Benefit Programs and Services for Employees
Florida State University

represented by
The Gabor Agency, Inc.

GABOR

3500 Financial Plaza • Tallahassee, Florida 32312
(850) 894-9611  (800) 330-6115  (850) 894-4268 fax

Other Offices
Boca Raton (561) 395-7969; Gainesville (352) 372-1802; Jacksonville (904) 396-6992
Miami (305) 559-9332; Pensacola (850) 478-1649; Tampa (813) 531-8000

Securities offered through SAFECO Investment Services, Inc.
4054-154th Place NE • Redmond, WA 98052 • 800-469-7667
Member NASD/SIPC

The Gabor Agency, Inc. is independently owned and operated
Founded over a half century ago, Gabor was built on the philosophy that insurance should be responsive to the needs of the employee and employer alike. We achieve this goal by offering solid, custom-designed programs.

We have tailored all of the insurance and annuity programs in this booklet to fit the needs of the employees of this university. Each program that we provide is the result of discussions with, and input from, insurance committees and benefits professionals from the university. The nationally respected companies that underwrite the programs have been carefully selected for their competitive pricing and claims paying and administrative expertise.

We pride ourselves on the fact that our professionally trained staff of career agents is not commissioned based, as is most common throughout the industry. Instead, our salaried agents emphasize service and professional relationships with the employees of the university. A central office staff that is just as dedicated to our principles of professionalism and service supports our agents.
Benefit Programs and Services Available

LIFE INSURANCE
Various forms of life insurance are available through payroll deduction such as Universal Life, Variable Universal Life, Whole Life and Level Term Life Insurance. Gabor representatives are trained as professionals to evaluate the needs and recommend the most cost effective choice of coverage for each individual's situation. Many of these plans are available to new employees during their first 60 days of employment or during periodic open enrollment periods on a guaranteed issue basis. An employee may purchase any of these plans at any time for themselves, spouses and children by providing evidence of insurability.

GROUP TERM LIFE INSURANCE
This is low cost term life insurance available through payroll deduction and available to new employees during their first 60 days of employment or during periodic open enrollment periods on a guaranteed issue basis.

GROUP LONG TERM DISABILITY INSURANCE
Provides a monthly benefit in the event of a total disability, payable to age 65 and, in addition, provides for a monthly contribution into a tax-deferred annuity to help offset the loss of normal retirement plan buildup. This is available to new employees during their first 60 days of employment or during periodic open enrollment periods on a guaranteed issue basis. See separate brochure.

SHORT TERM DISABILITY INSURANCE
Short Term Disability Insurance is designed to shorten the waiting period of the Long Term Disability Insurance from 90 days to 30 days for those employees who are financially unable to withstand a three month span without pay. Currently not available at FSU.

LONG TERM CARE INSURANCE
An individual may find himself or herself in a position to need Long-Term Care at any age. Unexpected events, as well as the aging process, can leave a person in a vulnerable position both personally and financially. Long-Term Care insurance will help meet the financial and emotional impact of an extended illness or injury, or advanced age. This plan helps the insured preserve assets and maintain independence and control over the care received in the event of the need for Long-Term Care. Once qualified for benefits, the insured person receives the benefits automatically each month to be used for any reason. See separate brochure. Currently not available at UCF and FGCU.

HOSPITAL INDEMNITY INSURANCE
Hospital Indemnity Insurance offers a daily benefit of $100.00 or $200.00 per day to a covered employee or family member while they are hospitalized. Benefits are payable for up to 365 days a year, directly to the insured. Coverage is also provided for Home Health Care, Convalescent Care, Hospice Care, Extended Care and Ambulatory Surgical procedures. See separate brochure. This benefit is available through the state's pre-tax supplemental benefit plan.

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE
AD&D is a very low cost supplemental coverage that provides benefits in the event of an accidental death or dismemberment. Coverage is 24 hours a day, on or off the job. This includes emergency travel assistance coverage while an insured is traveling more than 100 miles from their home either on business or for pleasure. See separate brochure. Currently not available at USF.

TAX DEFERRED ANNUITIES
Special tax-saving opportunities under Section 403(b) of the Internal Revenue Code are available to employees in addition to contributions to 457 Deferred Compensation Plans, IRA's and other retirement plans. We provide many programs that include fixed annuities and through SAFECO Investment Services, Inc., our registered representatives can offer variable annuities and mutual funds through various insurance and mutual fund companies.

OPTIONAL RETIREMENT PROGRAMS
We represent companies offering Optional Retirement Programs for the universities.

MUTUAL FUNDS
Through SAFECO Investment Services, Inc., our registered representatives offer a wide range of mutual fund companies to employees who wish to contribute to their IRA or non-qualified investment portfolio.

RETIREMENT PLANNING
We offer a full range of retirement planning services. Our fully trained staff includes Certified Financial Planners, Chartered Life Underwriters and Chartered Financial Consultants.

DEFERRED RETIREMENT OPTION PLAN (DROP)
Our DROP specialists are available to assist employees with their DROP options and investments.
**LIFE INSURANCE CONSIDERATIONS**

1. Help your loved ones maintain their accustomed living standards as closely as possible to the standards that you have accomplished, through the use of an income tax-free death benefit.

2. Pay your “final” expenses: funeral, health care bills, and other outstanding obligations which may otherwise fall on your loved ones.

3. Build value for your children’s education.

4. Accumulate supplementary funds in cash and loan value for your retirement years.

5. Create funds to pay Federal estate taxes.

6. Use it as a “fifth option” to your Florida Retirement to enable you to take a higher benefit payout.

7. Leave a perpetual remembrance:
   a. A special endowment—in your name—for your university or college.
   b. An endowment to your favorite charity, church, synagogue or mosque.

Ask a Gabor representative how these may be accomplished.

“Acquiring Life Insurance is a civilized act of true love and caring. It is an ultimately unselfish way to perpetuate your love and your own remembrance.”

Anon.

Please contact The Gabor Agency, Inc. at (850) 894-9611 or (800) 330-6115 as early as possible for detailed, personalized illustrations and applications.
CASH VALUE LIFE INSURANCE FOR EMPLOYEES
Underwritten by SAFECO Life Insurance Company

Introduction
Guaranteed Issue Cash Value Life Insurance provides members of this group with life insurance that may never be terminated by the Company (SAFECO) during the guaranteed period you select, except for non-payment of the premium required to keep it in force. Unlike the usual forms of group insurance, which are on a “term” insurance basis, this program contains cash, loan and other nonforfeiture values.

The individual cash value life insurance policies that are issued through this program offer life insurance protection for your family as well as current earnings opportunities. The rates payable are the regular individual rates that would normally be charged for similar insurance on an individually billed monthly payment plan. You may obtain life insurance protection at guaranteed standard risk rates and also accumulate cash savings for future needs.

Amounts of Insurance
If you are applying during your first 60 days of employment, or during an Open Application Period, you may apply for any amount of insurance you wish, up to three times your salary, to a maximum of $150,000. Larger amounts are available to you, your spouse, and dependent children on the same rate basis by providing evidence of insurability satisfactory to the company.

The amount of any Guaranteed Issue Cash Value Life insurance previously issued to you by the company is deducted from the amount for which you would be eligible under this program.

Individual Policies
You will receive an individual life insurance policy on the plan of insurance you select. Control of a policy rests entirely with you and if you should change employment, payment may be continued to the Company on an individual premium basis, with full credit for all previous payments made, without increase of premium from the present annual rate. Thus, the insurance premium will still be based on the original age and no conversion is necessary!

Accelerated Benefits Option
Living Benefit that pays up to 50% of the policy’s death benefit in advance if the insured is diagnosed as terminally ill.

Safety Benefit
To promote automobile safety, an additional $10,000 death benefit paid if the insured dies while wearing a seatbelt.

Transportation Benefit
Additional $5,000 death benefit to help cover the cost of transporting a deceased insured back to their principal residence.

Waiver of Premium or Monthly Charges
A provision of Waiver of Premium or Waiver of Monthly Charges may be added to the policy at an additional premium and by providing evidence of insurability satisfactory to the Company.

Eligibility
If you are a permanent full-time employee age 65 or under, you may participate in the Guaranteed Issue program provided you are actively at work on the date of application and on the date the insurance is scheduled to take effect. If you are age 66 or older, or you have passed your Open Application Period, you may still apply for this insurance subject to the insurance company’s normal underwriting requirements.

Plans of Insurance
You may select insurance from two cash value plans. Our salaried insurance representatives will be available to quote premiums and to explain the benefits on all plans that are available through this program.
Introduction
Various forms of life insurance are available for spouses and dependent children of university employees through payroll deduction. These include Universal Life, Variable Universal Life and 10, 15, 20 and 30 Year Term Life.

Amounts of Insurance
You may apply for any amount that you need by providing evidence of insurability satisfactory to the Company. Gabor representatives are trained as professionals to evaluate the needs and to recommend the most cost effective choice of coverage for each individual's situation.

Individual Policies
These are individual life insurance policies. Control of the policy rests entirely with you and if you should change employment, payment may be continued to the Company on an individual premium basis, with full credit for all previous payments made, without increase of premium from the present annual rate. Thus, the insurance premium will still be based on the original age and no conversion is necessary.

Accelerated Benefits Option
Living benefit that pays up to 50% of the policy's death benefit in advance if the insured is diagnosed as terminally ill.

Safety Benefit
To promote automobile safety, an additional $10,000 death benefit paid if the insured dies while wearing a seatbelt.

Transportation Benefit
Additional $5,000 death benefit to help cover the cost of transporting a deceased insured back to their principal residence.

Waiver of Premium or Monthly Charges
A provision of Waiver of Premium or Waiver of Monthly Charges may be added to the policy at an additional premium.

Eligibility
If you are a permanent full-time employee you may apply for coverage on your spouse and/or dependent children. You do not need to apply for coverage for yourself in order for your dependents to be eligible for this coverage.
BENEFITS
You may choose any amount of Group Term Life Insurance benefit you desire, but not less than the minimum nor more than the maximum multiples of salaries shown below (rounded to the lower $1,000), subject to the "Limits at Issue" column and the following rules:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percent of Salary</th>
<th>Limits at Issue</th>
<th>Disability Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 54</td>
<td>100%</td>
<td>$150,000</td>
<td>To age 100</td>
</tr>
<tr>
<td>55 - 59</td>
<td>$10,000</td>
<td>$100,000</td>
<td>To age 100</td>
</tr>
<tr>
<td>60 - 64</td>
<td>$10,000</td>
<td>$100,000</td>
<td>To age 65</td>
</tr>
<tr>
<td>65 - 69</td>
<td>$10,000</td>
<td>$60,000</td>
<td>1 Year</td>
</tr>
<tr>
<td>70 - 74</td>
<td>$10,000</td>
<td>$40,000</td>
<td>6 Months</td>
</tr>
<tr>
<td>75 - 79</td>
<td>$10,000</td>
<td>$30,000</td>
<td>3 Months</td>
</tr>
<tr>
<td>80 - 84</td>
<td>$10,000</td>
<td>$20,000</td>
<td>1 Month</td>
</tr>
<tr>
<td>85 -</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The amount of insurance you choose, when eligible, does not automatically reduce with attained age so long as employment continues and the appropriate premium is paid. (PARTICIPATION IN THIS POLICY DOES NOT REDUCE OR CANCEL AN EMPLOYEE’S ELIGIBILITY TO PARTICIPATE IN THE CASH VALUE LIFE INSURANCE POLICY)

ELIGIBILITY
You must be a permanent, full-time employee of the University, actively at full-time work both when you apply and on the date the insurance is to take effect. Application must be made within 60 days of beginning of employment, or during an “Open Enrollment Period”, subject to the rules relating to the Open Enrollment Period. You should apply when first eligible because future Open Enrollment Periods are not predictable.

WAIVER OF PREMIUM
If you should become totally and permanently disabled while insured, as a result of either sickness or accident, your Group Term Life Insurance will be continued while such disability exists for a period of time as shown in the Schedule above.

ACCELERATED DEATH BENEFIT
If you should become terminally ill and you require hospital or hospice or nursing home confinement, or require a nurse at home or home health care, you may request that the Company begin an Accelerated Death Benefit. This Accelerated Death Benefit will be advanced to you at the rate of 3% of the face amount of insurance monthly for up to sixteen months, and, in the seventeenth month, 2% of the face amount of insurance will be paid. Not more than 50% of the face amount can be paid out this way. The balance is paid to the beneficiary if the insurance remains in force at the time of your death.

“Terminally Ill” means you have a sickness or illness from which there is no reasonable prospect of cure or recovery and a physician has determined that your life expectancy is twelve months or less. You also must have at least $20,000 of Group Term Life Insurance for this to apply. The maximum to which it will apply is $100,000.

TERMINATION
The Group Term Life Insurance will remain in force 31 days following termination of employment. By making application to SAFECO Life Insurance Company during this period, the insurance may be converted without medical examination to an individual Whole Life Insurance policy, at the premium for your then attained age.
GROUP TERM LIFE INSURANCE

CONTINUED

RETIREMENT
If you retire, you may continue up to $20,000 of your Group Term Life Insurance on the same basis as if you were still employed, provided the Master Group Life policy held by your employer remains in force and premium for such insurance continues to be deducted from your retirement pay; or, you may convert up to 50% of your group insurance to a form of Whole Life insurance without evidence of insurability as of your then attained age.

DEPENDENTS
You may include insurance for your spouse, at the premium cost per thousand shown below, up to 50% of the amount of Group Term Life Insurance you carry. The issuance of this coverage requires approval by the Company of a simplified, underwritten application. The spouse and children's insurance does not include disability coverage or the accelerated living benefit provision. You cannot apply for spouse and/or dependent children coverage without insuring yourself.

Your children may be insured in increments of $5,000 up to a maximum of $25,000, subject to the same underwriting as required for your spouse. The monthly cost for adding one or more children is $2.50 for each $5,000 increment. Children are insured from fourteen days of age up to age 19. Coverage will be extended to any child over age 19, up to age 24, if 1) legal residence is with you, the employee; 2) chiefly dependent upon you for support; and 3) is a full-time student at any institution of higher learning.

PREMIUMS
Premiums shown below are for age groups. The premium is adjusted effective October 1st following the date that an employee and/or spouse’s attained age falls into a higher age group.

EMPLOYEE AND SPOUSE RATES

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Premium per Month per $1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 - 34</td>
<td>.07</td>
</tr>
<tr>
<td>35 - 44</td>
<td>.15</td>
</tr>
<tr>
<td>45 - 49</td>
<td>.25</td>
</tr>
<tr>
<td>50 - 54</td>
<td>.38</td>
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<tr>
<td>55 - 59</td>
<td>.61</td>
</tr>
<tr>
<td>60 - 64</td>
<td>.96</td>
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<tr>
<td>65 - 69</td>
<td>1.55</td>
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<td>70 - 74</td>
<td>2.45</td>
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<tr>
<td>75 - 79</td>
<td>3.88</td>
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<tr>
<td>80 - 84</td>
<td>5.80</td>
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<tr>
<td>85 - 89</td>
<td>8.32</td>
</tr>
<tr>
<td>90 - 94</td>
<td>12.05</td>
</tr>
<tr>
<td>95 -</td>
<td>26.03</td>
</tr>
</tbody>
</table>
SHORT TERM DISABILITY INCOME INSURANCE
Underwritten by PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
Policy Form No. 5975 GAB

THIS IS A NON-CONVENTIONAL DISABILITY
INCOME INSURANCE PLAN ESPECIALLY DESIGNED
TO COMPLEMENT THE UNIVERSITY SYSTEM LTD
PROGRAM BY COVERING THE "GAP" BETWEEN THE
31st AND 90th DAYS OF DISABILITY. [THE SUS LONG
TERM DISABILITY PLAN BENEFITS BEGIN ON THE
91st DAY OF DISABILITY.]

EXCLUSIONS, LIMITATIONS AND REDUCTIONS
This policy does not cover
1. War, declared or undeclared, or any act of war, and
   any premium paid while you are in military service
   will be refunded, and
2. Pre-existing conditions unless your disability
   begins after you have had this policy in force for 6
   consecutive months. A "pre-existing condition"
   means a sickness or injury for which you have
   received medical treatment or consultation, had
   medical care or service, had diagnostic tests, or
   took prescribed medicine within 60 days prior to
   the effective date.

THIS PLAN IS RECOMMENDED BY THE GABOR AGENCY, INC.
FOR THOSE EMPLOYEES WHO:
1. Enroll in the SUS LTD plan, and
2. Do not have the financial means to be out of work
   and unpaid for more than 30 days.

THIS PLAN MAY NOT BE SUITABLE FOR YOU IF:
1. You have sufficient unused sick leave available
   from your employer, and
2. You have other short term disability insurance or
   the independent financial means to finance short
   term disabilities.

ELIGIBILITY
Permanent full-time employees of the University [for
purposes of this coverage, full-time means 20 hours or
more per week] may participate in this program provid-
ed application is made within 60 days of beginning of
employment or during an “Open Application Period”.

DEFINITION OF DISABILITY
Disability means your inability to do the substantial
and material duties of your regular occupation because
of a sickness or injury.

MONTHLY BENEFIT
Monthly benefit is paid only from the 31st day to the
90th day of disability; maximum payable for each dis-
ability is 60 days. The monthly benefit is 2/3’s of your
University base monthly salary, and the maximum
monthly benefit is $7,000.00. Benefits under this poli-
cy begin with the 31st day of total disability from sick-
ness or injury.

EFFECTIVE DATE
Coverage will become effective on the first day of the
month following the month in which application is
made and premium has been deducted from payroll, if
you are then actively employed as a full-time employee.

PREMIUMS
The monthly premium for this policy is $.37 per
$100.00 of monthly salary.
Remember When You Thought You Were Invincible?
It is estimated that by the year 2005, nine million men and women over the age of 65 will need assistance with everyday activities—the type of assistance known as long term care. But it is not only the elderly who need long term care. Currently, almost 50 percent of Americans receiving long term care are under the age of 65. Imagine how it impacts their families...their finances ... their dreams for retirement.

It doesn’t take long for the costs of a long term illness or injury to deplete your savings and assets. That’s why Long Term Care insurance makes sense today.

WHO NEEDS LONG TERM CARE INSURANCE?
Maybe you!
• If you are hoping to set up a financial plan for a worry-free retirement
• If you worry about being a burden to your family
• If you don’t have family members to take care of you
• If you want to remain independent for as long as you are able

WHY BUY NOW?
As an employee, you may purchase coverage during your first 60 days of employment without having to fill out a medical questionnaire, as long as you do not choose benefits that exceed that Guarantee Issue limits. If you wait to enroll, you will need to fill out the medical questionnaire and may not be accepted into the plan.

Guarantee Issue means that you do not have to fill out a medical questionnaire.
The younger you are when you buy UnumProvident’s Long Term Care Insurance, the lower the cost. The rate is based on your age at the time of purchase.

If you change employers or retire, you can still keep your coverage at affordable group rates.

Benefits may be subject to a pre-existing condition exclusion.

PLAN HIGHLIGHTS
Who can apply?
Employees-Full-time (30 hours per week) active employees
Family Members-Spouses, parents (in-law) and grandparents (in-law) ages 18 to 89 may apply with medical underwriting.
Retirees-Retirees may apply with medical underwriting.
Medical Underwriting - Effective Dates

All Active Employees & Newly Hired Employees who enroll after the Guarantee Issue period or choose benefits over the Guarantee Issue limits will be required to fill out a medical questionnaire. Your Gabor Representative will provide you with complete details and an enrollment kit.

Eligible Family Members & Retirees must complete a medical questionnaire, and in some instances, a face-to-face assessment may be required.

LEVELS OF CARE

Long Term Care Facility
A Long Term Care Facility is an institution or distinctly separate part of a hospital that provides skilled, intermediate or custodial care under state licensing and certification laws.

Assisted Living Facility
An assisted Living Facility is licensed by the appropriate agency (if required) to provide ongoing care and services to a minimum of three inpatients in one location.

Professional Home Care
Includes visits to your home by a licensed Home Health Care Provider during which skilled nursing care; physical, respiratory, occupational, dietary or speech therapy; adult day care or hospice care; or homemaker services are provided.

OPTIONS

Total Home Care
Includes Professional Home Care services, as well as care received from any care provider of your choosing, including relatives and friends who provide care in your home.

Inflation Protection
Simple Growth. Your Monthly Benefit Amount will increase each year by 5% of the original Monthly Benefit. Your pool of benefit dollars will also increase by 5% each year so that after 20 years the pool of benefit dollars will have doubled.

Elimination Period
Your plan’s Elimination Period is the amount of time you must wait before benefits become payable. This time period needs to be satisfied only once during the life of the plan.

CHOOSING YOUR PLAN

When considering the plan that is the best for you, ask yourself these questions:
• Where do I want to receive care?
• How much money do I want for care?
• How long do I want care to last?

Please see separate brochure for specific details regarding the plan.
GROUP LONG TERM CARE INSURANCE
continued

WHAT'S THE COST?
Your individual cost for insurance will depend on your age, the plan and the options you choose. Your Gabor Representative will provide you with the rates and an enrollment kit. Rates will not go up because you grow older.

LIMITATIONS & EXCLUSIONS
There are some instances when the company will not pay a benefit: for a disability caused by war or act of war, self destruction, attempted suicide, commission of a crime, alcoholism or alcohol abuse, use of a controlled substance not prescribed by a physician, psychological, psychiatric or mental conditions, a period longer than 30 days outside the U.S. and confinement in the hospital.

Pre-existing condition is any condition that exists for which you have received medical treatment, consultation, care or services, including diagnostic measures, or took drugs or medicines that were prescribed for the condition, during the six-month period right before coverage begins.

If you have been treated or have received care or consultation in the 6 months prior to the effective date and you then suffer a loss in the 6 months after your effective date of coverage and that loss is directly related to a pre-existing condition, no benefit will be payable for that loss. This pre-existing condition exclusion applies only to the 6 months before your effective date.

UnumProvident's Long Term Care insurance pays benefits when you are unable to perform at least two of six Activities of Daily Living (ADLs), or you suffer severe cognitive impairment (like Alzheimer's Disease), after your effective date of coverage. The ADL loss must be expected to last at least 90 days, as certified by a Physician.

Please consult your Gabor Representative for complete details, rates and enrollment forms.
Accidents are sudden and untimely, leaving family members without time to put finances in order. In addition to helping to provide protection against financial hardships that can occur when death is the result of an accident, AD&D insurance can also help during a recovery and rehabilitation period if you suffer an accidental dismemberment. This coverage is especially important when you consider that accidents are the number one cause of death among people under the age of 39, and the fourth leading cause of death for people of all ages.

This coverage includes a wide range of features and services including:

- 24-hour, worldwide, on or off the job coverage
- Affordable group rates
- Flexible coverage
- Family coverage for your spouse and eligible dependent children
- Emergency travel assistance coverage while traveling more than 100 miles from home either on business or for pleasure
- Convenient payroll deduction

**WHO IS ELIGIBLE FOR COVERAGE?**

All active permanent full-time employees working a minimum of 30 hours each week may enroll in this plan. You may also purchase coverage for your spouse and your unmarried dependent child(ren), up to age 19, or up to age 25 if the child is a full-time student.

**HOW MUCH COVERAGE IS AVAILABLE?**

**Plan I - Employee Only**

Eligible employees may purchase any amount of coverage in multiples of $10,000, subject to a minimum of $10,000 and a maximum of $350,000. Amounts in excess of $150,000 may not exceed ten times your annual salary.

Coverage amounts for employees age 70 or older will be reduced as follows:

<table>
<thead>
<tr>
<th>Attainment of Age</th>
<th>Coverage Amount Reduced to</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td>65% of benefit</td>
</tr>
<tr>
<td>75</td>
<td>45% of benefit</td>
</tr>
<tr>
<td>80</td>
<td>30% of benefit</td>
</tr>
<tr>
<td>85</td>
<td>15% of benefit</td>
</tr>
</tbody>
</table>

**Plan II - Employee and Family**

*Spouse*—If no dependent child coverage, 55% of employee coverage amount; if there is dependent child coverage, 45% of employee amount.

*Child*—If no spouse coverage, 15% of employee coverage; if there is spouse coverage, 10% of employee amount.

**Is acceptance into the plan guaranteed?**

Yes. By completing and sending in your enrollment form, you will automatically be accepted into the plan without any evidence of insurability required.
OPERATING OR LEARNING TO OPERATE, SERVICE AS A MEMBER OF A CREW OF AN AIRCRAFT; OR WHILE IN ANY AIRCRAFT OPERATED BY OR UNDER ANY MILITARY AUTHORITY; OR WHILE IN ANY AIRCRAFT BEING USED FOR A TEST OR EXPERIMENTAL PURPOSE; OR OWNED OR LEASED BY OR ON BEHALF OF THE POLICYHOLDER OR ANY DIVISION, SUBSIDIARY OR AFFILIATE OF THE POLICYHOLDER OR BY THE INSURED (AND MEMBERS OF HIS/HER FAMILY) EXCEPT TRANSPORT TYPE AIRCRAFT OPERATED BY THE MILITARY AIRLIFT COMMAND OF THE U.S. OR SIMILAR AIR TRANSPORT SERVICE OR ANY OTHER COUNTRY;

INSURED’S OR INSURED DEPENDENT’S VOLUNTARY INGESTION OF PERCENTAGE OF ALCOHOL IN THE BLOOD WHICH RAISES A PRESUMPTION THAT THE INSURED OR THE DEPENDENT WAS [DRIVING ANY VEHICLE USED FOR TRANSPORTATION WHILE] UNDER THE INFLUENCE OF ALCOHOL, AS GOVERNED BY THE STATE LAWS IN WHICH THE ACCIDENT OCCURRED.

BENEFIT EXCLUSIONS
- Intentionally self-inflicted injuries while sane, or self-inflicted injuries while sane or insane;
- Suicide, or any attempt at suicide;
- Nuclear war, or war between the following countries: U.S., states of the former Soviet Union, China, France, or the UK;
- Service or full-time active duty in the armed forces of any country or international authority;
- Disease of the body, bodily or mental infirmity, or any bacterial infection other than bacterial infection due directly to an accidental cut or wound;
- Active participation in a riot;
- Voluntary use of any controlled substance by the insured or insured dependents;
- Attempt to commit or commission of a crime under state or federal law;
- Operating or learning to operate, service as a member of a crew of an aircraft; or while in any aircraft operated by or under any military authority; or while in any aircraft being used for a test or experimental purpose; or owned or leased by or on behalf of the Policyholder or any division, subsidiary or affiliate of the Policyholder or by the insured (and members of his/her family); except transport type aircraft operated by the Military Airlift Command of the U.S. or similar air transport service or any other country;

HOW MUCH DOES COVERAGE COST?

<table>
<thead>
<tr>
<th>Coverage Amount</th>
<th>Plan I Employee Only</th>
<th>Plan II Employee &amp; Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,000</td>
<td>$.35</td>
<td>$.55</td>
</tr>
<tr>
<td>$20,000</td>
<td>$.70</td>
<td>$1.10</td>
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<td>$1.65</td>
</tr>
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<td>$60,000</td>
<td>$2.10</td>
<td>$3.30</td>
</tr>
<tr>
<td>$70,000</td>
<td>$2.45</td>
<td>$3.85</td>
</tr>
<tr>
<td>$80,000</td>
<td>$2.80</td>
<td>$4.40</td>
</tr>
<tr>
<td>$90,000</td>
<td>$3.15</td>
<td>$4.95</td>
</tr>
<tr>
<td>$100,000</td>
<td>$3.50</td>
<td>$5.50</td>
</tr>
<tr>
<td>$150,000</td>
<td>$5.25</td>
<td>$8.25</td>
</tr>
<tr>
<td>$200,000</td>
<td>$7.00</td>
<td>$11.00</td>
</tr>
<tr>
<td>$250,000</td>
<td>$8.75</td>
<td>$13.75</td>
</tr>
<tr>
<td>$300,000</td>
<td>$10.50</td>
<td>$16.50</td>
</tr>
<tr>
<td>$350,000</td>
<td>$12.25</td>
<td>$19.25</td>
</tr>
</tbody>
</table>

Please see separate brochure for specific details regarding the plan.
Special tax-saving opportunities are available to Faculty, A & P and USPS members of the University as employees of a non-profit tax-exempt organization in the field of education. Careful examination of rights and benefits under this program may have financial impact on your future.

This plan is in connection with Section 403(b) of the Internal Revenue Code that states in part, "Employees of a non-profit, tax-exempt organization in the field of education may have a stipulated portion of their income deposited in a retirement annuity and have that amount of income exempt from current income tax."

The annual tax deferments realized in this manner play a very important part in the end result. They may be, in effect, a direct subsidy to your own future retirement. For example, an individual in a 27% tax bracket contributing $1,000 annually will defer $270.00 in taxes. Therefore, the actual "out of pocket" for a $1,000 annuity credit has been only $730.00.

By deferring taxes out of current income, all of these dollars may be put to work to help you reach your future financial independence. Upon retirement, the annuitant may be in a more favorable tax bracket, and would therefore reduce any ultimate tax liability.

Participants in the Tax Deferred Annuity Program may select from a number of investment options, including Fixed Accounts that contain certain guarantees of earnings and assures the annuitant that there will be, in any event, a gain on his or her investment, subject to the claims paying ability of the issuing insurance company.

Withdrawals made prior to age 59 1/2 may be subject to ordinary income tax and a 10% IRS penalty.
Investments in variable annuities are subject to market risk including loss of principle.

For more complete information including charges and expenses, call or write for a free prospectus. Read it carefully before you invest or send money.
REQUEST FOR INFORMATION FORM
TAX DEFERRED ANNUITY

Complete, Copy and Mail to:

THE GABOR AGENCY, INC.
3500 FINANCIAL PLAZA
TALLAHASSEE, FLORIDA 32312

Send information and prospectus:

Name __________________________________________
Home Address ______________________________________
Home Telephone __________________________ Date of Birth __________________________
Campus Address ___________________________________
Campus Telephone __________________________
Job Title __________________________ Annual Salary ________________

Currently contributing to a Tax Deferred Annuity? YES NO

If yes, name of present provider __________________________

Best time and place to call for an appointment:
A.M. P.M. Office Home

Fixed annuities are offered through The Gabor Agency, Inc., a licensed insurance agency. Annuities are issued by various licensed
insurance companies. Withdrawals taken on annuities prior to age 59 1/2 may be subject to taxation and federal tax penalty. All refer-
ences to tax-deferral are based on current tax law.

Variable annuities are securities offered by prospectus only through SAFECO Investment Services, Inc., a registered broker-dealer and
member NASD/SIPC. Variable annuities involve risk to principal and the value of your shares upon redemption may be more or less
than your original cost. All investment options under a Variable Annuity may not be available due to restrictions imposed by your
employer’s plan.
# EMPLOYEE LIFE INSURANCE ENROLLMENT FORM

**GROUP DEPARTMENT**

**THIS APPLICATION CANNOT BE PROCESSED UNLESS IT IS COMPLETELY FILLED OUT, SIGNED AND DATED**

<table>
<thead>
<tr>
<th>Employee’s Name (Last, First, Middle)</th>
<th>Social Security No.</th>
<th>Date of Birth</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee’s Home Address</th>
<th>Home Phone No.</th>
<th>Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer’s Name</th>
<th>Policy No.</th>
<th>Occupation/Job Title</th>
<th>Date of Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Department &amp; Campus Address</th>
<th>Annual Salary</th>
<th>9, 10 or 12 Month Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coverage: Employee Life</th>
<th>Amount of Insurance:</th>
<th>Monthly Premium:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PAYROLL DEDUCTION AUTHORIZATION**

I hereby request and authorize my employer to deduct the monthly premium from my salary when I become eligible for this insurance and for each month thereafter, automatically including future rate increases, and to add this deduction to any previously authorized deduction and to calculate into deduction modes consistent with the payroll system of my employer including prorated or accelerated deductions, as applicable. These deductions are indicated below and have been calculated by The Gabor Agency, Inc., at my request, until:

(a) I submit a new authorization changing the amount of each deduction, or
(b) I request that his authorization be cancelled, or
(c) Termination of my employment.

The amounts so deducted are to be paid to The Gabor Agency, Inc., Tallahassee, Florida, on behalf of SAFECO to cover premiums on insurance coverage or coverages applied for by me.

I am on a ___ month contract. Current Deduction: $______

Additional Deduction: $______

Total Deduction: $______

Date:

Signature of Applicant

**CHANGES IN AMOUNTS OF INSURANCE**

<table>
<thead>
<tr>
<th>Date of Change (Month/Day/Year)</th>
<th>Amount of Life Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you make any changes such as changing your name, changing your beneficiary, adopt a child, birth of a child, complete a new Enrollment Form IN FULL. The new form must be dated, signed, and attached to your original Enrollment Form.

**Termination Date:**

*Primary Beneficiary* - The person or persons you want to receive the life insurance benefit if you die. If more than one primary beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

*Contingent Beneficiary* - The person or persons you want to receive the life insurance benefit if you die and if no primary beneficiary is alive on that date. If more than one contingent beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.
**DEPENDENT LIFE INSURANCE ENROLLMENT FORM**

**SAFECO LIFE INSURANCE COMPANY**

**GROUP DEPARTMENT**

**THIS APPLICATION CANNOT BE PROCESSED UNLESS IT IS COMPLETELY FILLED OUT, SIGNED AND DATED**

<table>
<thead>
<tr>
<th>Employee’s Name (Last, First, Middle)</th>
<th>Social Security No.</th>
<th>Date of Birth</th>
<th>Sex  □ Male □ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee’s Home Address</td>
<td>Home Phone No.</td>
<td>Marital Status □ M □ S □ D/Legally Separated</td>
<td></td>
</tr>
<tr>
<td>Employer’s Name</td>
<td>Policy No.</td>
<td>Occupation/Job Title:</td>
<td>Date of Employment:</td>
</tr>
<tr>
<td>□ Full-time □ Part-time</td>
<td>Effective Date of Coverage:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department &amp; Campus Address of Employee</td>
<td>Amount of Insurance-Spouse</td>
<td>Amount of Insurance-Children</td>
<td></td>
</tr>
</tbody>
</table>

**Spouse Information:**
- Name
- Occupation
- Date of Birth
- Height (ft/in) □
- Weight (lbs) □

**Children’s Information:**
- Name
- Date of Birth
- Relationship (Son, Daughter)

Please check Y = Yes N = No if you wish to enroll for:
- Dependent Life: □ Spouse □ Children
- Monthly Premium: □ Spouse $ □ Children $

Please read the following notice that we are required by law to give to you. Florida Law States: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

Answer the following questions for both Spouse and Children.

1. Has any dependent been hospitalized within the past 90 days? If “Yes,” give full details.
2. Is this insurance intended to replace or change any existing insurance including annuities, in any company or society? If “Yes,” give full details.
3. Has any dependent, within the past 5 years, ever been told they have or been treated for or been diagnosed with high blood pressure, heart disease or disorder, stroke, cancer, diabetes, kidney or liver disease, mental or nervous system disorder, or birth defects, If “Yes,” give full details.
4. Has any dependent tested positive for exposure to the HIV infection or been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS), or Aids Related Complex (ARC) caused by the HIV infection or other sickness or condition derived from such infection?

Additions and Corrections — Any changes in the benefit amount, age at issue, benefit class or type of insurance will be subject to the written consent of the group Policyholder.

I represent that the statements and answers in this application are true, complete and correctly recorded to the best of my knowledge and belief. I agree that this application shall consist of Part 1 and Part 2, if required, and will be the basis for any policy issued on this application. If all persons to be insured under this application are insurable at standard rates under SAFECO’s rules and practices, the insurance will become effective on the date hereof; otherwise, the insurance will not take effect until a policy is issued and the first premium is paid.

I hereby authorize any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, the Medical Information Bureau, or other organization, institute or person that has any records or knowledge of any proposed insured or his or her health to give SAFECO Life Insurance Company or its Reinsurers any such information. I agree that this information may be used to accept or reject my application. A photographic copy of this authorization shall be as valid as the original.

Date: x Signature of Applicant

Date of Change in amounts of Insurance (Month/Day/Year) Amount of Dependent Life Insurance

For changes, a new Enrollment Form must be completed, dated, signed, and attached to your original Enrollment Form.

Termination Date: LGC-8787 02/03 FL

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PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
Short Term Disability Application

Employer: _______________________________ Group Policy No. _______________________________

Employee: _______________________________ Soc. Sec. No. _______________________________

[Last Name, First Name, Middle Initial]

Address ________________________________

Date of Birth: Month______ Day______ Year______ Sex: [ ] Male [ ] Female

Department: ______________________________ Office Address: ______________________________

Occupation: ______________________________ Annual Salary: $ ______________________________

Beneficiary: ______________________________ Relationship: ______________________________

I am applying for
Short Term Disability Insurance

Amount of Insurance: $ ______________________________ Monthly Premium: $ ______________________________

As an employee of the University, I work ______ hours per week. I am employed on a ______ month contract.

This plan has a pre-existing condition limitation and if I have received medical treatment or consultation, had medical care or service, had diagnostic test(s) or took prescribed drugs or medicines for any sickness or injury within sixty (60) days prior to my effective date of coverage, these conditions will not be covered unless the disability begins more than six (6) consecutive months after the effective date of coverage.

Date of Application __________________________ Policy Effective Date: __________________________

Date Employed ______________________________ x __________________________

[Signature of Applicant]

The Gabor Agency, Inc.

Agent ______________________________

Payroll Deduction Authorization

I hereby request and authorize my employer to deduct the appropriate premium from my salary when I become eligible for this insurance and for each period thereafter, automatically including future rate increases or decreases, and to calculate into deduction modes consistent with the payroll system of my employer, including prorated or accelerated deductions, as applicable. The deductions are to be continued until:

(a) I request that this authorization be cancelled, or
(b) Termination of my employment.

The amounts so deducted are to be paid to The Gabor Agency, Inc., Tallahassee, Florida, on behalf of the Philadelphia American Life Insurance Company to cover premiums on disability insurance applied for by me.

Date: __________________________ Signature of Applicant: __________________________
UNUM LIFE INSURANCE COMPANY OF AMERICA
VOLUNTARY AD&D ENROLLMENT FORM

Employer: __________________________________________ Group Policy No. __________________________

Employee: _______________________________________________________________________________________

(Last Name, First Name, Middle Initial) Soc. Sec. No. __________________________

Address __________________________________________________________________________________________

(Street and Number) (City, State, Zip Code)

Date of Birth: Month _____ Day _____ Year ______ Sex: Male [ ] Female [ ]

Department: ___________________________________________ Office Address: _______________________________

Occupation: ___________________________________________ Annual Salary: $ ____________________________

Plan Choice: (Check one of the plans below)
□ Plan I—Employee only
□ Plan II—Employee and Family

Amount of Insurance: $ ___________________________ Monthly Premium: $ ____________________________

If you have chosen Employee and Family coverage, please complete:

Spouse Name ______________________ [Last Name, First Name, Middle Initial]

Primary Beneficiary: ___________________________ Relationship ____________________________

Contingent Beneficiary: ___________________________ Relationship ____________________________

As an employee of the University, I work _____ hours per week and am employed on a _____ month contract.

Date of Application: ________________ Policy Effective Date ________________

Date Employed: ___________________ x ___________________ [Signature of Applicant]

Agent ____________________________

Soc. Sec. No. __________ Last Name __________ First Name __________ Middle Initial __________

Payroll Deduction Authorization

I hereby request and authorize my employer to deduct the appropriate premium from my salary when I become eligible for this insurance and for each period thereafter, automatically including future rate increases, and to calculate into deduction modes consistent with the payroll system of my employer, including prorated or accelerated deductions, as applicable. The deductions are to be continued until:

(a) I request that this authorization be cancelled, or
(b) Termination of my employment.

The amounts so deducted are to be paid to The Gabor Agency, Inc., Tallahassee, Florida, on behalf of the Unum Life Insurance Company to cover premiums on AD&D insurance applied for by me.

Date: ________________ Signature of Applicant ________________________________