Dear John Doe,

Brotherhood records indicate that you are not enrolled in a significant BMWED benefit plan which is already providing critical financial support to many members, help that would not otherwise exist.

Several circumstances may explain your omission:
- you may be NEWLY HIRED since January 2017;
- you may have been on FURLOUGH or SICK LEAVE during the initial enrollment period;
- or you OPTED OUT or CANCELLED and may now want to participate.

Regardless, you can now easily enroll with no questions asked. However, without a response as indicated, you will not be included. You have until December 19, 2019 to enroll as provided below, so please act accordingly.

NEWLY HIRED MEMBERS

First, welcome again to your new job and BMWED. Your union provides many benefits, but your work is difficult and dangerous and disabling accidents and medical conditions may occur on and off the job, which means you could lose pay while out of work.

As a BMWED member, if you become unable to work due to sickness or injury, you can temporarily draw on RRB and SSB sickness plans which are valuable, fully-taxed and are offset/paid back against any claims. Unfortunately, these benefits terminate after 12 months, leaving you without income or benefits at the worst possible time.

You now have a plan specifically created for BMWED to help survive prolonged disability. Your union made this possible. First, it agreed to constitute a “group,” and, secondly, it agreed to facilitate the voluntary payment of premiums via funds collected through the union dues structure. This process is automatic, avoids inadvertent lapses and keeps costs down and benefits up.

PAST FURLOUGHED OR SICK LEAVE

You may have been on furlough or temporary sick leave and not paying union dues when this plan was initially offered. Many affected members have asked to be included now. Importantly, this plan covers illnesses and injuries, 24-7, working or not, so coverage even while furloughed is provided. Going forward we now have a process to ensure continuing coverage. (See Information Sheet)
PREVIOUS OPT-OUTS or CANCELLATIONS
This plan was first offered in late 2016 and some declined it. Since then, the plan has proven its mettle and many opt outs and cancellations have asked to enter the Plan. They can now do so as provided below.

THE PLAN
Current SSB benefits pay disabled members between $800 and $1200 in taxable benefits for 12 months after which benefits terminate.

Extends and increases SSB benefits:
- A sick or injured member receives up to $3,000 monthly of disability benefits for the entire second year (12 months) of disability, two to three times benefits under SSB.
- Before that, from month 4 to 12 of the first year, the disabled member receives $300 monthly in addition to current RRB and SSB benefits.
- Disabilities caused by covered conditions, sicknesses or injuries are covered on a 24-7 basis, whether work-related or not.
- Many other advantageous terms addressing your unique work environment apply. (See Plan Outline)

THE COST
- $24.95/month (about 15 cents/hour) for members aged 49 and under.
- $46.50/month (about 28 cents/hour) for members aged 50-59.
- Rates won’t increase due to age or if you file a claim.
- Benefits are even available for members over 60. The cost for these members is $81.50/monthly.

PLAN ADMINISTRATION
Aflac has made significant investments to ensure simplified but comprehensive service to BMWED members. These essential services will neither increase cost nor reduce benefits to BMWED members.

Going forward, Benefit Harbor of Plano, Texas, will oversee all administrative aspects for the plan, including maintaining a dedicated call center, web-based and online contact, enrollment activities, and information and answers to member questions. Benefit Harbor has long experience working with organizations like BMWED. Their contributions will reduce the burden on Brotherhood officers who have provided critical help in getting this benefit plan up and running.

BMWED dedicated contact information for Benefit Harbor is as follows:
- Online Portal: www.memberbenefitlogin.com/BMWEDIBT
- BMWED Call Center: (800) 226-1621

HOW CAN YOU PARTICIPATE?
The opportunity to enroll has been extended until December 19, 2019. Your Plan will become effective on January 1st, 2020 if you respond by December 19, 2019.

There are three ways to enroll:
- Sign, date and return the enclosed enrollment form in the provided envelope;
- Go online to www.memberbenefitlogin.com/BMWEDIBT and electronically sign and date the enrollment form;
- Call the dedicated Benefit Harbor call center to enroll (800) 226-1621. (Between 8 a.m. and 8 p.m. Mon.-Thurs., and 8 a.m. to 6 p.m. Friday)

Upon receipt of your Application the amount collected by your union will be adjusted accordingly and the National Division will remit your payment every month on time. You will receive a Plan Certificate and Plan Outline. The union is taking nothing for this help.
**Note:** Payment of premiums in the future may be moved to a payroll slot or other voluntary process. If this occurs, provisions will be made to ensure that coverage will not be interrupted.

Again, we strongly suggest you seize this opportunity while it is available. Share this information with your family and your colleagues. No one expects to suffer prolonged sickness or injury, but if you do, these benefits could help make a critical difference for you and your family.

Sincerely and fraternally,

David L. Carroll  
General Chairman  
Burlington Northern System Federation
November 2019

Dear BMWED Brother/Sister,

You may not be included in an important but voluntary plan which is already providing significant benefits to BMWED families. Irrespective of the reason, you now have a time-limited opportunity to enroll as provided below.

Some background helps.

BMWED members routinely work long hours under the most difficult conditions, confident that injury or sickness will spare them. But prolonged injury or sickness can strike anyone, anytime, anyplace and for many reasons.

Your union cares.

Since 1887, BMWED has stood for collective security, safety and fairness for members. The Preamble to BMWED By-laws provides, “The objectives of the Brotherhood are: 4) to alleviate distress and suffering caused by sickness and disability among our members.”

To that end, since 1972, a Supplemental Sickness Benefit Plan has provided much needed income for injured or sick members. But after 12 months these benefits terminate, often leaving the disabled member without a job, income or benefits. The same is true for RRB sickness benefits.

The enclosed Plan was created to affordably meet this need. A Plan Outline describing benefits and costs is enclosed. It was specifically designed to meet the unique needs of BMWED members. The plan is voluntary.

There are three ways to apply before December 19, 2019:
- Sign, date and return the enclosed enrollment form in the provided envelope; or
- Go online to www.memberbenefitlogin.com/BMWEDIBT and electronically sign and date the Enrollment Form; or
- Call the dedicated Benefit Harbor call center at 800-226-1621, and enroll. (Between 8 to 8 Monday-Thurs., and 8-6 Friday, CST.)
Unless and until other provisions are made, upon receipt of your Request, the amount collected by your union will be adjusted accordingly and the National Division will remit your payment every month on time. You will also receive your Plan Certificate, Brochure and Information Sheet with contact and other information. The union is taking nothing for their help.

To participate, you have until December 19, 2019 to enroll in one of the three ways provided above.

Your plan will become effective on January 1, 2020. Of course, you can also cancel this plan at any time.

In the meantime, we hope this opportunity will be widely discussed union meetings. If you have questions, you can call our BMWED dedicated call center at Benefit Harbor toll free at 800-226-1621. You can also call my personal cell at 612-251-7715, and I will help you.

Please review these materials carefully, but promptly. Again, this opportunity to enroll on a guaranteed-issue basis will expire on December 19, 2020.

Very truly yours,

Russell Ingebritson
Michael H. Diemer CLU, ChFC
For SafetyNet Resources

Enclosures: General Chairmen-Chairwoman letter, Plan Outline; Plan Brochure, Information Sheet, Enrollment Form, Return Envelope.

Group Disability Insurance is underwritten by Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. AGC1902786 IV (10/19)
1. **Important Features.**
   a. Group based coverage keeps benefits high and cost low.
   b. All union members from ages 18 to 74 are eligible.
   c. 24 hour coverage includes injuries, sickness, and conditions both on and off job.
      Not limited to “off job injuries and sickness.”
   d. No “pre-existing” condition exclusion after 12 months.
   e. Guaranteed issue during initial enrollment period and for new hires.
   f. No medical exams.
   g. Benefits paid from month 4 through month 24. (90 day elimination period)
   h. Benefits paid with after-tax dollars, unlike SSB.
   i. No offsets, no liens, no reimbursements, no paybacks, no subrogation interests.
   j. Collateral source benefit - member can recover wage losses in a liability claim.
   k. Same rates for men and women.
   l. A member’s rate will not increase simply because he/she attains a higher age.
   m. Must be full time, minimum 19 hours per week with a base annual pay of $9,000.
   n. Seasonal, temporary and retired members are not included.
   o. Premium waiver after 90 days of total disability up to full 24 months.
   p. Certificate of coverage will be provided to each member. Please see Certificate for actual plan provisions.

2. **Benefits and Rates.** (Based on age at enrollment.)
   a. Age 17-49. **$24.90/month** deducted from Union dues
      -this is just 15 cents per hour for this coverage
      -pays $300/month from months 4-12 of a disability
      -pays $3,000/month from months 13-24 of a disability
   
   b. Age 50-59. **$46.50/month** deducted from Union dues
      -this is just 27 cents per hour for this coverage
      -pays $300/month from months 4-12 of a disability
      -pays $3,000/month from months 13-24 of a disability
   
   c. Age 60-69. **$81.60/month** deducted from Union dues
      -this is just 47 cents per hour for this coverage
      -pays $300/month from months 4-12 of a disability
      -pays $3,000/month from months 13-24 of a disability
   a. Benefits applicable as long as the disability is caused by a covered injury or sickness and occurs while coverage is in force.
   b. Subject to limitations and exclusions, pre-existing condition terms.
   c. Single benefit for single disability irrespective of number of causes.
   d. Must be under care of a doctor.
   e. Benefits cease upon death.

4. Same or Related Conditions and Plan Requirements.
   a. Separate periods of disability resulting from the same condition or a related condition will be paid if they are separated by 180 days or more.
      i. The 180 day separation period begins when:
         1. The member is released to work by a doctor from prior disability.
         2. He is no longer disabled.
         3. He is no longer qualified to receive disability benefits.
   b. After the 24 month benefit period, the member may continue his coverage if,
      i. He returns to work within 90 days after the benefit period ends.
      ii. Premium payments are made upon return to work.
      iii. The group policy is still in force upon return to work.

5. Unrelated Causes
   a. Member can get separate periods of disability and benefits resulting from unrelated causes if the member has returned to work at a full-time job for 14 consecutive days during which he is performing the material and substantial duties of that job.
   b. After the member has returned to full-time work for 14 days as above, a new disability benefit period will begin subject to a new elimination period. It will be in essence start a new plan period even though the member has already been paid full benefits for a prior unrelated injury, sickness or condition, whether work related or not. Same 24 hour coverage.

6. Pre-Existing Conditions
   a. Pre-existing condition is an illness, disease, infection, disorder, pregnancy, or injury that existed within the 12 months before the effective date of coverage.
   b. For a condition to be pre-existing:
      i. A doctor must have advised, diagnosed or treated the covered member,
      ii. Or symptoms existed that would ordinarily cause a prudent person to seek medical advice or treatment.
   c. We will not pay benefits for any disability resulting from or affected by a pre-existing condition if the disability was diagnosed within the 12-month period after the effective date of coverage. We will not reduce or deny a claim for benefits for any disability due to a pre-existing condition that was diagnosed more than 12 month after the effective date of coverage.
7. Pregnancy.
   a. No benefits will be paid within 9 months of the effective date of coverage for a
disability due to pregnancy or childbirth.
   b. But disability due to complications of pregnancy will be covered to the same extent as
any other covered sickness.
   c. After 9 months have passed from the date of effective coverage, disability benefits for
childbirth will be payable.
      i. But the maximum period of disability allowed for childbirth is 6 weeks for non-
cesarean delivery and 8 weeks for cesarean delivery, less the elimination period,
unless the disability continues beyond these time frames due to complications of
pregnancy.

8. Limitations and exclusions
   a. We will not pay benefits whenever coverage provided by this plan is in violation of any
U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade
sanctions, such coverage shall be null and void.
   b. We will not pay benefits whenever fraud is committed in making a claim under this
coverage or any prior claim under any other Aflac coverage for which you received
benefits that were not lawfully due and that fraudulently induced payment.
   c. We will not pay benefits for disability that is caused by or occurs as a result of:
      1. Any act of war, declared or undeclared; insurrection; rebellion; or
         act of participation in a riot.
      2. Actively serving in any of the armed forces, or units auxiliary
         thereto, including the National Guard or Reserve.
      3. An intentionally self-inflicted injury.
      4. A commission of a crime for which the Member has been
         convicted; we will not pay a benefit for any period of
disability during which the Member is incarcerated.
      5. Travel in, or jumping or descent from any aircraft, except when
         a fare-paying passenger in a licensed passenger aircraft.
      6. Mental or Emotional Disorders without demonstrable organic
disease.
      7. Loss of a professional license, occupational license, or certification.
      8. Having cosmetic surgery/elective procedures that are not medically necessary.
KEEP FOR YOUR RECORDS

BMWED-AFLAC DISABILITY PLAN INFORMATION SHEET

HOW DO I GET INFORMATION OR HELP?

Your Plan is administered by Benefit Harbor which is responsible for all administrative and service functions associated with your BMWED Plan. Benefit Harbor can be contacted in the following ways:

- Online Portal: [www.memberbenefitlogin.com/BMWEDIBT](http://www.memberbenefitlogin.com/BMWEDIBT)
- BMWED Call Center: (800) 226-1621

WHO ELSE CAN I CALL IF I HAVE A PROBLEM?

Russ Ingebritson is available for additional help at russinge47@aol.com, or at his personal cell phone at any time at (612) 251-7715.

CAN I CALL MY UNION ELECTED OFFICERS FOR HELP?

Although your union officers have facilitated the administration of this plan in the past, going forward they are not similarly responsible. You should first reach out to Benefit Harbor because they have the capacity to respond appropriately. Union officers remain available for any matter when and if necessary.

HOW DO I FILE A CLAIM FOR BENEFITS?

File a claim for benefits either by paper/mail or online. Contact Benefit Harbor by phone as provided above for help.

HOW CAN I KEEP MY COVERAGE IN FORCE WHILE FURLOUGHED?

If you are not paying dues, your premiums are not being paid for you. Since this plan applies to accidents and injuries occurring off the job as well as at work, most members want to continue their coverage. To do so, refer to the Furlough Form or call Benefit Harbor at (800) 226-1621.

HOW DO I CANCEL MY COVERAGE?

You can contact Benefit Harbor to cancel your plan.
**HOW DO I KNOW THAT I HAVE COVERAGE?**

You will receive a Certificate of Plan Coverage along with a Plan Brochure and this Information Sheet. If you do not have one, contact Benefit Harbor for your proper documents. Even if you lose your Certificate, you remain covered.

**WHAT TYPES OF INJURIES / MEDICAL CONDITIONS ARE COVERED?**

The BMWED Disability plan covers both on and off the job injuries as well as medical illnesses and conditions. There are some limitations on coverage. See the Plan Brochure or contact Benefit Harbor for more information.

**WHAT ABOUT PRE-EXISTING CONDITIONS?**

A pre-existing condition is one diagnosed or treated within the 12 months immediately preceding the effective date of your plan. Once you have been in the plan and paying premiums for 12 months, pre-existing condition limitations essentially vanish. This can be complicated. Contact Benefit Harbor for details or further information.

**HOW LONG DO I WAIT FOR THE FIRST BENEFIT?**

90 days. This plan was created to extend and enhance current RRB and SSB benefits. It pays benefits from the 4th through the 24th month of disability.

**MUST I REPAY BENEFITS RECEIVED?**

No. Benefits are paid directly to you. Unlike RRB and SSB, there are no payback or reimbursement requirements on your benefits.

**DO I PAY TAXES ON MY BENEFITS?**

No. However, you should consult a tax advisor on all tax questions.

**ARE THE PREMIUM RATES THE SAME FOR MEN AND WOMEN?**

Yes.

**WILL MY PREMIUM BE INCREASED WITH AGE?**

No.
The Aflac group disability plan benefits:

- Benefits are paid when you are sick or hurt and unable to work.
- Premium payments are waived after 90 days of total disability.
- Coverage is 24 hour coverage which means you are covered 24 hours a day, 7 days a week, on and off-the-job.
- There is no coordination of benefits with this plan.
- No payback or offsets of benefits received.

Benefit:
For the 9 months of Total Disability following the 90-day Elimination Period, the Monthly Benefit is as follows:

- Elimination Period: 90 Days
- Monthly Benefit:
  - Class I $300
- Maximum Benefit Period: 9 Months

After 12 consecutive months of Total Disability, the Monthly Benefit is as follows:

- Elimination Period 0 Days
- Monthly Benefit:
  - Class I $3,000
- Maximum Benefit Period: 12 Months

Features:

- Benefits are paid directly to you unless otherwise assigned.
- Special arrangements for furloughed insureds.
- Fast claims payment.

Benefits Overview

TOTAL DISABILITY
This convenient disability income plan will help provide needed income if you become Totally Disabled and are unable to work due to a covered injury or illness. Total disability benefits will be payable monthly once the elimination period has been satisfied.

WAIVER OF PREMIUM
Premiums are waived after 90 consecutive days of Total Disability. After Total Disability benefits end, any premiums which become due must be paid in order to keep your insurance in force.

Monthly Rates / Monthly premium payments are voluntarily made through the union dues process.
Ages 17-49: $24.90
Ages 50-59: $46.50
Ages 60-69: $81.60

For more information, call 888-515-1904 or visit aflacgroupinsurance.com.
LIMITATIONS AND EXCLUSIONS

If this coverage will replace any existing individual policy please be aware that it may be in your best interest to maintain their individual guaranteed-renewable policy.

We will not pay benefits for loss caused by Pre-Existing Conditions (except as stated in the provision below).

We will not pay benefits whenever coverage provided by this Policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.

We will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.

We will not pay benefits for a Disability that is caused by or occurs as a result of: 1. Any act of war, declared or undeclared; insurrection; rebellion; or act of participation in a riot; 2. Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve; 3. An intentionally self-inflicted Injury; 4. A commission of a crime for which the Insured has been convicted; we will not pay a benefit for any Period of Disability during which the Insured is incarcerated; 5. Travel in, or jumping or descent from any aircraft, except when a fare-paying passenger in a licensed passenger aircraft; 6. Mental Illness as defined. 7. The loss of a professional license, occupational license, or certification. 8. Having cosmetic surgery or other elective procedures that are not Medically Necessary.

PRE-EXISTING CONDITION LIMITATION

Pre-existing Condition is an illness, disease, infection, disorder, pregnancy, or injury that existed within the 12-month period before the Effective Date. For a condition to have been Pre-existing a Doctor must have advised, diagnosed, or treated the covered member, or symptoms existed that would ordinarily cause a prudent person to seek medical advice or treatment.

Treatment or Medical Treatment is the consultation, care, or services provided by a Doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines.

We will not pay benefits for any Disability resulting from or affected by a Pre-existing Condition if the Disability was diagnosed within the 12-month period after the Effective Date.

We will not reduce or deny a claim for benefits for any Disability due to a pre-existing condition that was diagnosed more than 12 months after the Effective Date.

PREGNANCY LIMITATION

Within the first nine months of the Effective Date of coverage, we will not pay benefits for a Disability that is caused by, or occurs as a result of, your Pregnancy or childbirth. Disability due to Complications of Pregnancy will be covered to the same extent as a covered Sickness.

After this coverage has been in force for nine months from the Effective Date of coverage, Disability benefits for childbirth will be payable. The maximum Period of Disability allowed for Disability due to childbirth is six weeks for noncesarean delivery and eight weeks for cesarean delivery, less the Elimination Period, unless you furnish proof that your Disability continues beyond these time frames due to Complications of Pregnancy.

TERMS YOU NEED TO KNOW

Actively at Work refers to your ability to perform your regular employment duties for a full normal workday. You may perform these activities either at your employer’s regular place of business or at a location where you may be required to travel to perform the regular duties of your employment.

Benefit Period is the maximum number of days after the Elimination Period, if any, for which you can be paid benefits for any period of disability. Each new Benefit Period is subject to a new Elimination Period.

Complications of Pregnancy refers to:

Conditions requiring Medical Treatment that comes before or comes after the termination of a pregnancy. The diagnoses for this Medical Treatment must be distinct from pregnancy but either adversely affected by pregnancy or caused by pregnancy. For a condition to be a Complication of Pregnancy, it must constitute a classifiably distinct pregnancy complication. Examples of such Complications of Pregnancy are: 1. Acute nephritis; 2. Nephrosis; 3. Cardiac decompensation; 4. Missed abortion; 5. Disease of the vascular, hemopoietic, nervous, or endocrine systems; and 6. Similar medical and surgical conditions of comparable severity.

Further Complications of Pregnancy include:

1. Hyperemesis gravidarum and pre-eclampsia requiring hospital confinement; 2. Ectopic pregnancy that is terminated; and 3. Spontaneous termination of pregnancy that occurs during a period of gestation in which a viable birth is not possible.
On the following page please find your enrollment form. Some of the information has been pre-populated for your convenience. To enroll, simply fill out the remainder of the form, tear it out along the perforated edge, and return it using the enclosed pre-paid envelope.
FOR HOME OFFICE USE ONLY

PLAN

PLAN CODE

ID NUMBER

Group Short-Term Disability

Endorsement:

EFFECTIVE DATE:

FOR AGENT USE ONLY

Initial Enrollment

New Hire

Re-Enrollment

New Coverage

Re-submission

Change in Coverage

Deduction Start Date: __

Member Name/Certificateholder (First, Mi, Last)

Social Security Number/ID Number

Sender

Date of Birth

Street Address

City

State

ZIP

Union

BMWED #22644

Job Class/Occupation

Location

Hire Date/Change of Status Date

Daytime Phone Number (   )

Beneficiary Name/Relationship (estate unless designated otherwise)

If you answer “no” to the following questions, you will not be eligible for coverage:

Are you currently working full-time for at least 19 hours per week for the Employer listed above? YES NO

Do you earn at least $9,000 base annual pay working for your Employer, the Policyholder? YES NO

DISABILITY

Class: C

Elimination Period:

Accident: 90

Sickness: 90

24-Hour

Benefit Period:

24-Month

Monthly Benefit Amount:

$300 / $3000

Annual Salary: $  

Cost per pay period: $  

Are you currently covered by on-the-job disability income replacement under a collective bargaining agreement, workers’ compensation, or a similar law in your job with the Employer listed on this application? YES NO

Is this coverage intended to replace or change any other existing short-term disability coverage? YES NO

If YES, please provide coverage information below:

Carrier:

Policy Number:

Effective Date of Existing Coverage:

Does this coverage replace any existing Aflac short-term disability coverage in force? YES NO

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy via direct bill. You should contact your insurance carrier for an explanation of your options for both continuation or cancellation of your existing coverage.

Coverage will not become effective unless you are actively at work full-time on the enrollment date and on the effective date.

CERTIFICATION: I have read the completed Application and I realize any false statement or misrepresentation in the Application may result in loss of coverage under the Certificate. I understand that no insurance will be in effect until my Application is approved and the necessary premium is paid.

I understand and agree that the coverage that I am applying for may have a pre-existing condition limitation.

I authorize my employer to deduct the appropriate dollar amount from my earnings each pay period to pay Continental American Insurance Company the required premium for my insurance.

A person is guilty of insurance fraud if he intends to defraud an insurer or if he knowingly facilitates a fraud against an insurer. Fraudulent activities include submitting an Application or filing a claim that contains any false or deceptive statement.

Signature of Applicant:  ____________________________  Date:  _____________

Signature of Agent:  ____________________________  Date:  _____________

Agent No.:  ____________________________  State of Enrollment:  ____________________________

This application is not complete unless signed and dated as indicated.