waiting period. The effective date of coverage for the person who has submitted evidence of insurability is the first of the month, or the next premium due date, following the date the coverage was approved by Companion Life. The premium will be reflected on the subsequent billing statement.

Note: Companion Life reserves the right to issue a lower voluntary life and AD&D benefit amount based on underwriting guidelines and salary limitations (refer to Guaranteed Issue on page 8).

For policies that include dependent life insurance, an employee is eligible for dependent life coverage on his or her original eligibility date or when marriage, birth, adoption, etc., occurs. If the employee does not elect to take the coverage within 31 days of becoming eligible, completion of a health statement on the employee's spouse and dependent children will be required before coverage becomes effective.

A health statement will be required when an employee elects to take either Contributory or voluntary insurance more than 31 days after his or her original eligibility date, excluding dental, vision and critical illness. Applicants who submit incomplete health statements will be denied coverage.

Section III

Changes for Insured Employees

Change in an insured employee's earnings or job classification

If an insured employee is not actively at work on the date when an increase in the amount of insurance is to take effect, the increase for that employee will not take effect until the employee returns to active work.

Decreases in the amount of an insured employee's insurance will take effect on the first of the month, or the next premium due date, following the date of change.

All changes to an insured employee must be requested in writing.

Note: Salary updates are extremely important for groups with salary-based benefits. Death and disability claims will be adjudicated using the latest reported salary before the loss. *No salary updates will be permitted at time claim is made.*

Termination of an employee's coverage. Report the termination of an employee's coverage when:

- The employee no longer works for the insured company.
- The employee is no longer eligible and does not meet the requirements of as an active employee, as defined in Section II.
- The employee dies.
- If an employee is on leave under the Family Medical Leave Act (FMLA), he or she can remain on the group's bill for 12 weeks (with the exception of long and short term disability coverage), unless the contract states otherwise.
- If an employee is on workers' compensation, then it is at the employer's discretion whether to keep the employee on the group's bill. An active employee who cancels his or her dental coverage can re-enroll as a one-time courtesy. All enrollment waiting periods will apply, and benefits, deductibles and waiting period credits will not be carried forward.
- If an employee takes a leave of absence (non-FMLA), the employee's coverage will be terminated. If the employee returns to active employee status within 60 days, no waiting period (if applicable) will be required. However, if the employee returns to active employee status after 60 days, the



employee will be treated as a new hire and will be required to serve any applicable waiting period to become eligible for coverage.

Addition or change in a dependent's coverage

If an insured employee wants dependent coverage after becoming insured, and such request is made within 31 days of the date an eligible dependent joined the family (e.g., marriage, birth), please notify Companion Life of the date of change. Proof of the qualifying event will be required.

Termination of a dependent's coverage

Report the termination of dependent coverage only in a situation affecting premiums, such as:

- An insured dependent child or spouse dies and no eligible dependents remain.
- Insured employee and insured spouse are legally separated or divorced, and there are no dependent children to be insured.
- If a dependent child is no longer eligible, or reaches termination age, and there is no insured spouse. Refer to the Master Policy.
- If the employer cancels dependent coverage.

Note: Please ensure all changes are made in a timely fashion so billing and group information are correct. We will not allow retroactive changes after 90 days.

Upon termination of an employee's dental or vision coverage, the employee and covered dependents may be eligible for continuation of coverage under COBRA. The group administrator is responsible for providing COBRA notices that may be required under federal law, and must call the Companion Life service department at 1-877-676-5789, about COBRA rights. **If an insured employee elects COBRA, a signed and completed election form is required and must be submitted to Companion Life.**

Changes to an Employee's Life Beneficiary

If an employee changes his or her beneficiary, it should be done using the Beneficiary Election form, or Enrollment form. The form must be signed and dated by the employee.

It is the responsibility of the group to keep all Beneficiary Election forms. These must be provided when a death claim is filed.

Rehire

If any employee is terminated and rehired within 12 months, our standard procedure is to waive the employer's eligibility waiting period requirements, if any. If an employee is rehired after 12 months from his or her termination date, the employee will be subject to any applicable eligibility waiting periods.

Please refer to your policy for specific group information.

Section IV

Billing Statement

Normal group changes

Regular changes (i.e., deletions, name and identification number changes) can be made at MyOnlineBenefit.com. See separate Administrative Guide Online Portal for further instructions.

Termination of a dependent's coverage

Should an insured employee no longer have eligible dependents (spouse or dependent children), indicate the date the coverage is to be canceled.

Calculating the premium due

Please pay as billed. Changes (additions, deletions, salary updates, etc.) will be reflected in the next month's billing statement.

Salary Updates

Updates on salary-based benefits are extremely important. Death and disability claims will be adjudicated using the latest reported salary. No salary updates will be permitted at the time a claim is made.

Death of an employee

Normally, we would automatically terminate the insured employee when notified of a death claim; however, there are many times when the billing statement will be generated before our office is notified of a claim. Please pay as invoiced, make the enrollment change online and a credit will be reflected on the following month's bill.

Waiver of Premium/Extended Death Benefit

All life policies will include either a waiver of premium or an extended death benefit provision.

- Waiver of premium: When approved by Companion Life, waives the life premium for an eligible disabled employee. Refer to your Master Policy. Upon written notice of approval, the employee can be removed from the bill. This will be done automatically. However, if you receive a bill that still includes the employee after you have received written approval, please contact our billing department at 1-877-676-5789. Please pay as billed and a credit will be issued on the following month's bill.

For an employee to be eligible for a waiver of premium, the claim must be filed within 12 months of the date of total disability. Refer to information on page 22 about how to file for waiver of premium Benefits.

- Extended death benefit waives the life premium for an eligible disabled employee for one year from the date of total disability.

Age reduction

Basic Life

Age reductions occur on the birthdate of the insured employee or spouse. A prorated premium will be reflected on that month's billing statement. Refer to your Master Policy for this provision, if applicable.

Voluntary Life

Age reductions occur on the policyholder's next anniversary following the birthdate of the insured employee or spouse. Refer to your Master Policy for this provision, if applicable.

Age-banded rate changes for voluntary products

- Rate changes for voluntary life and long term disability (LTD) are updated on an annual basis. An employee whose age change warrants a rate change will be shown on the next anniversary date.
 - Rates for voluntary child(ren) are not shown on this report since it is not applicable to an age-band change. These rates are flat rates.
 - Age change for insured, or insured and spouse, is based on their birthdate as it relates to the group's anniversary date.
- Voluntary short term disability (STD) will always be based on the employee's age at the time of enrollment.
- A report is generated three months in advance to advise the group of the necessary updates.

Note: Retroactive changes will be made for no more than 90 days.

Section V

Conversion of Insurance

Employees

An insured employee is entitled to the conversion privilege for basic life and voluntary life insurance (no AD&D) when all or part of an insured employee's life insurance ends due to:

- Termination of employment.
- Termination of membership in a class of eligible employees (i.e., change to a job classification not covered).
- Reduction in coverage due to age.
- Termination of the Master Policy or insurance on any class. **The condition pertaining to employment must be met. See your Master Policy.**

The insured employee must convert insurance within 31 days after the group insurance ends, or the conversion privilege will no longer apply.

It is the responsibility of the group and/or the employee to request conversion from us within the 31-day time frame.

Dependents

An insured dependent can convert basic dependent life insurance coverage when all or part of the dependent's basic life insurance under this policy ends due to:

- The employee's termination of employment.
- The employee's termination of membership in a class of eligible employees.
- The employee's death.
- The dependent's change of status.
- The termination of the policy or termination of the dependent provisions under the policy. **The dependent must meet the conditions shown in the Master Policy.**

The insured dependent must convert insurance within 31 days after the group insurance ends or the conversion privilege will no longer apply.

It is the responsibility of the group and/or the employee to request conversion from Companion Life within the 31-day time frame.

Processing Conversion

If the insured is interested in converting his or her insurance, please have him or her call Companion Life's service center at 1-877-676-5789 to get more information and to get a Life Conversion Information Request form.

It is the obligation of the group administrator to let the insured employee know about the conversion benefit when the individual's coverage is terminated.

It is also the responsibility of the group and/or employee to request conversion within the 31-day time frame.

Section VI

Portability of Voluntary Life

Portability of Voluntary Life

The insured employee is entitled to the portability of voluntary life coverage.

Application and Premium Payment

As a group administrator, please inform insured(s) of the following about portability:

The subscriber must apply in writing to Companion Life within 31 days of the date employment ends.

The subscriber must pay the required premium directly to Companion Life. The premium rate will be the same rate as that of an active employee. Any rate changes that become effective for your employer will become effective for you on the same date. The first premium payment must be made no later than 31 days after the date the insurance would otherwise terminate.

Amount of Insurance

The maximum amount of insurance you can continue is the amount in effect on the date employment ends. You can continue any lesser amount in increments available to active employees (for the spouse, in increments available for spouses of active employees). The amount you continue for your spouse cannot exceed 50 percent of your amount, up to a maximum benefit of \$150,000.

Dependent children and retirees will not be eligible for this provision, although you can apply to convert the child benefit amount.

You cannot change the elected amounts on insurance continued under these provisions. The reduction and termination provision stated in the Schedule of Insurance in effect on the date employment ends will still apply to this insurance.

When Insurance Ends

Insurance continued under this provision ends automatically on the earliest of:

- The date the last period ends for which you made a premium payment.
- The date the group policy ends.
- The date your employer's participation under this group policy ends.
- The date you become a full-time member of the armed forces of any country.

When your insurance under this provision ends, you and your spouse may be eligible to convert this insurance to an individual policy under the conversion provision of this group policy. Refer to your Group Certificate.

Group Policy Provisions

The waiver of premium provisions will not apply to insurance continued under these provisions. Insurance continued under these provisions is subject to all other terms of the group policy, except as provided above.

The employee is required to provide any notice to Companion Life required by the employer under other provisions of the group policy while the insurance is continued.

Exclusions for Continuation of Portability

Insurance cannot be continued under this provision if your insurance ends because of one of the following:

- The group policy ends.
- Your employer's participation in the group policy ends.
- Retirement. Retirees can, however, convert their policies.
- You become a full-time member of the armed forces of any country.
- The employee is totally disabled.

Section VII

Voluntary Critical Illness

Portability for Voluntary Critical Illness

The insured employee is entitled to the portability or conversion privilege for voluntary critical illness coverage.

Continuation of Insurance Benefit

The insured can continue employee and dependent coverage if the insured's employment ends. To be eligible to continue insurance, the insured employee must meet both of these requirements on the date employment ends:

- The insured employee is not totally disabled.
- The insured employee is not retired.

Application and Premium Payment

The insured employee must apply in writing to the company or its administrator within 31 days of the date employment ends.

The insured employee must pay the required premium directly to the company or its administrator. The premium rate will be the same rate applicable to the employer. Any rate change that becomes effective for the employer will become effective for the insured employee on the same date. The first premium payment must be made no later than 31 days of the date the insurance would otherwise end.

Amount of Insurance

The amount of insurance that can be continued by the insured employee and dependents is the amount in effect on the date employment ends, subject to any benefit reduction due to age.

Section VIII

Claims Procedures

It is important that you immediately notify the Companion Life Claims Department of the existence of a claim. Claim forms must be filled out completely and accurately. Claim forms can be downloaded through MyOnlineBenefit.com.

Processing Death Claims

The following information is necessary to process a death claim:

1. Claim form completed by the employer and the claimant.
2. Certified (raised seal) copy of the death certificate.
3. Original enrollment and any enrollment with beneficiary changes. **All beneficiary updates or changes must be maintained by the group.**
4. For accidental death claims, a copy of the accident report, investigating officer's report and a coroner's report, including toxicology results.
5. Payroll records will be required for three months before to last day worked on **all** employees at the time of the claim, unless a special provision or arrangement has been approved during the initial enrollment of the group. If payroll is not available for this employee, submit either a Schedule K-1 or personal tax returns for the last two years, along with a statement from the employer indicating the employee's normal work schedule.
6. Funeral home assignments are also accepted.

All of the above documents should be directed to the Companion Life Claims department. Incomplete information will cause delays. The Claims department will direct all requests for missing information to you and/or the beneficiary.

Any benefit due after the death of an insured employee will be paid to the beneficiary designated by the insured. If the insured employee dies and no beneficiary is living or named, Companion Life can elect to pay the amount shown in the application to these people in the following order.

The insured employee's:

1. Spouse
2. Child(ren)
3. Parent(s)
4. Brother(s) and sister(s)
5. Executors and administrators

Companion Life will not be liable for any payment so made, unless we receive written notice of a valid claim by some other person before payment is made. Payment made on behalf of a minor is conditional upon receipt of guardianship papers. In community property states, the spouse may be entitled to 50 percent of the proceeds from the insurance policy unless he or she waived his or her rights to the proceeds.

Companion Life will mail you notification when the claim is paid.

Note: Death and disability claims on groups with salary-based benefits will be adjudicated using the latest reported salary. No salary updates will be permitted at time claim is made.

Processing Dismemberment Claims

When the claim form has been fully completed, it must be submitted to Companion Life for processing. Companion Life will return incomplete forms to the insured employee or employer for completion.

Processing Dependent Death Claims

Dependent death claims are submitted on the same claim form as an employee death claim. A certified (raised seal) copy of the death certificate and a copy of the employee's Enrollment form are also needed. The insured employee is the designated beneficiary for this benefit.

Processing Waiver of Premium

If an insured becomes totally disabled before age 60, Companion Life will waive premiums for the basic term life insurance benefit and voluntary life coverage. The waiver of premium will begin on the first of the month after 12 consecutive months of total disability, unless there is a special provision in the group's policy.

Note: The insured must file a written notice within 12 months of the date of total disability to be eligible for this benefit, unless there is a special provision in the group's policy.

The written notice includes a three-part form completed by the insured employee, employer and attending physician.

Processing Accelerated Benefit Claims

Accelerated benefit claims are submitted on a separate claim form designed for this benefit. Proof of terminal illness certified by the attending physician and one other physician must be provided, as well. Terminal illness is defined as life expectancy of 12 months or less as stated by the attending physician.

Processing Short Term Disability Claims

At the beginning of the disability period, the insured employee must submit the Short Term Disability (STD) Accident or Sickness claim form. Payroll records are required on all employees 65 years or older. The employer should provide only the initial claim form to the insured employee. Periodic physicians' statements will be needed to continue benefits.

1. The insured employee must complete Part I and sign the Authorization to Release Information.
2. The insured employee must have the attending physician complete and sign Part II.
3. The employer must complete Part III.

Note:

- If the employee receives salary continuation, PTO, sick leave, vacation, etc., disability will not begin until exhaustion of the elimination period or such employer paid benefit, whichever is later.
- If the employee is subject to child support withholdings, attach documentation with the claim.
- If the period of disability is due to workers' compensation, disability benefits will not be paid.

Once this form has been completed, the employer must submit it to Companion Life for processing. Incomplete forms will be returned to the employer.

Premiums must be paid during any period for which STD benefits are paid. Waiver of premium for STD applies only to voluntary STD.

The employer must notify Companion Life when a disabled insured employee returns to work on a part-time or full-time basis. The Return to Work notice is completed by the employer/group administrator and must be mailed, faxed or phoned to Companion Life. **Weekly disability checks are mailed to the employee's address unless otherwise directed by the group administrator.**

Please refer to *Important Tax Information* about disability claims on on page 27.

Note: Death and disability claims on groups with salary-based benefits will be adjudicated using the latest reported salary prior to loss. No salary updates will be permitted when a claim is made.

STD claims status and benefit payment status can also be obtained by calling 1-877-676-5789.

Processing Long Term Disability Claims

Long Term Disability (LTD) claims must be submitted at least halfway through the elimination period. LTD claims should be sent to:

Companion Life Insurance Company
300 Southborough Drive, Suite 200
South Portland, ME 04106-6914

To expedite the handling of new claims, forms can also be faxed to: 207-766-3448. Originals must follow by regular mail.

For questions about LTD claims, call: 877-820-5188 or fax 207-766-3448.

1. The insured employee must answer all questions, sign and date the top portion of the claim form.
2. The insured employee must have the physician complete, sign and date the back of the claim form.
3. The employer must answer all questions, sign and date the bottom portion of the claim form.

When submitting the form, please be sure that each party fully completes his or her portion. This will help prevent delays.

LTD claims approval/denial can take 60 days or longer to process. Companion Life encourages claimants to provide necessary information as soon as the disability is determined to avoid delay in benefits. Once Companion Life determines that the insured employee qualifies for LTD benefits, the LTD premium will be waived. You will receive written notification of approval or denial.

After the initial approval, monthly benefit payments are timed to be received by the end of the month for which benefits are due. An individual can request payments be made electronically through our electronic fund transfer process.

Note: Death and disability claims on groups with salary-based benefits will be adjudicated using the latest reported salary. No salary updates will be permitted at the time claim is made.

Approval of LTD benefits does not constitute approval for waiver of premium. The employee must file separately for the life insurance premium to be waived. Refer to information on page 15 and on page 22.



Processing Dental Claims

Dental claims can be submitted via the Companion Life Dental Claim form or any claim form approved by the American Dental Association.

Dental claim status can be checked by the employee or the dental provider by calling Companion Life.

The telephone number for the Companion Life for dental is 1-877-676-5789.

Or, contact us by writing to:
Companion Life Insurance Company
PO Box 1535
Dubuque, IA 52004-1535

Written HIPAA authorization must be on file from the subscriber in order for a group administrator, agent or broker to discuss dental claims information.

Submitting a Critical Illness Claim

The following documents must accompany each claim:

1. Insured's Statement of Claim

- Must be completed each time you file a claim.
- Be sure to answer every question.

2. Authorization

- Claimant or authorized representative must sign and date authorization (located on Page 2 of claim form) to allow physicians to release medical records to Companion Life.

3. Prior Treatment Form

- If provider fax numbers are known, please provide them in order to expedite this process.
- Make certain authorization (located on Page 2 of claim form) is signed and dated.

4. Physician's Statement

- To be completed by the medical provider.

All required portions of the claim form must be completed to avoid delay in the processing of your request for benefits. Return fully completed claim form and supporting documentation by mail or fax to:

Fax: 563-557-3350

Companion Life
P.O. Box 1535
Dubuque, IA 52004-1535

Important Tax Information

Please note: The following is a simplified summary of the current tax law. Companion Life does not provide legal or tax advice; therefore, we encourage you to review the complete text of the law to establish its full application to your situation. We also encourage you to consult your tax adviser, attorney or accountant about your specific responsibilities as an employer.

Companion Life is not your agent with respect to disability claim payments. Accordingly, under current tax law, Companion Life is only responsible for withholding the employee's portion of FICA and making timely deposits of the amounts withheld. The employer's share of FICA is payable by each employer upon notification from Companion Life of the amount of disability benefits paid to the insured employee.

The law further provides that certain payments are not subject to FICA, including payments attributable to employee contributions, payments that — when combined with the regular wages and sick pay previously paid to the employee during the year — exceed the applicable wage base, and payments after six months absence from work. Therefore, when submitting disability claims, you must advise us of the following:

- The employee contributions to the plan made with after-tax dollars.
- The total wages paid to the employee during the calendar year.
- The last month in which the employee worked.

Although disability benefits paid by Companion Life are not subject to mandatory federal income tax withholding, an employee can elect to have federal income tax withheld by submitting form W-4S to Companion Life. If the insured employee does not submit a Form W-4S, federal income tax will not be withheld from the benefit payments.

To facilitate record-keeping for your compliance with the law, Companion Life will provide you, on a weekly and quarterly basis, with a listing of amounts paid and taxes withheld. This report will give you sufficient information to complete your own FICA report. In addition, Companion Life will provide you an annual report before Jan. 15 of each year following the year in which the disability benefits were paid. You should use this report to prepare W-2 forms for your insured employees.

Companion Life does not generally prepare W-2 forms. The annual report will include the following information:

- The employee's name
- The employee's SSN (if taxes were withheld)
- The disability benefits paid to the employee
- Any federal income tax withheld
- Any employee Social Security tax withheld
- Any employee Medicare tax withheld

If you have any questions or concerns about the above information, or if we can be of service to you, please call Companion Life Claims at 1-877-676-5789.

Your Dedicated Service Team

Our team of benefit experts works together with our specialists behind the scenes to provide you the best possible service. As a client of Companion Life, you have access to everyone on the team. Each member is only a phone call away at any time if you need assistance.

Companion Ancillary Contact List

Service

Phone # 877-676-5789
Fax # 563-557-3350
Email Address companionservice@companionlife.net

Disability/Life

Phone # 877-676-5789
Fax # 563-557-3360
Email Address companionclaims@companionlife.net

Dental

Phone # 877-676-5789
Fax # 563-557-3350
Email Address companionservice@companionlife.net

Critical Illness

Phone # 877-676-5789
Fax # 563-557-3350
Email Address companionclaims@companionlife.net

Enrollment

Phone # 877-676-5789
Fax # 563-557-3351
Email Address companionenrollment@companionlife.net





P.O. Box 1535
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