ILLINOIS MUTUAL®
Life Insurance Company

Worksite Implementation Agreement and Timetable

The employer will offer the voluntary benefits offered by Illinois Mutual, through which eligible employees may purchase insurance coverage for themselves and/or their family. We encourage the following:

1. Our benefit representatives will explain the Illinois Mutual benefits—and their value—to all eligible employees on an individual basis.
2. Employer will allow our benefit representatives reasonable access to all eligible employees during regular working hours for the purpose of enrolling them in voluntary benefits.
3. Our agency will provide full administrative services and maintenance of the insurance coverage personally selected by the employee.
4. Employers may collect premiums via payroll deduction or Electronic Funds Transfer (EFT). The employer will collect and remit premiums as long as the participating employee keeps the coverage and remains employed with the Company. Payroll deduction premiums will be collected on a mutually agreed-upon schedule, and EFT will be debited monthly on the requested date from the participating employee's bank account.
5. Our agency will service both the existing eligible employees, and those who become eligible, on a regular basis—generally, not less than annually—for the purpose of promoting plan participation.

_____
Company or Organization Name (herein referred to as Employer or Company)

_____
Street Address, City, State, Zip

Enrollments are typically 30 days, and end the 23rd of the month prior to the effective date.

TIMETABLE

	DATE
1 Agreement Date	
Receive company employee data (census list, if applicable)	____/____/____
Next re-enrollment date	____/____/____
2 Enrollment Strategy Meeting	
Discuss the enrollment "how to" details	
Identify key people for scheduling one-on-one meetings with employees: Decision Maker, HR/Benefits, Payroll, Operations/Office staff	____/____/____
3 Announcement Letters and Communication Pieces	
• Distribute & display posters	____/____/____
• Distribute Announcement Letter #1	____/____/____
• Distribute Announcement Letter #2	____/____/____
4 Enrollment Start Date	____/____/____
5 Coverage Effective Date	____/____/____

ACKNOWLEDGED BY:

COMPANY REPRESENTATIVE

Name (please print): _____

Title: _____

Signature: _____

Date: _____

AGENT INFORMATION

Agency Name: _____

Name (please print): _____

Signature: _____

Date: _____

Policy Form LT17, Term Life Insurance
Policy Form VSTD11, Group Non-occupational Short Term Disability Income Insurance
Policy Form WC14, Voluntary Critical Illness Policy
Policy Form WSA07, Voluntary Accident Policy
Policy Form WSD07, Voluntary Short Term Disability Income Policy

Not available in AK, DC, HI or NY. Coverage and availability may vary in other states.

For costs and details of coverage, limitations, exclusions and terms, contact Illinois Mutual.

C8158 (7/23)