



WinCo Holdings, Inc. Voluntary Benefits Application – New Hires

Voluntary benefits are 100% **employee-paid** after tax via payroll deductions and continue until you cancel. For detailed info, visit <http://benefits.wincofoods.com/voluntary-benefits/>. For rates and other enrollment info, see page 2 of this application.

SECTION 1: **EMPLOYEE INFORMATION – Complete All Fields**

Your Name (Last, First Middle)		Date Employed	Social Security Number
Email Address	6 Digit Employee Number	Date of Birth	Phone Number

SECTION 2: **Voluntary Term Life & Accidental Death & Dismemberment (AD&D) - Bundled**

Lincoln Financial Group (Deduction type: First payroll of month) AD&D coverage amount mirrors the life coverage amount.

EMPLOYEE COVERAGE

Enter your election below. Maximum: lesser of 10x annual salary or \$500,000. Amounts over \$300,000 require a medical questionnaire/evidence of insurability ("EOI"). An EOI link will be e-mailed to your e-mail address on file.

Initial Enrollment: ☐ I elect to enroll in \$_____ amount of voluntary term life & AD&D coverage.
(Increments of \$10,000; min: \$10,000, max: \$500,000; guaranteed issue: \$300,000)

Decline Coverage: ☐ *No, thanks! I DECLINE.* Cancel Coverage: ☐ I elect to CANCEL my Voluntary life coverage.

SPOUSE COVERAGE

Spouse Info – Name: _____ DOB: _____ Gender: M F U

Enter your election below. Maximum: Spouse coverage cannot exceed employee coverage or \$250,000. Amounts over \$50,000 require EOI.

Initial Enrollment: ☐ I elect to enroll in \$_____ amount of voluntary term life & AD&D coverage.
(Increments of \$10,000; min: \$10,000, max: \$250,000; guaranteed issue: \$50,000)

Decline Coverage: ☐ *No, thanks! I DECLINE.* Cancel Coverage: ☐ I elect to CANCEL my Spouse life coverage.

CHILD(REN) COVERAGE

Youngest Child Info – Name: _____ DOB: _____ Gender: M F U

Enter your election below. Maximum: \$10,000, regardless of number of children covered. Children up to age 26 qualify. You must enroll in employee coverage to purchase child coverage.

Initial Enrollment: Please check the box of desired coverage: ☐ \$10,000

Decline Coverage: ☐ *No, thanks! I DECLINE.* Cancel Coverage: ☐ I elect to CANCEL my Child life coverage.

Section 3: **Voluntary Accidental Death & Dismemberment - Stand-alone AD&D**

Lincoln Financial Group (Deduction frequency: First payroll of month) See website & page 3 for rates. Benefit description: This can be purchased in addition to the policy in Section 3 for additional coverage in the event of an accidental death.

Maximum coverage amount is 10 times your annual salary or \$250,000, whichever is less, in increments of \$25,000. SELECT ONLY ONE:

☐ Yes, enroll me in **employee** only coverage \$_____ amount of coverage (minimum \$25,000, maximum \$250,000)

☐ Yes, enroll me in **family** coverage \$_____ amount of coverage (minimum \$25,000, maximum \$250,000)

☐ *I currently am enrolled and wish to cancel.*

Section 4: **Legal and/or Identity Theft Protection**

LegalShield (Deduction frequency: First payroll of month) Cancellations prior to the next OE will not be allowed.

Coverage Type – Enrollment Section	Opting Out?
Legal Protection – Please enroll me in: ☐ Family coverage – \$14.75 / mo.	☐ No, thanks! I DECLINE.
Identity Theft Protection – Please enroll me in: ☐ Employee only – \$6.95 / mo.; ☐ Family – \$12.95 / mo.	☐ No, thanks! I DECLINE.
Legal & ID Theft Bundle – Please enroll me in: ☐ Employee only – \$20.70 / mo.; ☐ Family – \$25.80 / mo.	☐ No, thanks! I DECLINE.

Statement of Understanding – By signing this application, I represent that all my answers are complete and accurate, and I understand and agree to the following terms and conditions: 1.) If this application is approved, coverage for myself and any eligible family members named in this enrollment, will begin on the date assigned by WinCo Holdings, Inc. 2.) I understand that for the specific benefits noted above (Legal Protection, Identity Theft Protection, and Voluntary Life & AD&D), that I cannot cancel, change, or enroll in coverage until open enrollment. 3.) I understand these voluntary benefits are offered to provide employees access to discounted rates and payroll deduction. These benefits are not sponsored or endorsed by WinCo for purposes of Federal and State law. ERISA is not applicable.

Signature: _____ Date: _____

Rate Information - For calculation purposes only. Do not turn in this sheet.

A. Voluntary Term Life and AD&D Rates		Guaranteed Issue at Open Enrollment \$20,000 – no underwriting required	
Employee	- Minimum coverage amount \$10,000 and maximum coverage amount the lessor of 10x annual salary or \$500,000 maximum. - Enrollments/increases over \$20,000 require evidence of insurability - Coverage in increments of \$10,000 - Rates based on employee's age	Monthly Rates per \$10,000 of Coverage	
		Age	Employee/Spouse
		29 & Under	\$ 1.03
		30 to 34	\$ 1.15
Spouse	- Minimum coverage amount \$10,000 and maximum coverage amount the lesser of 100% of employee election or \$250,000 maximum - Coverage in increments of \$10,000 - Must have employee coverage to enroll in spouse coverage - Rates based on spouse's age	35 to 39	\$ 1.38
		40 to 44	\$ 1.72
		45 to 49	\$ 2.53
		50 to 54	\$ 4.02
		55 to 59	\$ 5.98
Child(ren)	- Coverage amount of \$10,000 - Must have employee coverage to enroll in child coverage - Dependent life is \$3.40 per month for \$10,000 of coverage regardless of the number of children covered. Children up to age 26 qualify.	60 to 64	\$ 8.97
		65 to 69	\$15.87
		70 to 74	\$24.49
		75 & over	\$37.66

Examples of monthly premium costs Here are examples of monthly costs based on coverages levels.	Voluntary Life Employee & Spouse Rate Examples	Age	Amount of Coverage			
			\$ 10,000	\$ 50,000	\$ 100,000	\$ 300,000
		29 & Under	\$ 1.03	\$ 5.15	\$ 10.30	\$ 30.90
		30 - 34	\$ 1.15	\$ 5.75	\$ 11.50	\$ 34.50
		35 - 39	\$ 1.38	\$ 6.90	\$ 13.80	\$ 41.40
		40 - 44	\$ 1.72	\$ 8.60	\$ 17.20	\$ 51.60
		45 - 49	\$ 2.53	\$ 12.65	\$ 25.30	\$ 75.90
		50 - 54	\$ 4.02	\$ 20.10	\$ 40.20	\$ 120.60
		55 - 59	\$ 5.98	\$ 29.90	\$ 59.80	\$ 179.40
		60 - 64	\$ 8.97	\$ 44.85	\$ 89.70	\$ 269.10

B. Voluntary AD&D Rates				
- Employee only coverage .35 per \$10,000 - Family coverage .50 per \$10,000 - Minimum coverage amount \$25,000 and maximum coverage amount the lessor of 10x annual salary or \$250,000 maximum	Examples of monthly cost:	Amount of Coverage		
		Amount	Employee Only	Family
		\$ 25,000	\$ 0.88	\$ 1.25
		\$ 50,000	\$ 1.75	\$ 2.50
		\$ 75,000	\$ 2.63	\$ 3.75
		\$100,000	\$ 3.50	\$ 5.00
		\$125,000	\$ 4.38	\$ 6.25
		\$150,000	\$ 5.25	\$ 7.50
		\$175,000	\$ 6.13	\$ 8.75
		\$200,000	\$ 7.00	\$ 10.00
		\$225,000	\$ 7.88	\$ 11.25
		\$250,000	\$ 8.75	\$ 12.50

OTHER IMPORTANT INFO: Voluntary Benefits Administered Outside of WinCo Benefits

Pet Insurance – Nationwide (Deduction frequency: Second payroll of month) Enroll for pet insurance online at <https://www.petinsurance.com/wincofoods> [petinsurance.com]. After enrollment, your deduction will be sent to WinCo and your payroll deduction will start. Contact Nationwide with changes after enrollment.

Auto & Home – Liberty Mutual or Farmers (formerly MetLife) (Deduction frequency: Every payroll)
Liberty Mutual and Farmers offer discount rates for auto and home insurance; contact them for rates. Payroll deduction starts after enrollment. Contact Liberty Mutual or Farmers with changes after enrollment.
Farmers: 1-800-438-6381; www.farmers.com/groupselect; OR Liberty Mutual: 1-800-524-9400; www.libertymutual.com/winco

WAYS TO RETURN THIS APPLICATION:

1. Fax to 208-672-2025 (available anytime). Please retain your successful fax confirmation page; this should have an image of the form.
 2. U.S. Mail to WinCo Holdings, Attn: Benefits, PO Box 5756, Boise, ID 83705 (certified if you desire proof of delivery).
- E-mailed applications are not accepted; interoffice mail is discouraged. If the deadline is missed, **no coverage will take effect**. The Benefits team sends application receipt notices by email within 3 business days. Please email benefits@wincofoods.com if you receive no response.

Incomplete applications are not processed; notification is mailed with a short deadline to correct. For assistance, contact the Employee Benefits Department at benefits@wincofoods.com or at 800-341-6543, option 4.