

LEADERS LIFE INSURANCE COMPANY

1350 S Boulder
Suite 900
Tulsa OK 74119

PAYROLL DEDUCTED VOLUNTARY INSURANCE PROGRAMS

It is agreed that the Employer will make payroll deduction of premiums as authorized by Employees and promptly forward the aggregate sum thereof to Leaders Life Insurance Company. The date for monthly remittance shall be the day of each month, agreed upon by the Employer and Leaders Life.

The Employer bears no liability, responsibility or obligation for the Employee's insurance or for the late payment of premium except as provided herein. Employer agrees from the date of payroll deduction, the sums withheld are the property of Leaders Life Insurance Company, and the Employer holds such amounts as an agent of Leaders Life Insurance Company with the sole obligation of remittance.

The Employer also agrees to provide support for the enrollment of the voluntary insurance programs as follows:

- Produce and distribute an announcement letter on the Employer's letterhead.
- Distribute payroll stuffer produced by Leaders Life Insurance Company.
- Schedule a supervisor's meeting that will help familiarize management with the program prior to enrollment.
- Publicize the program through company publications and posting of announcement materials in conspicuous locations.
- Identify individuals who will assist in the enrollment. These employees will be responsible for identifying eligible employees, scheduling meetings and monitoring attendance.
- Provide and individual(s) to introduce enrollment personnel at employee meetings or to individual employees.
- Produce a listing of all employees with at least their name, Social Security Number, birth date and hire date.

If the Employer desires eligibility requirements or special billing based on location, etc., then the appropriate information such as salary, location code, payroll type, etc. will also be required.

Leaders Life agrees to furnish a monthly statement indicating the premium due by each participating employee. Employer agrees to make remittance within 10 days of receipt of the monthly statement. Employer also agrees to promptly notify Leaders Life of the name, address and phone number of any participating employee who leaves its employment, withdraws a Salary Deduction Authorization or for whom payment will not be made. If Employer terminates this agreement by 30 days written notice to Leaders Life Insurance, Employer will be fully discharged upon remittance of premiums therefore deducted.

In event premiums are no longer to be withheld by payroll deduction, the premiums are to be paid direct mail billing on a monthly mode, unless some other arrangement is made.

By execution of the agreement, the Employer pledges its full support and cooperation.

Date: _____

Name and Title of Person to Receive Billing

Employer: _____

Employer Address

By: _____
Name and Title of Authorized Officer

Agent's Signature