

2017 DISABILITY, ACCIDENT, AND
LIFE INSURANCE PROGRAMS

I N T E R N A T I O N A L
L O N G S H O R E M E N
A S S O C I A T I O N

Designed for:

CLERKS & CHECKERS

Presented by:

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KEMPER DISABILITY PACKAGE



ON THE JOB ACCIDENT DISABILITY OFF THE JOB ACCIDENT DISABILITY SICKNESS DISABILITY ACCIDENT BENEFITS LIFE INSURANCE

Kemper Benefits

Disabilities can cause major financial hardships:

An illness or injury can take you away from work. Without a specific plan in place, recovery time may mean lost wages for you and your family. Kemper Benefits Short Term Disability insurance can help provide financial security when you are unable to work. All Benefits will be paid directly to you, the insured.

Product Features and Benefits:

- **SALARY REPLACEMENT:** Up to **60%** of your covered Earnings, per month, of Disability coverage. Covered Earnings are your gross earnings from your job, including; salary, commissions, bonuses and tips.
- **COVERAGE:** Provides a weekly benefit to you if you become totally disabled, from work, due to injury or sickness.
- **ELIMINATION PERIOD:** **14 days**, for both *Accident and Sickness*. Elimination Period is the total number of days that you must be continuously disabled before your benefit begins. Benefits are not payable during the elimination period.
- Benefits period per Accident or Sickness: **52 weeks**
- **24 Hour Accident coverage** for accidents which occur on or off the job; such as in the home, on vacation (*see limitations being outside territorial limits of US*), and anywhere else.
- **Accident Benefits:** Pays a lump sum directly to you for medical expenses are a result of your accident. Benefits are available for yourself and your family. Accident Expense can help offset major costs, including: Hospitalization, Emergency room care, Outpatient recovery etc.
- Coverage is guaranteed upon enrollment, and no medical exams are needed to enroll!
- **Waiver of Premium:** If you are totally disabled for a continuous period of 30 days, your coverage will continue without premium payment, following the 30 day period and policy paid to that date, until the end of your total disability.
- **Universal Life Insurance Policy**, included within the package, a **\$10 per week**, *Guaranteed Issue policy*, see pages 8-9 for benefit amounts and additional rates.

Exclusions and Limitations:

- Benefits payable for an **On-the-Job Accident or Sickness** are **50%** of the benefit amount your purchased with workers compensation.
- Claims need to be filed within **90 days** of incident.
- **Pre-Existing Conditions Limitation:** We will not pay any benefits for any disability occurring within **one year following** the insured's effective date of coverage due to a pre-existing condition.
- **Neck & Back Limitations:** Insured is limited to **6 month** of disability with Neck or Back injury.
- **Age Limitation:** Insured cannot be over the age of **64** at the time of issue to be *eligible* for coverage. The coverage will remain in place until the insured turns **70** years of age, at which time the coverage will *terminate*.
- **Pregnancy:** No benefits will be paid for any period of total disability from a normal pregnancy, or childbirth if the certificate has been in effect for less than 10 months. *After the certificate has been in effect for 10 months*, benefits will be paid as a total disability resulting from any other sickness. We will not apply this limitation to period of disability resulting from a complication of pregnancy.
- Having cosmetic surgery or other elective procedures not medically necessary, or having dental treatment except as a result of accidental injury will be excluded from benefits.
- Coverage for children ends at age 26, unless he or she continues to meet the requirements of an eligible dependent.
- **For complete list of exclusions and limitations, please review your policy.**

KEMPER DISABILITY PACKAGE

**ON THE JOB ACCIDENT DISABILITY
OFF THE JOB ACCIDENT DISABILITY
SICKNESS DISABILITY
ACCIDENT BENEFITS
LIFE INSURANCE**

Kemper Benefits



**Disability Benefit Package Options
& Weekly Rates**

Included is a \$10 per week Life Insurance policy benefit amounts can be found on page 9.

**ELIMINATION PERIOD: 14 DAYS
BENEFIT PERIOD: 52 Weeks**

Plans	Monthly Disability Benefit	Accident Medical Expenses	AGE 18-49 Weekly Premium	AGE 50-59 Weekly Premium	AGE 60-64 Weekly Premium
A	\$800	Up to \$1,000	\$24.99	\$28.36	\$32.66
B	\$1200	\$1,000	\$30.37	\$35.44	\$41.89
	Additional Accident Benefit Options: \$1,000	<i>Spouse</i>	+\$10.24		
		<i>Children</i>	+\$9.59		
		<i>Family</i>	+\$16.61		
C	\$1800	Up to \$3,000	\$41.11	\$48.70	\$58.37
D	\$2400	\$3,000	\$49.19	\$59.31	\$72.21
E	\$3000	\$3,000	\$57.27	\$69.92	\$86.05
F	\$4000	\$3,000	\$70.74	\$87.61	\$109.11
G	\$5000	\$3,000	\$84.21	\$105.30	\$132.17
H	\$6000	\$3,000	\$97.67	\$122.99	\$155.24
	Additional Accident Benefit Options: \$3,000	<i>Spouse</i>	+\$20.83		
		<i>Children</i>	+\$21.43		
		<i>Family</i>	+\$35.13		

NOTE: Limitations and Exclusions:

- *Maximum benefit is 60% of average monthly salary.*
- *50% of Monthly Benefit will be paid in addition to Workers Compensation.*
- *Neck & Back injuries; limited to benefit payout of 6 months from date of injury.*
- *Coverage will end when the insured turns 70 years of age.*

**SICKNESS DISABILITY
OFF THE JOB ACCIDENT DISABILITY
Guaranteed Issue**

Transamerica Life Insurance Company

GUARANTEED ISSUED PRODUCT HIGHLIGHTS:

- **Up to \$3,000 Monthly Benefit, with no medical questions.**
- **Up to \$5,000 Monthly Benefit with medical questions.**
- Pays the selected amount each month that insured is totally disabled. Benefits start following elimination period, periods lasting less than a month will be paid at 1/30th basis for each day missed.
- **Benefit period up to 24 months** per disability.
- **14 Day elimination period** for both off the job accident or sickness disability.

PRE-EXISTING CONDITIONS

- **The insured cannot be excluded from coverage for a pre-existing condition. However,** there will be no disability benefit payable for a pre-existing condition until the insured has been continuously covered under the Policy for 12 consecutive months and has returned to duties of his/her occupation for 30 continuous days after the first 12 months of coverage.
- **“Pre-Existing Condition”** means sickness or physical condition for which the insured had treatment, incurred expense, took medication, or received a diagnosis or advice from a physician, during the **12-month** period immediately before the effective date of coverage.

INCOME PROTECTION FOR YOUR SALARY

- **Maximum benefit allowed is 60% of your monthly salary.**

HOSPITAL INDEMNITY BENEFIT RIDER

- Pays 25% of the Monthly Disability Benefit for up to 30 days when an insured is confined to a hospital as the result of the covered accident or sickness that caused total disability.

WEEKLY PREMIUM RATES

- Rates are based upon age of insured at time of signing.

WAIVER OF PREMIUM FOR TOTAL DISABILITY

- Premiums will be **waived** once an insured has been totally disabled for **90 days**. Premiums must be paid in full until waiver begins.

PARTIAL DISABILITY BENEFITS

- Pays 50% of Monthly Benefit for up to 6 months when an insured returns to work on a limited basis following a total disability, assuming the partial disability is the same reason as the total disability.

ACCELERATED BENEFIT FOR TERMINAL ILLNESS RIDER

- Advances up to 12 months of Monthly Disability Benefits if the insured is diagnosed by a physician, *for the first time on or after the effective date*, as having a terminal illness.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) BENEFIT RIDER

- Pay a benefit for loss of life, limbs, quadriplegia, paraplegia, loss of speech/hearing. Loss must occur within 90 days of the accident.

SICKNESS DISABILITY
OFF THE JOB ACCIDENT DISABILITY
Guaranteed Issue

Transamerica Life Insurance Company

Weekly Premium Rates:

Monthly Benefit	Age 18-49	Age 50-59	Age 60 +
\$500	\$6.07	\$8.30	\$12.05
\$600	\$7.24	\$9.90	\$14.41
\$700	\$8.40	\$11.52	\$16.77
\$800	\$9.57	\$13.13	\$19.12
\$900	\$10.73	\$14.73	\$21.48
\$1,000	\$11.90	\$16.35	\$23.84
\$1,100	\$13.07	\$17.95	\$26.21
\$1,200	\$14.22	\$19.57	\$28.57
\$1,300	\$15.39	\$21.18	\$30.93
\$1,400	\$16.55	\$22.78	\$33.28
\$1,500	\$17.72	\$24.40	\$35.64
\$1,600	\$18.88	\$26.00	\$38.00
\$1,700	\$20.05	\$27.61	\$40.37
\$1,800	\$21.21	\$29.23	\$42.73
\$1,900	\$22.38	\$30.83	\$45.09
\$2,000	\$23.54	\$32.45	\$47.45
\$2,100	\$24.71	\$34.06	\$49.80
\$2,200	\$25.87	\$35.66	\$52.16
\$2,300	\$27.04	\$37.28	\$54.52
\$2,400	\$28.21	\$38.88	\$56.89
\$2,500	\$29.37	\$40.50	\$59.25
\$2,600	\$30.54	\$42.11	\$61.61
\$2,700	\$31.70	\$43.71	\$63.96

Monthly Benefit	Age 18-49	Age 50-59	Age 60 +
\$2,800	\$32.87	\$45.33	\$66.32
\$2,900	\$34.03	\$46.93	\$68.68
\$3,000	\$35.20	\$48.54	\$71.05
\$3,100*	\$36.36	\$50.16	\$73.41
\$3,200*	\$37.53	\$51.76	\$75.77
\$3,300*	\$38.69	\$53.38	\$78.13
\$3,400*	\$39.86	\$54.99	\$80.48
\$3,500*	\$41.02	\$56.59	\$82.84
\$3,600*	\$42.19	\$58.21	\$85.20
\$3,700*	\$43.36	\$59.81	\$87.57
\$3,800*	\$44.51	\$61.43	\$89.93
\$3,900*	\$45.68	\$63.04	\$92.29
\$4,000*	\$46.84	\$64.64	\$94.64
\$4,100*	\$48.01	\$66.26	\$97.00
\$4,200*	\$49.17	\$67.86	\$99.36
\$4,300*	\$50.34	\$69.47	\$101.73
\$4,400*	\$51.50	\$71.09	\$104.09
\$4,500*	\$52.67	\$72.69	\$106.45
\$4,600*	\$53.83	\$74.31	\$108.81
\$4,700*	\$55.00	\$75.92	\$111.16
\$4,800*	\$56.16	\$77.52	\$113.52
\$4,900*	\$57.33	\$79.14	\$115.88
\$5,000*	\$58.50	\$80.74	\$118.25

**Requires medical questions for coverage*

Maximum benefit is 60% of your average monthly salary

ALLSTATE DISABILITY PACKAGE



ON THE JOB ACCIDENT DISABILITY OFF THE JOB ACCIDENT DISABILITY SICKNESS DISABILITY ACCIDENT BENEFITS LIFE INSURANCE POLICY

American Heritage Life Insurance Company

GROUP VOLUNTARY BENEFITS:

Accidents can happen unexpectedly and can be costly, especially if you are financially unprepared. Your current medical coverage will help pay for expenses associated with an injury, or sickness, but won't cover all the out of pocket expenses and lost wages you may face.

SUMMARY OF BENEFITS:

- All Benefits are paid directly to the primary insured, up to **\$1,800** per month for any disability;
 - **On the Job Accident, Off the Job Accident, Sickness Disability** (*includes any non-accident related surgeries*)
- Coverage is guaranteed at initial enrollment, there are no medical exams or tests to take. *For pre-existing conditions see Limitations below.*
- **All Accident & Sickness** disability benefits are **Tax Free**.
- **All Accident** disability benefits are paid for up to **12 months**.
- **Sickness** disability benefits are paid for up to **6 months**.
- **Elimination Period:** (*Time required to miss work as a result of disability prior to filing claims*)
 - **Disability** benefits start after you are out for **7 days**.
- 24-hour accident coverage for yourself or for your family.
- **Accident Medical Expense benefit**, paid directly to you, for any medical bills associated with your On or Off the Job Accident. Benefit is available to Spouse and Children through the **Family Plan**.
 - Benefits that correspond with treatment for on and off the job accidental injuries including hospitalization, emergency treatment, intensive care, fractures and more.
- Rates include **Universal Life Insurance plan** (see page 9), a \$10 per week value.

PLAN LIMITATIONS:

- Disability payments for PRIMARY INSURED ONLY.
- Accident only plan pays **50%** of the Monthly Benefit when you are receiving **Workers Compensation**.
- Monthly Benefit amounts are based upon **60%** of your average monthly salary.
- **Pre-Existing Condition:** Benefits are not paid on losses occurring during the first 12 months of coverage if caused by a pre-existing condition. A pre-existing condition is a disease or physical condition for which symptoms existed within the 12 month period prior to the effective date.
- **Neck & Back Limitation:** the insured is limited to only **3 months of disability benefit**.
- **Accident Medical Expense Benefit;** When an injury results in a covered loss within **90 days** fro the date of an accident, Allstate Benefits will benefits as stated. Treatment must be received in the US or its territories.

ALLSTATE DISABILITY PACKAGE

**ON THE JOB ACCIDENT DISABILITY
OFF THE JOB ACCIDENT DISABILITY
SICKNESS DISABILITY
ACCIDENT BENEFITS
LIFE INSURANCE POLICY**

American Heritage Life Insurance Company

Disability Benefit Period:

Accident: **12 Months** • Sickness: **6 Months** • Neck & Back: **3 Months**

Disability Elimination Period:

Accident: **7 days** • Sickness: **7 days**

DISABILITY PACKAGE OPTIONS & WEEKLY RATES

Pays FULL benefit with Workers Compensation.

Rates include \$10 per week life insurance policy, see pg. 9.

Benefit Amount	INDIVIDUAL	FAMILY
\$600	\$21.88	\$27.44
\$900	\$27.36	\$35.69
\$1200	\$32.83	\$43.94
\$1500	\$38.30	\$52.18
\$1800	\$43.77	\$60.43

Prices listed above include the following:

- **Monthly Accident Disability Benefit;** On and Off the Job Disability coverage.
- **Monthly Sickness Disability Benefit;** Provides coverage for long term illness, and non-accident related surgeries
- **Accident/medical benefits;** Helps offset any medical expenses associated with your accident. Family coverage for accident benefits consists of your immediate family members only.
- **Universal Life Insurance policy;** provides a Tax Free lump payment to your beneficiary in event of your death.

ACCIDENT ONLY

DISABILITY PACKAGE OPTIONS & WEEKLY RATES

Rates include \$10 per week life insurance policy, see pg. 9.

Benefit Amount	INDIVIDUAL		FAMILY	
	Low Accident Benefits	High Accident Benefits	Low Accident Benefits	High Accident Benefits
\$1000	\$31.87	\$34.16	\$38.59	\$44.63
\$1500	\$40.14	\$42.42	\$46.85	\$52.90
\$2000	\$48.40	\$50.69	\$55.12	\$61.17

Prices listed above include the following:

- **Monthly Accident Disability Benefit;** On and Off the Job Disability coverage.
- **Accident/medical benefits;** Helps offset any medical expenses associated with your accident. Family coverage for accident benefits consists of your immediate family members only.
- **Universal Life Insurance policy;** provides a Tax Free lump payment to your beneficiary in event of your death.

ON AND OFF THE JOB ACCIDENT BENEFITS
American Heritage Life Insurance Company
CAN BE ADDED TO ANY DISABILITY PACKAGE • INCLUDED WITH ALLSTATE DISABILITY PLAN

BASE ACCIDENT BENEFITS & BENEFIT ENHANCEMENT RIDER		LOW PLAN	HIGH PLAN
Accidental Death	<i>Employee</i>	\$40,000	\$60,000
	<i>Spouse</i>	\$20,000	\$30,000
	<i>Child</i>	\$10,000	\$15,000
Accidental Death Common Carrier	<i>Employee</i>	\$200,000	\$300,000
	<i>Spouse</i>	\$100,000	\$150,000
	<i>Child</i>	\$50,000	\$75,000
Dismemberment	<i>Employee</i>	up to \$40,000	up to \$60,000
	<i>Spouse</i>	up to \$20,000	up to \$30,000
	<i>Child</i>	up to \$10,000	up to \$15,000
Dislocation and Fracture	<i>Employee</i>	up to \$4000	up to \$6000
	<i>Spouse</i>	up to \$2000	up to \$3000
	<i>Child</i>	up to \$1000	up to \$1500
Initial Hospital Confinement	<i>per lifetime</i>	\$1,000	\$1,500
Hospital Confinement	<i>per day</i>	\$200	\$300
Intensive Care	<i>per day</i>	\$400	\$600
Regular Ambulance		\$200	\$300
Air Ambulance		\$600	\$900
Medical Expenses		up to \$500	up to \$750
Outpatient Physician's Treatment	<i>per visit</i>	\$50	\$75
Hospital Admission	<i>Per year</i>	\$500	\$1,000
Lacerations		\$50	\$100
Burns	<i>< 15% of body surface</i>	\$100	\$200
	<i>> 15% or more</i>	\$500	\$1,000
Skin Graft (% of Burns)		50%	50%
Brain Injury Diagnosis		\$150	\$300
CT Scan and MRI		\$50	\$100
Paralysis	<i>Paraplegia</i>	\$7,500	\$15,000
	<i>Quadriplegia</i>	\$15,000	\$30,000
Coma with Respiratory Assistance		\$10,000	\$20,000
Open Abdominal or Thoracic Surgery		\$1,000	\$2,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	<i>Surgery</i>	\$500	\$1,000
	<i>Exploratory</i>	\$150	\$300
Ruptured Disc Surgery		\$500	\$1,000
Eye Surgery		\$100	\$200
General Anesthesia		\$100	\$200
Blood and Plasma		\$300	\$600
Appliance		\$125	\$250
Medical Supplies/Medicine		\$5	\$10
Prosthesis	<i>One Device</i>	\$500	\$1,000
	<i>Two or More</i>	\$1,000	\$2,000
Physical Therapy	<i>per day</i>	\$30	\$60
Rehabilitation Unit	<i>per day</i>	\$100	\$200
Non-Local Transportation	<i>per trip</i>	\$400	\$800
Family Member Lodging	<i>per day</i>	\$100	\$200
Post-Accident Transportation		\$200	\$400
Accident Follow-Up Treatment	<i>per day</i>	\$50	\$100

BENEFIT PLAN OPTIONS;	Individual	with Spouse	with Children	Family
Weekly Rate: Low / High	\$4.51 / \$6.79	\$8.47 / \$13.05	\$9.22 / \$14.17	\$11.22 / \$17.29

Guaranteed Issue

Transamerica Life Insurance Company

INDIVIDUAL \$10 PER WEEK POLICY • INCLUDED WITH ACCIDENT DISABILITY PACKAGES

Non-Tobacco User			
AGE	Death Benefit	AGE	Death Benefit
20	\$93,538	48	\$24,824
21	\$89,083	49	\$23,371
22	\$86,548	50	\$21,952
23	\$83,454	51	\$20,658
24	\$79,632	52	\$19,470
25	\$76,992	53	\$18,262
26	\$74,181	54	\$17,258
27	\$71,461	55	\$16,336
28	\$68,951	56	\$15,183
29	\$65,626	57	\$14,149
30	\$63,149	58	\$13,220
31	\$60,386	59	\$12,377
32	\$57,822	60	\$11,537
33	\$55,354	61	\$10,780
34	\$53,170	62	\$10,041
35	\$51,117	63	\$10.68wk*
36	\$48,694	64	\$11.46 *
37	\$46,036	65	\$12.08*
38	\$43,839	66	\$13.05*
39	\$41,540	67	\$13.99*
40	\$39,204	68	\$15.09*
41	\$37,045	69	\$16.17*
42	\$35,281	70	\$17.42*
43	\$33,333	71	\$18.59*
44	\$31,750	72	\$20.04*
45	\$30,172	73	\$21.55*
46	\$28,249	74	\$23.12*
47	\$26,505	75	\$24.98*

Tobacco User			
AGE	Death Benefit	AGE	Death Benefit
20	\$70,236	48	\$18,675
21	\$67,040	49	\$17,650
22	\$65,068	50	\$16,647
23	\$62,715	51	\$15,720
24	\$60,051	52	\$14,858
25	\$58,099	53	\$13,981
26	\$56,046	54	\$13,218
27	\$53,504	55	\$12,501
28	\$51,121	56	\$11,743
29	\$48,709	57	\$11,044
30	\$46,517	58	\$10,412
31	\$44,269	59	\$10.18wk*
32	\$42,469	60	\$10.81*
33	\$40,486	61	\$11.50*
34	\$38,670	62	\$12.24*
35	\$37,128	63	\$13.00*
36	\$35,482	64	\$13.77*
37	\$33,539	65	\$14.66*
38	\$31,956	66	\$15.79*
39	\$30,270	67	\$16.87*
40	\$28,722	68	\$18.14*
41	\$27,212	69	\$19.39*
42	\$25,934	70	\$20.83*
43	\$24,592	71	\$22.17*
44	\$23,388	72	\$23.88*
45	\$22,379	73	\$25.64*
46	\$21,060	74	\$27.45*
47	\$19,852	75	\$29.65*

*Premium per week required to provide for the minimum specified amount of **\$10,000** of coverage.

The **Child Term Rider (CTR)**, may be added to policy for additional premium of \$0.63 weekly for **\$10,000**, -or - \$1.25 weekly for **\$20,000** of coverage. The rider will provide same coverage amount for all lawful children of the insured. This rider is available for all children up until the age of 26.

Additional Guaranteed Issue coverage available up to \$150,000, no medical questions or exams, cannot be denied due to pre-existing condition. Coverage available to Spouse, and Children. See page 10 for more details and rates.

See page 10 for more information.

Guaranteed Issue

Transamerica Life Insurance Company

TransElite—Guaranteed Issue—Individual Universal Life: The premium is expected to provide coverage to age 100, plus a cash value. The premium is expected to sustain the policy—however, skipped, reduced payments, changes in the non-guaranteed interest rate, policy loans/partial surrender could require additional payments to sustain the policy to age 100.

- Coverage up to **\$150,000** in Face Amount, with **no** medial questions/exams.
- **No Medical Exams or Questions:** Cannot be excluded from coverage due to a pre-existing conditions such as cancer, diabetes, heart or liver disease, etc. Qualifying Conditions for Coverage:
 - Must be working Full-Time, must not be disabled at the time of signing, must have not been hospitalized or missed more than 5 consecutive days of work due to illness in the six (6) months prior to application date.
- Guaranteed interest rate of 3%, policy will generate a cash value over time.
- The policy includes the following riders.
 - **WML: Waiver of Monthly Deduction Due to Layoff Rider;** protects policy from lapsing for up to 6 months if employee is laid off.
 - **LBR: Accelerated Death benefit for Chronic Condition;** accelerates a portion of the coverage amount if a covered person is diagnosed with a covered chronic illness and is unable to perform daily activities for a period of 90 days without assistance.
 - **EXT: Extension of Benefits for Chronic Condition;** After 100% of the coverage amount has been accelerated under the LBR, and the covered employee/spouse continues to be eligible for benefits, Transamerica will begin increasing coverage amount by 4% so that the monthly accelerations can continue. Transamerica will also issue a paid-up certificate for 25% of the coverage amount to be paid upon the insureds death. This rider will terminate when the cumulative increases total 100% of the coverage amount in effect when the ADB-CC began.
- Fully portable, even if the employee leaves the group.

Family Guaranteed Issue Universal Life Insurance

- **Spouse Eligibility** -Maximum Face Amount of Guaranteed Issue Life Insurance is **\$15,000**.
 - **At the time of issue,** must be between the ages of 16 & 65, legally married to the member of the ILA, and not be disabled.
- **Children/Grandchildren Eligibility** - Maximum Face Amount of Guaranteed Issue Life Insurance is **\$25,000**.
 - **At the time of issue,** must be between 0 & 26, legally be a child or grandchild of ILA member, and not be disabled.

SAMPLE RATES: Premium listed is per MONTH for listed Face Amounts

NON-TOBACCO USER				
Age	\$25,000	\$50,000	\$100,000	\$150,000
20	-	\$25.07	\$50.18	\$75.30
25	-	\$30.47	\$60.98	\$91.49
30	-	\$37.18	\$74.36	\$111.54
35	\$22.96	\$45.91	\$91.82	\$137.74
40	\$29.95	\$59.85	\$119.71	\$179.56
45	\$38.87	\$77.79	\$155.62	\$233.45
50	\$53.47	\$106.94	\$213.88	\$320.82
55	\$71.83	\$143.70	\$287.44	\$431.18
60	\$101.73	\$203.50	\$407.01	\$610.51
65	\$141.82	\$283.59	\$567.18	\$850.77
70	\$204.49	\$409.03	\$818.10	\$1,227.17

TOBACCO USER				
Age	\$25,000	\$50,000	\$100,000	\$150,000
20	-	\$33.42	\$66.85	\$100.27
25	\$20.19	\$40.42	\$80.84	\$121.26
30	\$25.21	\$50.47	\$100.93	\$151.40
35	\$31.59	\$63.23	\$126.47	\$189.70
40	\$40.84	\$81.73	\$163.51	\$245.28
45	\$52.44	\$104.92	\$209.84	\$314.76
50	\$70.51	\$141.02	\$282.04	\$423.06
55	\$93.89	\$187.78	\$375.60	\$563.43
60	\$126.98	\$253.92	\$507.94	\$761.91
65	\$172.10	\$344.20	\$688.44	\$1,032.68
70	\$244.49	\$489.02	\$978.04	\$1,467.06

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