2012 BENEFITS OPEN ENROLLMENT GUIDE

For 2013 Plan Year

Open Enrollment is November 1 – 30, 2012

ACTIONS YOU NEED TO TAKE:

1. Review this 2013 Benefits Open Enrollment Guide in full!


If for some reason you cannot access your account on-line, you may complete & return the enclosed Group Medical/Vision/Dental Enrollment/Change form to HR or Payroll by November 30, 2012.

2. Complete & return the enclosed Flexible Spending Account Enrollment Form to HR or Payroll by November 30, 2012 if you wish to have a Flexible Spending Account (FSA) in 2013. (FSA enrollment is not available on-line)

3. Employees on the health plan and spouses on the health plan must visit www.ForwardAirLiveWell.com to register for the LiveWell program and complete Biometric Screening & Member Health Assessments by November 16, 2012, in order to pay the lowest available health plan premiums beginning in 2013.
WHAT’S NEW?
The Forward Air LiveWell Program

What is LiveWell?
Forward Air’s new Wellness Program! LiveWell is now available to all employees who participate in the Forward Air Health Plan, as well as Spouses on the Health Plan.

How does the LiveWell program affect my Health Insurance?
Participation in the LiveWell program is voluntary. Employees/Spouses who elect to participate in the Live Well Program and who earn the required points for program activities will pay significantly lower Health Plan premiums than non-participating employees/spouses. Please see Page 3 for premium information for both LiveWell participants & non-participants.

What do I need to do to pay the lowest premiums?
1) Each Employee on the health plan and Spouse on the health plan must visit www.ForwardAirLiveWell.com or call 888-VIVERAE to register for the LiveWell program by November 16, 2012.
2) Each Employee on the health plan and Spouse on the health plan must complete the required program activities by November 16, 2012, in order to earn the 100 points required to qualify for the lowest health plan premiums in 2013. Program activities for the 2013 Incentive (lowest premiums) are Biometric Screening (50 points) and the Member Health Assessment (50 points).
**2013 Health Plan Premiums**
(All rates are weekly)

<table>
<thead>
<tr>
<th>Wellness Rates</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$15.00</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$42.00</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td></td>
</tr>
<tr>
<td>Both Participate</td>
<td>$46.00</td>
</tr>
<tr>
<td>Employee Only Participates</td>
<td>$59.85</td>
</tr>
<tr>
<td>Spouse Only Participates</td>
<td>$69.08</td>
</tr>
<tr>
<td>Family</td>
<td></td>
</tr>
<tr>
<td>Both Participate</td>
<td>$50.00</td>
</tr>
<tr>
<td>Employee Only Participates</td>
<td>$63.85</td>
</tr>
<tr>
<td>Spouse Only Participates</td>
<td>$73.08</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-Wellness Rates</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$38.08</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$65.08</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$82.92</td>
</tr>
<tr>
<td>Family</td>
<td>$86.92</td>
</tr>
</tbody>
</table>

**Other Benefit Plans**

**VISION:**
Vision benefits are included in your medical plan coverage. Vision benefits are not available for purchase separately. Following your benefits effective date, you may visit [www.myuhcvision.com](http://www.myuhcvision.com) to download & print a vision ID card. See the enclosed Employee Benefits Guide for more information.

**DENTAL:**
You may elect to purchase either the $1000 plan or the $1500 plan. See the Employee Benefits Guide for more information and premiums.
**Other Benefit Plans - continued**

**LIFE, DISABILITY, 401(K) & STOCK PURCHASE PLANS:**

See the 2013 Employee Benefits Guide for information on Basic & Optional Life Insurance, Short Term Disability, Long Term Disability, the 401(k) Plan & the Stock Purchase Program.

These plans are not part of Open Enrollment. Following your New Hire Enrollment Period, requests for Life or STD/LTD are subject to medical underwriting review and approval by the plan provider. Contact HR to request the appropriate forms if you wish to apply for benefits under these plans following your New Hire Enrollment Period (90 days following hire date).

**ING WHOLE LIFE, CRITICAL ILLNESS/CANCER, & ACCIDENT INSURANCE:**

Contact ING Customer Service at (800) 537-5025 for questions or service to existing policies. Contact ING Forward Air Enrollment Center at (800) 955-6906 for new enrollments. Please see the enclosures for additional information on these products.
**Other Benefit Plans - continued**

**FLEXIBLE SPENDING ACCOUNTS (FSA):**

Medical & Dependent Care FSA’s provide the opportunity to avoid paying taxes on eligible medical, dental, vision and dependent care expenses. By using a Medical and/or Dependent Care Flexible Spending Account, you could achieve a substantial tax savings annually, depending on your participation level. You are not required to participate in the Health Plan to utilize the FSA’s.

**REMEMBER:** Enrollment in Medical and/or Dependent Care Flexible Spending Accounts is required EACH YEAR. If you signed up last year for an FSA account for 2012, your deductions will not automatically continue in 2013.

Also, please remember that all contributions to FSA’s are “use or lose”, so use caution in electing contribution amounts to these accounts.

Visit [www.tasconline.com](http://www.tasconline.com) or call 800-422-4661 for more information, including eligible expenses, claims procedures, and plan questions.

Employees who participated in 2012 and who sign up for 2013 will continue to use the same TASC cards; new account balances will be loaded to cards by 1/1/13. New participants will receive TASC cards prior to 1/1/13.

**2013 Contributions Limits:**

- Medical FSA: $2,500 maximum $520 minimum
- Dependent FSA: $5,000 maximum $520 minimum

An Enrollment Form is enclosed. If you wish to participate in Flex Spending for 2013, you must return your completed Enrollment Form to HR or Payroll by November 30, 2012. On-line enrollment is not available for this program.
Health/Vision & Dental Open Enrollment changes are effective January 1, 2013.
Corresponding payroll deduction changes will begin on the January 10, 2013 paycheck.

THIS IS THE ONLY MAILING YOU WILL RECEIVE REGARDING OPEN ENROLLMENT

Contact Human Resources or Payroll for questions:
(423) 636-7046 / (423) 636-7009 / (423) 646-7162
dfranko@forwardair.com / aabel@forwardair.com / wking@forwardair.com
1) Go to www.ForwardAir.com, then select Log-on to your myFAI account. Enter your Username and Password.

2) Click on Employee Self Service.
3) Select the "Benefits" option to review current enrollments and make changes.

New Screens:

- Enrollment Changes
- Pending Benefit Changes:
- Dependants:
- Beneficiaries:
4) Select “My Benefits” to view your current benefit plan election
5) If you wish to add Dependant coverage for the first time, or you wish to add a dependent to your plans you must select “My Dependents”. Follow the “ADD”, “CHANGE”, or “DELETE” instructions to update your eligible dependents prior to making any Open Enrollment changes.

After making changes, you must click “SUBMIT” in order for your changes to be saved.
6) Under the **Benefits** menu options, select “Open Enrollment” to make plan changes. These are all of the options:

7) Click “Continue” to complete election changes. You must click “Submit” or your requested changes will not be submitted.
8) Select “Benefit Changes” or “Open Enrollment” again to view the status of requested changes to your plan elections.
Forward Air™

2013 Employee Benefits Guide

AN OVERVIEW

Forward Air, Inc.

Forward Air™ Solutions

TLX Forward Air™

FAF, Inc.

Forward Air™ Complete
This guide is designed to provide a general overview of your benefits at Forward Air. It is not a contract or an official interpretation of the benefit plans. For more detailed information, please refer to your summary plan descriptions or the legal plan documents. Should any questions or conflicts arise, the plan documents will be the final authority in determining your benefits. Forward Air reserves the right to modify or discontinue the plans at any time.

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QUESTIONS?

Once you have reviewed your benefit options, please make your elections online at myFAI (www.forwardair.com) and by returning the appropriate completed forms to the Payroll/Benefits Department. If you have any questions about your benefits at Forward Air, please contact Human Resources at (423) 636-7009, (423) 636-7162 or (423) 636-7046.
Your medical benefits at Forward Air are offered through CIGNA under the Open Access Plus PPO Plan.

This plan uses a Preferred Provider Organization (PPO). To receive the maximum benefit from your PPO Plan, make sure your provider is a member of the CIGNA network. Under a PPO plan, you have the flexibility to go to any provider that you choose and you are not required to select a Primary Care Physician (PCP). However, anytime you select an in-network physician or facility, you will benefit from negotiated pricing and higher benefit levels. In-network providers will also file your claims for you.

To find an in-network provider near you, go to www.cigna.com and click on the “Find a Doctor” tab. Type in your city and state or physician name, choose your plan and physician type then click search. Please be sure to consult either the online directory or CIGNA customer service to confirm that your provider participates in the network. You can also access the directory through www.mycigna.com. CIGNA offers MyCIGNA to its members to access up-to-the-minute information on your personal benefit account. At MyCIGNA, you can verify out-of-pocket spending, amounts contributed towards your deductible, find physicians in your area, and more.

If you select an out-of-network physician or facility, you will be subject to higher deductibles and reduced benefit levels. You will be responsible for a larger percentage of the charges, plus any amount the provider charges over the usual and customary rate. It is to your advantage to use an in-network provider whenever possible.

For more information, please contact the Payroll/Benefits Department or see your CIGNA Summary of Benefits.

Cigna Home Delivery Pharmacy℠ offers a number of advantages, including getting a three-month supply of medication at one time, and having it delivered directly to your home at no additional cost. With one phone call, you can request a prescription through Cigna Home Delivery Pharmacy. It’s easy to refill your prescription through Cigna’s 24-hour interactive voice response (IVR) system, by mail or online at myCigna.com. Cigna Home Delivery Pharmacy also offers programs to help you stay on track with your medication such as refill reminders and prescription renewal notices in case you forget to order your medication.

To switch your current prescriptions call 1.800.285.4812. See page 4 for copay information.

### PRE-EXISTING CONDITION LIMITATION

There may be a pre-existing condition limitation for members age 19 and over who enroll in the health insurance plan if they had a break of 63 days or more during which they were not covered under creditable coverage in the 12 months before the date coverage became effective. Upon enrollment, please provide your certification of prior creditable coverage.

### ENROLLMENT CHANGES

Changes to your enrollment may be made annually during open enrollment each year. Mid-year changes may be made for the following qualifying events: marriage/divorce; birth/adoption; death; change in job status of yourself or your spouse; and change in Medicaid or CHIP eligibility (within 60 days).

However, all changes (with the exception of Medicaid/CHIP) must be made within 31 days of your qualifying event. You must notify the Payroll/Benefits Department immediately when you experience a qualifying event.
<table>
<thead>
<tr>
<th>MEDICAL BENEFITS</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible</td>
<td>$500/$1,000</td>
<td>$1,000/$2,000</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$2,000/$4,000</td>
<td>n/a</td>
</tr>
<tr>
<td>Individual Annual Maximum</td>
<td>$2,000,000</td>
<td>$2,000,000</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>unlimited</td>
<td>unlimited</td>
</tr>
<tr>
<td>SERVICES RECEIVED AT A PRACTITIONER’S OFFICE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Visit</td>
<td>$25 copay PCP/$40 copay Specialist</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Office Surgery</td>
<td>80%, no deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Routine Diagnostic Services and Advanced Radiological Imaging</td>
<td>no additional charge after copay</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Routine Preventive Care</td>
<td>no charge, no deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>SERVICES RECEIVED AT A FACILITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital Services</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Outpatient Facility Services</td>
<td>80%, no deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Routine Diagnostic Services and Advanced Radiological Imaging</td>
<td>80% after deductible 80%, no deductible</td>
<td>50% after deductible same as in-network if true emergency, otherwise 50% after deductible</td>
</tr>
<tr>
<td>Emergency Care Services</td>
<td>$150 ER copay then 80%, no deductible, waived if admitted</td>
<td>same as in-network if true emergency, otherwise 50% after deductible</td>
</tr>
<tr>
<td>Urgent Care Facility</td>
<td>$25 copay, waived if admitted</td>
<td>same as in-network if true emergency, otherwise 50% after deductible</td>
</tr>
<tr>
<td>Skilled Nursing, Rehab and Sub-Acute Facilities</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>BENEFITS FOR OTHER COVERED SERVICES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Durable Medical Equipment, External Prosthetic Appliances</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Home Health Care (limited to 16 hours per day, no limit on number of days)</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Ambulance</td>
<td>80%, no deductible</td>
<td>same as in-network if true emergency, otherwise 50% after deductible</td>
</tr>
<tr>
<td>Rehabilitation Therapy (includes cardiac, physical, speech, occupational, pulmonary and cognitive)</td>
<td>No charge after PCP or Specialist office visit copay</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>$25 copay</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Outpatient Office Visits</td>
<td>No charge after PCP or Specialist office visit copay</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>PHARMACY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy Deductible</td>
<td>none</td>
<td>$250 per person/$500 per family</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>none</td>
<td>$1,500 per person/$3,000 family</td>
</tr>
<tr>
<td>Retail (30-day supply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generics</td>
<td>$10 copay</td>
<td>50% after out-of-network pharmacy deductible</td>
</tr>
<tr>
<td>Preferred Brands</td>
<td>$25 copay</td>
<td></td>
</tr>
<tr>
<td>Non-Preferred Brands</td>
<td>$50 copay</td>
<td></td>
</tr>
<tr>
<td>Mail Order (90-day supply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generics</td>
<td>$20 copay</td>
<td></td>
</tr>
<tr>
<td>Preferred Brands</td>
<td>$50 copay</td>
<td>In-network coverage only</td>
</tr>
<tr>
<td>Non-Preferred Brands</td>
<td>$100 copay</td>
<td></td>
</tr>
</tbody>
</table>

* Prior authorization required for some services. Please see your plan document for details.
Dear Forward Air Team Members & Spouses,

When we began Forward Air, one of our core values was to put our employees first because each of you is a critical part of our success. This value has served us well over the years and has allowed us to be highly successful.

One component of putting our employees first was to make sure that we provided very good and affordable health insurance. Through the years we have been able to do that, a choice that has provided comfort, knowing that each of us and our families are protected when a medical crisis occurs.

However, over the past few years, our medical costs have risen to extremely high levels driving us to do a complete reexamination of our health benefits program. We do not want to cut or limit coverage, nor do we want to increase your out-of-pocket costs more than necessary. Accordingly, we have worked diligently to find a solution that we feel will positively impact each of us while helping control the rising costs of our health plan.

In 2012, Forward Air is partnering with Viverae to launch the Forward Air LiveWELL program, a benefit offering to you that we believe will both improve your health and help control our rising health plan costs. Viverae is a best-in-class provider of wellness services, and through the Forward Air LiveWELL program, Viverae will provide you with the latest health and wellness content, coaching resources, wellness challenges, and an online community to keep you motivated and improve your health. You will find more information about these resources and the Forward Air LiveWELL program from Human Resources.

Please join with me in helping us achieve our wellness goals, improve our health and reduce our health plan costs. Accomplishing our objectives will require commitment from all of us, and I strongly encourage you to take advantage of this new benefit by participating with me in the Forward Air LiveWELL program.

With your support, we can live better while positioning Forward Air for great success in the future.

In Good Health,

Bruce A. Campbell
Chairman, President and Chief Executive Officer
Forward Air LiveWell Q & A

Who can participate in the Forward Air LiveWell Program?
Employees in the Forward Air Health Plan and their spouses who are covered in the health plan are eligible to participate in the wellness program.

Why should I participate?
The most important reason to participate is to improve the health of yourself and your family. Also, by participating in the Forward Air LiveWell Program, you will pay less for health insurance.

How will my participation and my spouse’s participation in the Forward Air LiveWell Program affect how much I pay for health insurance premiums?
The Forward Air LiveWell Program is run on a point system—you earn points through the year for completing program activities. You must obtain a target number of points each year to qualify for a significant discount on your health insurance premiums.

By completing a Member Health Assessment (MHA) and Biometric Screening by November 16, 2012, you earn 100 points and become eligible to receive the premium discount for 2013. Then, earn an additional 200 points through the program activities in 2013 to be eligible for the premium discount in 2014.

Participation in the Forward Air LiveWell Program is voluntary. However, employees who choose to participate in the wellness program will significantly lower their health plan premiums.

Here’s an example of how your premiums will be affected by participation in the wellness program.

<table>
<thead>
<tr>
<th>Type of Coverage:</th>
<th>Weekly Health Care Premium for Wellness Program Participants</th>
<th>Weekly Health Care Premium for Wellness Program Non-Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$15.00</td>
<td>$38.08</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$42.00</td>
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</tr>
<tr>
<td>Employee + Spouse</td>
<td>$46.00</td>
<td>$82.92</td>
</tr>
<tr>
<td>Family</td>
<td>$50.00</td>
<td>$86.92</td>
</tr>
</tbody>
</table>
How to Register for the LiveWell Program

Step 1

• Visit www.ForwardAirLiveWell.com
• Click New User Registration
  Full registration requires an email address (obtain an email address if lacking)
• This will take you to a self-registration screen

Step 2

• Enter your Last Name and Date of Birth (DOB)
• Enter your Identifier: DOB + Last 4 of SSN (MMDDYYYY1234)
• Enter the Registration Code: forwardair

*Note:* The error message (shown at left) indicates some or all of the information entered in Step 2 is incorrect. If further assistance is needed, please contact the Viverae Health Center at 888-VIVERAE (848-3723).

Step 3

• Ensure that all information is complete and current, including personal and contact information.
• Create a User Name (5–25 characters)
• Create a Password (8–12 characters) using letters (upper and/or lowercase), numerals, and/or special characters (such as @?#$~!&^%)
• Select a Security Question and Answer and then click Save. Registration is complete!

*Note:* Always click Log Out at end of session to protect your personal health information.
Activities to Earn Points

The entire wellness program is run on a point system-- you’ll earn points throughout the year for completing certain program activities. These points are required to maintain the lowest health plan premiums available only to Forward Air LiveWell participants. You’ll manage all your program activities and log points at www.ForwardAirLiveWell.com.

Complete your Member Health Assessment (MHA) and Biometric Screening to earn additional points.

To register and access tools and resources visit www.forwardairlivewell.com.

<table>
<thead>
<tr>
<th>Excel Program</th>
<th>Point Value/Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Health Assessment (MHA) (Required)</td>
<td>50</td>
</tr>
<tr>
<td>Biometric Screening (Required)</td>
<td>50</td>
</tr>
<tr>
<td>Preventive Care Compliance (Self-Reported)</td>
<td>50</td>
</tr>
<tr>
<td>Health-e Challenges</td>
<td>15 each / 45 max</td>
</tr>
<tr>
<td>Health-e Beginnings Online Courses</td>
<td>10 each / 30 max</td>
</tr>
<tr>
<td>Health-e Insights Webinars</td>
<td>5 each / 30 max</td>
</tr>
<tr>
<td>Health-e Focus Supplemental Questionnaires</td>
<td>5 each / 30 max</td>
</tr>
<tr>
<td>Health-e Steps Targeted Programs</td>
<td>15 each / 45 max</td>
</tr>
<tr>
<td>Community Event (Self Reported)</td>
<td>5 each / 5 max</td>
</tr>
<tr>
<td>Health Score Bonus</td>
<td>Point Value</td>
</tr>
<tr>
<td>High Health Score (≥80)</td>
<td>100</td>
</tr>
<tr>
<td>Moderate Health Score (70-79.9)</td>
<td>50</td>
</tr>
<tr>
<td>Low Health Score (&lt;70)</td>
<td>0</td>
</tr>
<tr>
<td>Risk-Based Coaching Compliance</td>
<td>Point Value / Max</td>
</tr>
<tr>
<td>≥80 Health Score</td>
<td>20 each / 20 max</td>
</tr>
<tr>
<td>70-79.9 Health Score</td>
<td>10 each / 20 max</td>
</tr>
<tr>
<td>&lt;70 Health Score</td>
<td>5 each / 20 max</td>
</tr>
<tr>
<td>Disease Management</td>
<td>Point Value / Max</td>
</tr>
<tr>
<td>Care plan Complete</td>
<td>20 each / 20 max</td>
</tr>
<tr>
<td>(Identified between September 17, 2012, and April 30, 2013)</td>
<td></td>
</tr>
<tr>
<td>Care Plan Enrolled</td>
<td>20 each / 20 max</td>
</tr>
<tr>
<td>(Identified May 1, 2013-November 30, 2013)</td>
<td></td>
</tr>
<tr>
<td>Excel Goal</td>
<td>300</td>
</tr>
</tbody>
</table>
Vision benefits are available only when electing medical coverage. Vision premiums are included in the medical premiums.

Your vision plan at Forward Air is through UHC Vision and the premiums are bundled with your medical plan. This plan is much like the medical plan in that it uses a Preferred Provider Organization (PPO).

When you choose an in-network provider or retailer for your annual eye exam, lenses and frames, you are responsible for the copay only. You can have one eye exam each year and new lenses and frames (from UHC’s selection) each year. You may select contact lenses in lieu of lenses and frames once each year.

If you choose to see a provider or purchase materials from retailers that are outside of UHC’s network, UHC will only pay up to a certain amount. You are responsible for the difference.

To find providers near you, go to www.myuhcvision.com. Enter your last name, date of birth and zip code; click on “Locate a Provider” continue by starting a provider search based on your city or zip code. As an additional benefit, UHC Vision has partnered with several facilities to offer discounts on refractive eye surgery. Please see the plan document or contact UHC Vision for more information.

How to print a vision ID card:
1. Go to www.myuhcvision.com
2. Log in
3. Click on: “Click Here to Print Vision ID Card”
4. This generates a pdf with your personal benefit information
5. Print.

<table>
<thead>
<tr>
<th>PLAN BENEFITS</th>
<th>IN-NETWORK COPAYMENT*</th>
<th>OUT-OF-NETWORK MAXIMUM BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam (every 12 months)</td>
<td>$10</td>
<td>$40</td>
</tr>
<tr>
<td>Lenses (every 12 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$25</td>
<td>$40</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$25</td>
<td>$60</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$25</td>
<td>$80</td>
</tr>
<tr>
<td>Lenticular</td>
<td>$25</td>
<td>$80</td>
</tr>
<tr>
<td>Frames** (every 12 months)</td>
<td>$25</td>
<td>$45</td>
</tr>
</tbody>
</table>

* The in-network copayment will apply once if frames and lenses are purchased at the same time.
** Your choice from a wide selection of frames is covered. If you select frames outside of UHC’s covered-in-full selection, you will receive a $50 wholesale allowance at private practice providers or a minimum $130 retail allowance at UHC’s retail chain providers.
As an employee at Forward Air, your dental benefits are provided through Delta Dental. The Basic Dental Plan ($1,000) is free to employees. Employees may elect to purchase the $1,500 plan as well as coverage for spouse and children. Rates are listed above.

This plan is a Preferred Provider Organization (PPO) Plan, meaning you can go to any provider that you choose, but you will benefit most from the plan if you use providers that are in the Delta Premier Network. To find out if a provider participates in the network, go to www.deltadentaltn.com and click on the map of the U.S. When asked to choose a dental plan, select “Delta Dental PPO.”

The benefit levels are the same both in and out of the network. However, Delta Dental has negotiated charges with in-network providers so you will more than likely pay less if you see an in-network provider. Also, claims forms will be processed and submitted for you by an in-network dentist.

If you choose an out-of-network provider, you will be responsible for the difference between the billed charge and the amount that Delta Dental has agreed to pay. You may also have to pay the dentist up front.

If you are thinking of having dental work done that will cost over $300, ask your dentist to request a pre-determination before starting treatment. This will let you know approximately how much the work will cost and what your share of the costs will be. Pre-determination is not a guarantee of benefits.

<table>
<thead>
<tr>
<th>PLAN BENEFITS</th>
<th>IN/OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible (Applies to basic and major services only)</td>
<td>$50 per person $150 per family</td>
</tr>
<tr>
<td>Calendar Year Maximum* (Does not apply to orthodontic services)</td>
<td>$1,000 ($1,500 buy up option)</td>
</tr>
<tr>
<td>Orthodontic Lifetime Maximum</td>
<td>$1,500</td>
</tr>
<tr>
<td>Diagnostic and Preventive Services Routine Exams, Cleanings, X-Rays, Sealants</td>
<td>100%, no deductible for most services</td>
</tr>
<tr>
<td>Basic Services Fillings, Simple Extractions, Crown, Denture and Bridge Repair, Endodontics, Periodontics, Complex Oral Surgery</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Major Restorative Services Prosthetics, Crowns, Bridges, Dentures, Implants</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Orthodontic Services (to age 19)</td>
<td>50%</td>
</tr>
</tbody>
</table>
BASIC LIFE/ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

At Forward Air, Basic Life/Accidental Death and Dismemberment (AD&D) Insurance is a provided benefit at no cost to you through Lincoln Financial Group. The coverage amount is $50,000.

AD&D Insurance pays an additional amount based on a specific list of losses such as loss of life, limb, or sight due to an accident. The principal sum is $50,000.

Please remember to contact the Payroll/Benefits Department when you need to update your beneficiaries. Amounts are subject to age reductions beginning at age 65.

OPTIONAL LIFE/ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

Optional Life/Accidental Death and Dismemberment (AD&D) Insurance is available for you and your dependents through Lincoln Financial Group. You have two options for your dependents’ coverage. Premiums for this voluntary coverage are paid for entirely by you on an after-tax payroll deduction basis. You may elect optional Life/AD&D Insurance for yourself in $50,000 increments to a maximum of seven times your annual salary (rounded to the next higher $50,000) or $200,000, whichever is less. Amounts are subject to age reductions beginning at age 65.

Option 1 for your dependents’ coverage carries a $10,000 benefit for your spouse, $500 for your child(ren) (ages 14 days to 6 months), and $5,000 for your child(ren) (ages 6 months to 19 years, 25 if a full-time student).

Option 2 benefits are $20,000 for your spouse, $500 for your child(ren) (ages 14 days to 6 months), and $10,000 for your child(ren) (ages 6 months to 19 years, 25 if a full-time student).

Note: Requests to increase or add life insurance coverage may be made at any time during the year; all requests are subject to evidence of insurability and medical underwriting approval by LFG or Reliance Standard.

VOLUNTARY SHORT-TERM DISABILITY (STD) INSURANCE*

Short-Term Disability (STD) Insurance can help provide support for you and your family should you become temporarily disabled for more than 14 consecutive days. This coverage is provided by Reliance Standard and is paid entirely by you on an after-tax payroll deduction basis.

Your STD benefits are equal to 60% of your base weekly earnings up to a maximum of $400 per week for the Base Plan or up to $1,250 per week for the Buy Up plan if your earnings qualify. Benefits start on the 15th day of consecutive disability and can continue up to 26 weeks.

VOLUNTARY LONG-TERM DISABILITY (LTD) INSURANCE*

Long-Term Disability (LTD) Insurance can protect your income in case of a long-term injury or illness. This coverage is provided by Reliance Standard and is paid entirely by you on an after-tax payroll deduction basis.

Your LTD benefits are equal to 60% of your base monthly earnings up to $4,000 per month if your earnings qualify and start after you have been deemed disabled for 180 days. LTD benefits can be payable up to five years depending on your age.

* Disability benefits are offset by any disability or retirement income from Social Security, Workers Compensation or any other insurance made available through an employer.
ING PREMIER WHOLE LIFE INSURANCE

In addition to your life insurance options through Lincoln Financial Group, Premier Whole Life Insurance is available through ING. You can purchase a policy for yourself, dependent child(ren) and/or dependent grandchild(ren).

The policy pays directly to the beneficiary regardless of other insurance.

Premiums will be conveniently payroll deducted and are guaranteed to be fixed for the life of the policy as long as you meet the required premium payments.

ING PREMIER CRITICAL ILLNESS WITH CANCER INSURANCE

ING’s Premier Critical Illness with Cancer Policy can help you and your family financially following the diagnosis of a specified disease or condition as outlined in the policy. A lump sum benefit amount will be paid directly to you (in addition to any other health insurance) and can be used however you choose.

This coverage is also available for your spouse and/or child(ren).

ING ACCIDENT INSURANCE

In the case of an accident, ING’s Accident Insurance can help cover the unexpected costs related to accident expenses. The policy pays a specific benefit amount for initial care, follow-up and injury expenses directly to you, regardless of other insurance.

This coverage is also available for your spouse and/or child(ren).
Forward Air knows that personal and family problems can impact your life both at home and at work. So to assist you and your family in getting the help you need, Forward Air has partnered with Reliance Standard to offer an Employee Assistance Program (EAP) to all employees. The program is administered by Health Management Systems of America (HMSA). Participation in the EAP is free, voluntary and confidential.

Through short-term counseling, program counselors can help you address a variety of problems in areas involving your emotional and mental health, family, relationships, finances, and work.

Your communication with the EAP is 100% confidential and the program is free to all employees.

If more assistance is needed, your counselor may refer you elsewhere taking into account special needs, health insurance and financial factors.

**Counseling**
In addition to help online and over the phone, you are eligible for up to four face-to-face sessions to tackle such problems as those involving:
- Mental Health and Substance Abuse
- Stress/Anxiety/Depression
- Parent and Child Conflicts
- Child Care Issues
- Single Parenting
- Coping with Serious Illness
- Aging Parents
- Separation and Divorce
- Grief and Loss
- Workplace Conflict/Concerns
- Anger Management
- Sexual Harrassment

**Enhanced Legal Services**
A variety of resources are available online to help you prepare and/or explain legal documents. By calling the hotline, you can speak to a legal advisor who can point you in the right direction or set up a 30-minute in-office or phone consultation and, if needed, a referral to a local attorney.

**Enhanced Financial Services**
After your initial assessment by the staff, you are entitled to an hour-long phone consultation with a certified financial counselor. You may then be referred to CPAs, CFPs and credit counselors at discounted rates. There are also several online tools available to you such as financial calculators and tips for getting the most out of your resources.
Forward Air is pleased to offer a 401(k) retirement plan administered by Great West and encourages employees to plan for the future by taking advantage of this tax-deferred savings plan.

### 401(k) BENEFITS PLAN FEATURES

<table>
<thead>
<tr>
<th><strong>401(k) BENEFITS</strong></th>
<th><strong>PLAN FEATURES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee Elective Deferral Waiting Period</strong></td>
<td>Employees are eligible after three months of service and have reached age 21.</td>
</tr>
<tr>
<td><strong>Employee Contributions</strong></td>
<td>If you do not decline to enroll in the plan, you will be automatically enrolled at 4% of your income into the guaranteed fund.</td>
</tr>
<tr>
<td><strong>Employer Discretionary Contributions</strong></td>
<td>Forward Air will match $0.25 on every $1.00 that you contribute, up to 6% of your income.</td>
</tr>
<tr>
<td><strong>Elective Deferral Maximum Contribution</strong></td>
<td>Through payroll deductions, you can make elective deferrals up to the maximum allowed by federal regulations.</td>
</tr>
<tr>
<td><strong>Catch-Up Contribution Guidelines</strong></td>
<td>If you are 50 or older, or will reach age 50 before the end of the plan year, you are eligible to make “catch-up” contributions, which are additional tax-deferred contributions of 1% to 35% of compensation each year, up to a specified dollar limit. The maximum for 2013 is $17,000.</td>
</tr>
<tr>
<td><strong>Rollovers</strong></td>
<td>You are permitted to roll over eligible pre-tax contributions from another 401(a), 403(b), governmental 457(b) retirement plan or eligible pre-tax contributions from a conduit individual retirement account (IRA). In addition, your 401(k) plan’s rollover provision includes after-tax contributions from another 401(a) plan.</td>
</tr>
<tr>
<td><strong>Withdrawals &amp; Taxation</strong></td>
<td>You can borrow money from your vested plan for any reason and it is not subject to income taxes as long as you repay the loan within the approved period. There is a $75.00 origination fee for each loan, plus an ongoing annual $50.00 fee. You can borrow in any amount, in increments of $100, provided the loan is at least for $1,000 and is not more than 50% of your plan account balance or $50,000, whichever is less. You can only have one loan at a time. You will not be permitted any more loans until at least 12 months have elapsed since the inception of the loan. The interest rate will be the prime rate of interest plus 1% on the day your loan is processed. Your loan repayment period is generally five years. You can withdraw all or part of your vested plan account after age 59 1/2.</td>
</tr>
</tbody>
</table>

All requests for contribution or investment changes, loans, withdrawals and other plan activities can be made by contacting Great West Retirement Services (GWRS) at 1-800-338-4015.
SECTION 125 PREMIUM CONVERSION PLAN

Many of your benefits (medical, dental, vision, etc.) are deducted from your gross income, pre-tax, with a Premium Conversion Plan. Your taxable income is reduced by your pre-tax deductions, which decreases the amount of taxes taken from your paycheck and results in an increase in your take-home pay. Using the example to the right, the annual increase in take-home pay thanks to the pre-tax option is $657.28.

EMPLOYEE STOCK PURCHASE PROGRAM

Employees can purchase stock in Forward Air after one year of continuous employment. Full-time employees and part-time employees working at least 20 hours per week are eligible for this benefit. There are only two enrollment dates per year (January 1st and July 1st), so enrollment forms must be submitted to the Payroll/Benefits Department prior to one of these dates.

The price per share is determined by the lower of the following prices:

- 90% of the closing market price of the Common Stock on the last trading date of the option period, or;
- 90% of the closing market price of the Common Stock on the first trading date of the option period.

FLEXIBLE SPENDING ACCOUNT

Forward Air offers employees the option to defer money on a pre-tax basis for use on approved medical and dependent care expenses. This is not insurance. This is simply a way for you to save on your medical (FSA) or dependent (DCA) expenses by setting money aside from your gross income.

The minimum annual medical FSA contribution is $520 and the maximum is $2,500. The minimum DCA annual contribution is $500 and the maximum is $5,000 ($2,500 if you are married and file separately on your tax return).

Contact TASC customer service or the Payroll/Benefits Department for a list of eligible medical and dependent care expenses.

Enrollment in flexible spending accounts is available only during open enrollment each year. No changes can be made during the year except with qualifying events.
MASTECTOMY NOTICE

Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema)? Contact the Payroll/Benefits Department for more information.

NOTICES OF PRIVACY PRACTICES AND MEDICARE D

Notices of Privacy Practices are distributed every three years and notices of Medicare D are distributed annually per Federal requirements.

Should you need an additional copy, contact the Payroll/Benefits Department.

NEWBORN NOTICE

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a caesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). It is the employee’s responsibility to notify the Payroll/Benefits Department of pregnancy so they can be provided their Newborn’s and Mother’s “Health Protection Act Notice.”
FORWARD AIR
Group Medical/Vision and Dental
ENROLLMENT / CHANGE FORM

CHECK ONE:   New Enrollment: _______     Change: ______
FORM MUST BE COMPLETED IN FULL. ALL FORMS SUBMITTED REPLACE ANY PREVIOUSLY SUBMITTED FORMS – LIST ALL COVERED DEPENDENTS

Location: _____________                Group No: 3317056
Social Security #:______________________________
Employee Last Name: _______________________    Employee First Name: ____________________    M.I.: ________
Job Title: ________________________________        Sex: □ M  □ F          Birth Date: _______/_____/________
Address:________________________   Hire Date: ____/____/_____  Coverage Effective Date: ____/____/____
City: _________________ ST: ______ Zip:_________      Marital Status: □ Single   □ Married   □ Divorced   □ Widowed

Please make your enrollment selections by checking one option for Medical/Vision & one option for Dental:

<table>
<thead>
<tr>
<th>2013 Medical/Vision Rates</th>
<th>2013 Dental Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wellness Rates (weekly)</strong></td>
<td><strong>Non-Wellness Rates (weekly)</strong></td>
</tr>
<tr>
<td>---------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td><strong>Employee Only</strong></td>
<td>$15.00*</td>
</tr>
<tr>
<td><strong>Employee + Child(ren)</strong></td>
<td>$42.00*</td>
</tr>
<tr>
<td><strong>Employee + Spouse</strong></td>
<td>$46.00*</td>
</tr>
<tr>
<td>Both participate</td>
<td></td>
</tr>
<tr>
<td>Employee only participates</td>
<td>$59.85</td>
</tr>
<tr>
<td>Spouse only participates</td>
<td>$69.08</td>
</tr>
<tr>
<td>Neither participates</td>
<td>$82.92</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td></td>
</tr>
<tr>
<td>Both participate</td>
<td>$50.00*</td>
</tr>
<tr>
<td>Employee only participates</td>
<td>$63.85</td>
</tr>
<tr>
<td>Spouse only participates</td>
<td>$73.08</td>
</tr>
<tr>
<td>Neither participates</td>
<td>$86.92</td>
</tr>
<tr>
<td><strong>NO COVERAGE</strong></td>
<td></td>
</tr>
<tr>
<td>I Decline Medical/Vision Coverage</td>
<td></td>
</tr>
<tr>
<td>I Decline Dental Coverage</td>
<td></td>
</tr>
</tbody>
</table>

* If you elect a Wellness participation rate and do not meet the LiveWell program requirements, Non-Wellness Rates will apply.

If you are electing dependent coverage, please furnish the following information for each dependent you wish to cover. Dependent children may be covered up to age 26. Forward Air allows coverage for legally married spouses only. For spouses with different last name than participant/employee, a copy of the marriage license must be provided with enrollment form or Spouse coverage will not be approved.

<table>
<thead>
<tr>
<th>Dependent Last Name</th>
<th>First Name</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
<th>Sex (M/F)</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If your covered spouse is employed and has medical insurance coverage available thru his/her employer, they may be covered by the Forward Air plan for SECONDARY coverage only. Even if your spouse elects not to participate in available employer coverage, coverage in the Forward Air plan will be SECONDARY.

Is your spouse employed? □ Yes □ No   Is medical coverage available thru their employer? □ Yes □ No
If Yes, list the Name, Address & phone number of your spouse’s employer:

______________________________
______________________________
______________________________
______________________________
______________________________
______________________________
______________________________
______________________________
______________________________

Benefit Election – CHECK ONE & SIGN. FAILURE TO ELECT WILL BE CONSIDERED A DECLINATION OF BENEFITS.

□ I wish to enroll in the benefit programs as elected above.
□ I acknowledge that these benefits have been offered to me and I do not wish to enroll in these benefit programs.

Employee Signature: ___________________________________________ Date: _____________________________
Every line must be completed. Please enter zero (0) on the lines where no amount is being deducted. Make sure to sign and date the enrollment form. Return the completed and signed form to your employer.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Minimum Allowed</th>
<th>Maximum Allowed</th>
<th>Plan Year Election Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical (Out-of-Pocket) Expenses</td>
<td>$520.00</td>
<td>$2,500.00</td>
<td>$ ______________</td>
</tr>
<tr>
<td>Dependent Care Expenses</td>
<td>$520.00</td>
<td>$5,000.00</td>
<td>$ ______________</td>
</tr>
</tbody>
</table>

AUTHORIZATION: I certify the above information to be true to the best of my knowledge and that the children for whom I will be claiming dependent or child care expenses either reside with me in a parent-child relationship or are legally dependent on me for their support. I agree to have my compensation reduced by the deductible amount(s) stated above. I understand that any amounts remaining in my account(s) not used for qualified expenses incurred during the plan year will be forfeited except as permitted by federal law. I understand that my share of eligible group premium(s) automatically will be deducted before taxes. I also understand, that if I do not wish to take advantage of having my eligible insurance contributions deducted pre-tax and prefer to be taxed on these dollars, I will contact my payroll department.

Authorize Signature__________________________ Date: ______________________

**Medical (Out-of-Pocket) Expenses:** This amount is usually paid toward deductible and co-insurance portions of health insurance, dental expenses, orthodontic expenses, eyecare and other miscellaneous health care expenses per year. After determining the per payroll amount, multiply that number by the number of payrolls to determine your annual election.

**Dependent Care Expenses:** Amount paid for day care expenses per year. The maximum allowable amount under IRS regulations is $5,000 per calendar year per family; $2,500 per calendar year for married individuals filing single. This limit is regardless of the number of dependents you may have.

IMPORTANT! Enrollment Forms for 2013 FSA Accounts must be received in HR or Payroll by 5 PM EST on November 30, 2012. No enrollments will be accepted following November 30, 2012. Send completed forms to payroll@forwardair.com or fax to (423)636-7277.
Questions Frequently Asked by Employees

1. What does FlexSystem offer?
FlexSystem offers you a choice to pay for certain qualified benefits on a pre-tax basis. Paying for certain benefits with pre-tax dollars reduces the amount you pay in taxes and increases your take-home pay. Every dollar paid on a pre-tax basis results in a savings to you. (See example in box.)

2. Any cost or fee to me?
No.

3. Must I participate in my employer's health insurance?
FlexSystem is not tied to any insurance plan or company. You may participate in FlexSystem regardless of your particular insurance provider.

4. What are qualified medical expenses?
These expenses include dental care, prescriptions, eyeglasses, and out-of-pocket medical expenses not covered by insurance. In addition, any over-the-counter medication needed to alleviate or treat personal injuries and/or illness are eligible. However, vitamins and other dietary supplements taken for general health purposes are not eligible. Here are some examples of eligible expenses. (This list is for reference only. For an entire listing visit www.irs.gov.)

- Alcoholism, treatment of
- Ambulance hire
- Birth control
- Braces
- Chiropractors
- Co-insurance
- Contact lenses and cleaning solution
- Deductibles
- Dental fees, unless cosmetic
- Diagnostic fees
- Eyeglasses, including exam fee
- Hearing devices and batteries
- Insulin
- Laboratory fees
- Nurses' fees
- Orthodontia
- Orthopedic shoes
- Over-the-counter medications
- Prescribed medicines
- Psychiatric care
- Routine physicals and other non-diagnostic services and treatments
- Surgical fees
- Transportation expenses primarily for rendition of medical services
- X-rays

5. How does the Dependent Care Account compare with the tax credit available on the individual Form 1040?
The circumstances that determine which option offers greater savings vary from family to family; as such, the decision to choose the tax credit or the dependent care deduction may be made on a case by case basis only. Participation in FlexSystem results in an immediate savings on Federal, State and Social Security tax, whereas the Federal credit will affect Federal Income Tax only and will be taken at year-end.

6. How does a Cafeteria Plan affect Social Security benefits?
Reduction of your Social Security benefits will be minimal and is offset by the tax savings and lower health care costs available under FlexSystem. To compensate for this minimal reduction you may consider increasing your retirement plan funding.

7. Under what circumstances can the annual election be changed?
The elections can be changed only if there is a change in family or employment status. See the "Change of Elections Form" for more details.

8. What is the "Use-It-or-Lose-It" rule?
Any funds left unused at the end of the Plan Year are forfeitured. Take precautionary steps to avoid having balances in the Flexible Spending Accounts at year-end. The key is to be conservative when making elections.

9. Who determines the rules and regulations of FlexSystem?
Flexible Spending Accounts are regulated by the IRS. Our documentation guidelines are intended as a means to ensure eligibility of your Requests for Reimbursement. It is the participant's responsibility to comply with these guidelines and to avoid duplication of requests or submission of ineligible charges. Failure to adhere to the above requirement could lead to payment delays or reimbursement denial.

In the event of an error or omission in the course of administering the Plan on behalf of the employer and participating employees, TASC will notify and remedy the error or omission within a reasonable period of time following the error or omission. The employer and employees agree to TASC's procedures for making any corrections, including but not limited to payroll reduction. An error by the employer or TASC does not constitute an assumption of liability for the amount of the error.
## Important Questions

### What is the overall deductible?
For in-network providers: **$500** person / **$1,000** family  
For out-of-network providers: **$1,000** person / **$2,000** family  
Does not apply to in-network preventive care, in-network office visits, out-of-network prescription drugs  
Co-payments don't count toward the deductible.

**Why this Matters:**
You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.

### Are there other deductibles for specific services?
Yes, out-of-network prescription drugs - **$250** person / **$500** family  
There are no other specific deductibles.

**Why this Matters:**
You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.

### Is there an out-of-pocket limit on my expenses?
Yes. For in-network providers: **$2,000** person / **$4,000** family  
For out-of-network providers: **$0** person / **$0** family  

**Why this Matters:**
The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.

### What is not included in the out-of-pocket limit?
Premium, balance-billed charges, penalties for no pre-authorization, and health care this plan doesn't cover.

**Why this Matters:**
Even though you pay these expenses, they don't count toward the out-of-pocket limit.

### Is there an overall annual limit on what the plan pays?
Yes; **$2,000,000.00** combined in and out of network.

**Why this Matters:**
The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.

### Does this plan use a network of providers?
Yes. For a list of participating providers, see [www.myCigna.com](http://www.myCigna.com) or call 1-800-Cigna24

**Why this Matters:**
If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.

### Do I need a referral to see a specialist?
No. You don't need a referral to see a specialist.

**Why this Matters:**
You can see the specialist you choose without permission from this plan.

### Are there services this plan doesn't cover?
Yes.

**Why this Matters:**
Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about excluded services.
- **Co-payments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** is your share of the costs of a covered service, calculated as a percent of the **allowed amount** of the service. For example, if the health plan’s **allowed amount** for an overnight hospital stay is $1,000, your **co-insurance** payment of 20% would be $200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charge is $1,500 for an overnight stay and the **allowed amount** is $1,000, you may have to pay the $500 difference. (This is called **balance billing**.)
- This plan may encourage you to use **in-network providers** by charging you lower **deductibles**, **co-payments** and **co-insurance** amounts.

<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>Your Cost if you use an In-Network Provider</th>
<th>Out-of-Network Provider</th>
<th>Limitations &amp; Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If you visit a health care provider’s office or clinic</strong></td>
<td>Primary care visit to treat an injury or illness</td>
<td>$25 co-pay/visit</td>
<td>50% co-insurance</td>
<td>none</td>
</tr>
<tr>
<td></td>
<td>Specialist visit</td>
<td>$40 co-pay/visit</td>
<td>50% co-insurance</td>
<td>none</td>
</tr>
<tr>
<td></td>
<td>Other practitioner office visit</td>
<td>$25 co-pay/visit for chiropractor</td>
<td>50% co-insurance</td>
<td>none</td>
</tr>
<tr>
<td></td>
<td>Preventive care/screening/immunization</td>
<td>No charge</td>
<td>50% co-insurance</td>
<td>none</td>
</tr>
<tr>
<td><strong>If you have a test</strong></td>
<td>Diagnostic test (x-ray, blood work)</td>
<td>20% co-insurance</td>
<td>50% co-insurance</td>
<td>none</td>
</tr>
<tr>
<td></td>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>20% co-insurance</td>
<td>50% co-insurance</td>
<td>none</td>
</tr>
<tr>
<td><strong>If you need drugs to treat your illness or condition</strong></td>
<td>Generic drugs</td>
<td>$10 co-pay/prescription (retail), $20 co-pay/prescription (home delivery)</td>
<td>50% co-insurance</td>
<td>Coverage is limited up to a 30-day supply (retail) and up to a 90-day supply (home delivery)</td>
</tr>
<tr>
<td></td>
<td>Preferred brand drugs</td>
<td>$25 co-pay/prescription (retail), $50 co-pay/prescription (home delivery)</td>
<td>50% co-insurance</td>
<td>Coverage is limited up to a 30-day supply (retail) and up to a 90-day supply (home delivery)</td>
</tr>
<tr>
<td></td>
<td>Non-preferred brand drugs</td>
<td>$50 co-pay/prescription (retail), $100 co-pay/prescription (home delivery)</td>
<td>50% co-insurance</td>
<td>Coverage is limited up to a 30-day supply (retail) and up to a 90-day supply (home delivery)</td>
</tr>
</tbody>
</table>

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.
If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-800-Cigna24 to request a copy.
<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>Your Cost if you use and Limitations &amp; Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you have outpatient surgery</td>
<td>Facility fee (e.g., ambulatory surgery center)</td>
<td>20% co-insurance and out-of-network provider</td>
</tr>
<tr>
<td>If you have outpatient surgery</td>
<td>Physician/surgeon fees</td>
<td>20% co-insurance</td>
</tr>
<tr>
<td>If you need immediate medical attention</td>
<td>Emergency room services</td>
<td>$150 co-pay/visit and 80% coinsurance</td>
</tr>
<tr>
<td>If you need immediate medical attention</td>
<td>Emergency medical transportation</td>
<td>20% co-insurance</td>
</tr>
<tr>
<td>If you need immediate medical attention</td>
<td>Urgent care</td>
<td>$25 co-pay/visit</td>
</tr>
<tr>
<td>If you have a hospital stay</td>
<td>Facility fee (e.g., hospital room)</td>
<td>20% co-insurance</td>
</tr>
<tr>
<td>If you have a hospital stay</td>
<td>Physician/surgeon fees</td>
<td>20% co-insurance</td>
</tr>
<tr>
<td>If you have mental health, behavioral health, or substance abuse needs</td>
<td>Mental/Behavioral health outpatient services</td>
<td>$40 co-pay/office visit and 20% co-insurance/other outpatient services</td>
</tr>
<tr>
<td>If you have mental health, behavioral health, or substance abuse needs</td>
<td>Mental/Behavioral health inpatient services</td>
<td>20% co-insurance</td>
</tr>
<tr>
<td>If you have mental health, behavioral health, or substance abuse needs</td>
<td>Substance use disorder outpatient services</td>
<td>$40 co-pay/office visit and 20% co-insurance/other outpatient services</td>
</tr>
<tr>
<td>If you have mental health, behavioral health, or substance abuse needs</td>
<td>Substance use disorder inpatient services</td>
<td>20% co-insurance</td>
</tr>
<tr>
<td>If you are pregnant</td>
<td>Prenatal and postnatal care</td>
<td>20% co-insurance</td>
</tr>
<tr>
<td>If you are pregnant</td>
<td>Delivery and all inpatient services</td>
<td>20% co-insurance</td>
</tr>
<tr>
<td>Common Medical Event</td>
<td>Services You May Need</td>
<td>Your Cost if you use an In-Network Provider</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20% co-insurance</td>
</tr>
<tr>
<td>If you need help recovering or have other special health needs</td>
<td>Home health care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rehabilitation services</td>
<td>$40 co-pay/visit</td>
</tr>
<tr>
<td></td>
<td>Habilitation services</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Skilled nursing care</td>
<td>20% co-insurance</td>
</tr>
<tr>
<td></td>
<td>Durable medical equipment</td>
<td>20% co-insurance</td>
</tr>
<tr>
<td></td>
<td>Hospice services</td>
<td>20% co-insurance</td>
</tr>
<tr>
<td>If your child needs dental or eye care</td>
<td>Eye Exam</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Glasses</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Dental check-up</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

### Excluded Services & Other Covered Services

**Services Your Plan Does NOT Cover** (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult)
- Dental care (Children)
- Eye care (Children)
- Habilitation services
- Hearing aids
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care
- Weight loss programs

**Other Covered Services** (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Chiropractic care

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**Your Rights to Continue Coverage**

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-Cigna24. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).

**Your Grievance and Appeals Rights:**

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact Cigna Customer service at 1-800-Cigna24. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Additionally, a consumer assistance program can help you file your appeal. Contact the program for this plan's situs state: Tennessee Department of Commerce and Insurance at 800-342-4029. However, for information regarding your own state's consumer assistance program refer to [www.healthcare.gov](http://www.healthcare.gov).

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To see examples of how this plan might cover costs for a sample medical situation, see the next page.

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### Coverage Examples

#### About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

---

**Having a baby**  
(normal delivery)

- **Amount owed to providers:** $7,540
- **Plan pays:** $5,580
- **Patient pays:** $1,960

**Sample care costs:**

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital charges (mother)</td>
<td>$2,700</td>
</tr>
<tr>
<td>Routine Obstetric Care</td>
<td>$2,100</td>
</tr>
<tr>
<td>Hospital charges (baby)</td>
<td>$900</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>$900</td>
</tr>
<tr>
<td>Laboratory tests</td>
<td>$500</td>
</tr>
<tr>
<td>Prescriptions</td>
<td>$200</td>
</tr>
<tr>
<td>Radiology</td>
<td>$200</td>
</tr>
<tr>
<td>Vaccines, other preventive</td>
<td>$40</td>
</tr>
</tbody>
</table>

**Total** $7,540

**Patient pays:**

| Deductible              | $500  |
| Co-pays                 | $80   |
| Co-insurance            | $1,350|
| Limits or exclusions    | $30   |

**Total** $1,960

---

**Managing type 2 diabetes**  
(routine maintenance of a well-controlled condition)

- **Amount owed to providers:** $5,400
- **Plan pays:** $4,070
- **Patient pays:** $1,330

**Sample care costs:**

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriptions</td>
<td>$2,900</td>
</tr>
<tr>
<td>Medical equipment and supplies</td>
<td>$1,300</td>
</tr>
<tr>
<td>Office visits &amp; procedures</td>
<td>$700</td>
</tr>
<tr>
<td>Education</td>
<td>$300</td>
</tr>
<tr>
<td>Laboratory tests</td>
<td>$100</td>
</tr>
<tr>
<td>Vaccines, other preventive</td>
<td>$100</td>
</tr>
</tbody>
</table>

**Total** $5,400

**Patient pays:**

| Deductible              | $140  |
| Co-pays                 | $870  |
| Co-insurance            | $0    |
| Limits or exclusions    | $320  |

**Total** $1,330

---

**Note:** These numbers assume enrollment in individual-only coverage.
Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?
- Costs don’t include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren’t specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or pre-existing condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?
For each treatment situation, the Coverage Example helps you see how deductibles, co-payments, and co-insurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?
- **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?
- **No.** Coverage Examples are **not** cost estimators. You can’t use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?
- **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?
- **Yes.** An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as co-payments, deductibles, and co-insurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Plan ID: 27847
Plan Name: Open Access Plus Copay Plan
SUMMARY ANNUAL REPORT
FOR
FORWARD AIR CORPORATION 401(K) PLAN

This is a summary of the annual report for the Forward Air Corporation 401(k) Plan, EIN 62-1120025, Plan No. 001, for the period January 1, 2011 through December 31, 2011. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

Benefits under the plan are provided through insurance. Plan Expenses were $2,054,509. These expenses included $1,925,790 in benefits paid to participants and beneficiaries, $29,320 in corrective distributions, $71,997 in certain deemed distributions of participant loans and $27,402 in other expenses. A total of 3,141 persons were participants in or beneficiaries of the plan at the end of the plan year.

The value of plan assets, after subtracting liabilities of the plan, was $24,305,666 as of December 31, 2011, compared to $22,906,884 as of January 1, 2011. During the plan year the plan experienced an increase in its assets of $1,398,782. This increase includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of $3,452,411 including employee contributions of $3,217,496, employer contributions of $636,261, rollover contributions of $227,326 and earnings from investments of ($628,672).

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in the report:

1. An accountant report;
2. Financial information and information on payments to service providers;
3. Assets held for investment;
4. Insurance information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12; and
5. Insurance information, including sales commissions paid by insurance carriers

To obtain a copy of the full annual report, or any part thereof, write or call FORWARD AIR CORPORATION, 430 Airport Road, GREENEVILLE, TN 37745, 423-636-7175.

You have the right to examine or receive from the plan administrator, on request and at no charge, copies of statements from the regulated financial institutions describing the qualifying plan assets. If you are unable to examine or obtain these documents, contact an EBSA Regional Office for assistance. Information about contacting EBSA regional offices can be found on the Internet at http://www.dol.gov/ebsa.

You also have the legally protected right to examine the annual report at the main office of the plan FORWARD AIR CORPORATION, 430 Airport Road, GREENEVILLE, TN 37745 and at the U.S. Department of Labor in Washington D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, 200 Constitution Avenue, N.W., Washington, D.C. 20210.
To: Forward Air Employee

From: Human Resources Department

Re: Voluntary Benefits Open Enrollment

Forward Air, Inc. is pleased to announce open enrollment for voluntary insurance benefits, November 1-30, 2012.

During the Voluntary Benefit Open Enrollment period, please contact the Enrollment Center at 866-955-6906, to accept or decline the voluntary benefits. The benefit counselor will provide additional information about the benefits and you may enroll in the voluntary benefits at that time. Please note, the benefit counselors are non-commissioned, licensed insurance producers. It is very important that you contact the Enrollment Center to apply for or decline the voluntary benefits.

The voluntary benefits are offered through ING Employee Benefits, a division of ReliaStar Life Insurance Company. The proposed effective date of these benefits will be effective January 1, 2013 and paycheck deductions will begin on your first paycheck in January. Each of the coverages will be conveniently payroll deducted from your paycheck as long as you are working for Forward Air, Inc. If at any time you leave Forward Air, Inc., you may be able to take the coverages with you and pay the premiums directly through ING Employee Benefits.

The enclosed brochures provide additional details on each of these insurance products

Special features of the voluntary benefits include:

**Premier Whole Life Insurance**
- This is an individual life insurance policy.
- You are eligible to apply for this coverage as long as you are 18 years or older, you are a permanent, benefits-eligible employee and you are actively at work on the enrollment date. You may also apply for this coverage for your spouse and dependent children and/or dependent grandchildren.
- The coverage you choose and the policy premium are guaranteed to be fixed for life of the policy as long as you make the required premium payments.
- Pays directly to your beneficiary(s), regardless of other insurance programs

**Accident Insurance**
- This is a limited benefit policy. It complements your health insurance benefits by paying you a specified amount, on top of any health insurance benefits you currently receive, for specific injuries resulting from a covered accident.
- Coverage is also available for your spouse and/or children.
- Benefits are paid directly to you, regardless of other insurance programs

**Premier Critical Illness with Cancer Insurance**
- This is a limited benefit policy. There is no coverage for hospital, medical-surgical or major medical expenses.
- Pays a lump sum benefit amount direct to you following the diagnosis of several specified diseases or conditions – this benefit can be used however you choose.
- Pays in addition to other insurance.
- Coverage is also available for your spouse and/or children.

Voluntary Benefit Enrollment Center:
1-866-955-6906
Accident Insurance

Your Choice Plan

This is a limited benefit policy.
There is no coverage for hospital, medical-surgical or major medical expenses.

EMPLOYEE BENEFITS

Issued by ReliaStar Life Insurance Company, a member of the ING family of companies.
Because you never know what the future will bring.

Features of Accident Insurance
Our Accident Insurance can help cover the unexpected costs related to accident expenses. This policy pays a specified benefit amount for:
- initial care such as ambulance, emergency room and initial doctor visit
- follow-up care such as outpatient doctor’s treatment and medical appliances
- injuries, including burns, dislocations and fractures
- catastrophic accident
- accidental death.

Who Can Be Covered
You are eligible to apply for this coverage as long as you are 18 years or older, you are a permanent, benefits-eligible employee who meets the hours-worked-per-week requirement and you are actively at work on the enrollment date. You may also apply for this coverage for your spouse and dependent children.

Spouse & Dependent Child Coverage
Spouse and Dependent Child Coverage are issued as riders:
- **Spouse Accident Rider:** Coverage is available to your spouse, as long as you are covered and your spouse is between 18 through 74 years of age.

- **Child(ren’s) Accident Rider:** Coverage is available to your unmarried, natural children, adopted children, or stepchildren from birth through the age of 24* as long as you are covered. Age restrictions are waived for handicapped dependent children.
  * May vary by state

Guaranteed Acceptance
This coverage is available to you without answering health questions.

Portability
Should you retire or leave the company for any reason, this coverage can be taken with you. As long as you continue coverage, spouse and dependent coverage can also be continued with no change in premium amount. A direct bill payment option must be elected.

Convenient Coverage
The availability of payroll deduction makes it convenient for you to pay for your plan.

Benefit Payments
Accident Insurance pays you a specified amount, defined in the schedule of benefits, for specific services and conditions resulting from a covered accident.

You cannot anticipate what one accident could mean to your financial stability. Our accident insurance benefits:
- Paid directly to you
- Money used how you wish
- Paid in addition to other medical coverage

Mary, a single mom, did not think she would have the money to cover her son Ben’s medical bills after he broke his leg. Thanks to her accident insurance, Choice plan, she received benefits she chose to use to help cover the bills.

**Accident:** Falling off bicycle
**Injuries:** Broken Leg

**Out-of-pocket expenses incurred:**
- $150 emergency room co-pay
- $40 follow-up co-pay
- $450 deductible & coinsurance
- $75 for crutches
- $350 lost time form work

**Total out-of-pocket expenses:** $1,065*

**Benefits paid:**
- $150 emergency room payment
- $50 follow-up doctor visit
- $800 broken leg, benefit for closed reduction
- $50 appliance (crutches)

**Total benefit paid under policy:** $1,050

*Cost of treatment and benefit amounts may vary.
This is a brief outline of available benefits. Please refer to your certificate for exact terms and conditions. Benefits are for each covered person for each covered accident unless otherwise indicated. May vary by state.

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finger/toe</td>
<td>100 - 200</td>
</tr>
<tr>
<td>Hand bone(s) other than fingers</td>
<td>300 - 600</td>
</tr>
<tr>
<td>Lower jaw</td>
<td>300 - 600</td>
</tr>
<tr>
<td>Collarbone</td>
<td>300 - 600</td>
</tr>
<tr>
<td>Partial dislocations</td>
<td>25% of Closed Reduction Amount</td>
</tr>
</tbody>
</table>

**Fractures**
- open reduction = surgical reduction
- closed reduction = non-surgical reduction

<table>
<thead>
<tr>
<th>Bone Location</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hip</td>
<td>1,500 - 3,000</td>
</tr>
<tr>
<td>Leg</td>
<td>800 - 1,600</td>
</tr>
<tr>
<td>Ankle</td>
<td>300 - 600</td>
</tr>
<tr>
<td>Kneecap</td>
<td>300 - 600</td>
</tr>
<tr>
<td>Foot (excluding toes, heel)</td>
<td>300 - 600</td>
</tr>
<tr>
<td>Upper arm</td>
<td>350 - 700</td>
</tr>
<tr>
<td>Forearm, hand, wrist (except fingers)</td>
<td>300 - 600</td>
</tr>
<tr>
<td>Finger, toe</td>
<td>50 - 100</td>
</tr>
<tr>
<td>Vertebral body</td>
<td>800 - 1,600</td>
</tr>
<tr>
<td>Vertebral processes</td>
<td>300 - 600</td>
</tr>
<tr>
<td>Pelvis (except coccyx)</td>
<td>800 - 1,600</td>
</tr>
<tr>
<td>Coccyx</td>
<td>200 - 400</td>
</tr>
<tr>
<td>Bones of face, excluding nose</td>
<td>350 - 700</td>
</tr>
<tr>
<td>Nose</td>
<td>100 - 200</td>
</tr>
<tr>
<td>Upper jaw</td>
<td>350 - 700</td>
</tr>
<tr>
<td>Lower jaw</td>
<td>300 - 600</td>
</tr>
<tr>
<td>Collar bone</td>
<td>300 - 600</td>
</tr>
<tr>
<td>Rib or ribs</td>
<td>250 - 500</td>
</tr>
<tr>
<td>Skull - simple (except bones of face)</td>
<td>1,000 - 2,000</td>
</tr>
<tr>
<td>Skull - depressed (except bones of face)</td>
<td>2,500 - 5,000</td>
</tr>
<tr>
<td>Sternum</td>
<td>300 - 600</td>
</tr>
<tr>
<td>Shoulder blade</td>
<td>300 - 600</td>
</tr>
<tr>
<td>Chip fractures</td>
<td>25% of Closed Reduction Amount</td>
</tr>
</tbody>
</table>

**AD&D**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental Death</td>
<td></td>
</tr>
<tr>
<td>Insured</td>
<td>25,000</td>
</tr>
<tr>
<td>Spouse</td>
<td>10,000</td>
</tr>
<tr>
<td>Children</td>
<td>5,000</td>
</tr>
<tr>
<td>Common Carrier</td>
<td></td>
</tr>
<tr>
<td>Insured</td>
<td>50,000</td>
</tr>
<tr>
<td>Spouse</td>
<td>20,000</td>
</tr>
<tr>
<td>Children</td>
<td>10,000</td>
</tr>
<tr>
<td>Dismemberment</td>
<td></td>
</tr>
<tr>
<td>Loss of both hands, both feet or the sight of both eyes</td>
<td>15,000</td>
</tr>
<tr>
<td>Loss of one hand or one foot and sight of one eye</td>
<td>15,000</td>
</tr>
<tr>
<td>Loss of one hand and one foot</td>
<td>15,000</td>
</tr>
<tr>
<td>Loss of one hand or one foot</td>
<td>7,500</td>
</tr>
<tr>
<td>Loss of two or more fingers or toes</td>
<td>1,500</td>
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<tr>
<td>Loss of one finger or toe</td>
<td>750</td>
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<tr>
<td>Catastrophic Accident*</td>
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<tr>
<td>Insured</td>
<td>100,000</td>
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<tr>
<td>Spouse</td>
<td>50,000</td>
</tr>
<tr>
<td>Children</td>
<td>50,000</td>
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</tbody>
</table>

*Catastrophic benefit reduced by 50% at age 65 & 75% at age 70
Accident Insurance Exclusions

The Policy does not cover any losses that are caused by or occur as the result of:

1. war or act of war, whether declared or undeclared;
2. riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
3. operating, learning to operate, serving as a crew member of or jumping, parachuting or falling from any aircraft or hot air balloon, including those which are not motor-driven (Accident Insurance will cover flying as a fare paying passenger);
4. engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or any similar activities;
5. participating or attempting to participate in an illegal activity;
6. committing or trying to commit suicide or injuring oneself, whether sane or not;
7. any sickness or declining process caused by a sickness;
8. practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
9. having a work related injury, unless an On Job 24-hour accident coverage type is shown on the plan summary for policyholder;
10. an accident occurring while the covered person for whom a claim is being made was operating a motorized vehicle while intoxicated. By intoxication, we mean the blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the Accident occurred;
11. injury that occurs while the insurance is not in force.

* May vary by state.

About Us

ING Employee Benefits offers a broad array of products and services to meet the financial needs of employers and their employees. Most products and services are provided by ReliaStar Life Insurance Company, a wholly-owned indirect subsidiary of ING Groep N.V. ING Groep N.V. is an Amsterdam based global leader in integrated financial services with banking, insurance and asset management businesses in more than 60 countries. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues. Some products are not available in all states.

This brochure is a brief description of coverage. The policy, and certificate, and any riders should be read carefully for exact terms and conditions, exclusions and limitations.

http://ing.us/individuals/employee-benefits

Issued by ReliaStar Life Insurance Company, a member of the ING family of companies. Home and Administrative Office: 20 Washington Avenue South, Minneapolis, MN 55401
Policy form numbers, product availability, and specific provisions may vary by state. © 2012 ING North America Insurance Corporation LG10336
For the Uncertainties in Life

Premier Critical Illness Insurance
With Cancer Coverage
Consider the following...

- Heart disease and stroke are the No. 1 and 3 causes of death in the U.S. If survived, they are a leading cause of serious disability.¹
- About 5.7 million U.S. stroke survivors are alive today, many of them with permanent stroke-related disabilities.²
- Lifetime probability of developing cancer for men is 1-in-2 and 1-in-3 for women.²

¹ Know the Facts, Get the Stats, American Heart Association, 2007.

Critical illnesses such as heart attack or stroke can leave you too sick to work. That's when Premier Critical Illness insurance can step in, helping you meet your regular month-to-month expenses as well as pay for additional costs associated with your illness, such as copays, prescription drugs, major medical deductibles, travel and childcare expenses.

Premier Critical Illness insurance is an excellent complement to the traditional health insurance and individual disability income insurance coverage provided by your employer.

This is a limited benefit policy. There is no coverage for hospital, medical-surgical, or major medical expenses.

Features of Premier Critical Illness with Cancer Coverage Insurance

Premier Critical Illness provides protection by paying an immediate, lump-sum benefit following the diagnosis of one of several specified diseases or conditions. Your employer has elected a robust plan with two comprehensive options – Critical Illness with or without Cancer – for your added protection. If you elect Critical Illness with Cancer coverage, this policy will pay the maximum benefit payout for each option. You may elect to include or exclude the cancer option from your Critical Illness policy.

Critical Illness Coverage:
This policy will pay a one-time, lump sum payment of the maximum Critical Illness benefit amount upon diagnosis of:
- Stroke
- Heart Attack
- Coma
- End Stage Renal (Kidney) Failure
- Major Organ Failure
- Permanent Paralysis

A partial (potentially multiple) benefit of 25% of the maximum critical illness benefit amount will be paid upon diagnosis of Coronary Artery Bypass.*

Cancer Coverage:
A one-time, lump sum payment of the maximum cancer benefit amount will be paid upon diagnosis of cancer.

A partial (potentially multiple) benefit of 25% of the maximum benefit amount will be paid upon diagnosis of carcinoma in situ.*

* Partial benefits are not available on the Children’s Rider. The partial benefits are not considered additional benefits.

Certain diagnostic criteria must be met (along with supporting documentation) in order for a benefit to be paid. Please see the complete policy, certificate and rider for details. Benefits will be reduced by 50% on the certificate anniversary following the insured’s 70th birthday.

As people live longer, it becomes increasingly important for you to protect yourself and your family against the uncertainties of life.
A critical illness can be emotionally and financially draining. We can help you and your family cope with the challenges of a critical illness.

Who can be covered

Employees must be working 20 hours or more per week (16 hours or more per week for health care workers) and must be actively at work for the enrollment. The maximum issue ages for employees is 18 through 69 years. Your spouse* and child(ren) may apply for coverage even if you don’t. Issue age for spouse is 18 through 69 and for child(ren) from birth through 24 years of age.

Because you and/or your spouse own(s) this coverage, you can choose the maximum benefit amount that fits your budget as well as your individual needs. A variety of maximum benefit amount levels are available.

Children’s Critical Illness Insurance Rider

This rider provides flexibility for growing families. The premium for this rider covers all eligible dependent children in the family. Any dependent child born or adopted after the effective date of the rider may be added at no additional cost with written proof of insurability.** This rider can be added to either the employee’s or the spouse’s certificate, but not both.

*Definition of spouse may vary by group and state.
**May vary by group and state.

Additional Benefits

In addition to the lump sum or partial payment benefits of Critical Illness Insurance, our product offers the following benefits:

Affordability

A variety of benefit levels will help you prepare for illness-related expenses while respecting your budget.

Flexibility

This coverage allows you to include the cancer benefit. Moreover, you can elect to provide coverage for a spouse and children, if applicable.

Portability

If you should leave your current employer or reduce hours worked below the required number, you may be able to take your Critical Illness Insurance with you.

Convenience

Since your premium is paid through payroll deduction, there is no need to write checks or pay postage.

Guidance

Upon enrollment, you have the opportunity to discuss your individual insurance needs with an enrollment representative who is a licensed insurance agent.
Exclusions and Limitations (may vary by state)

Benefits are not paid for any illnesses caused, in whole or directly, by any of the following:

1) Participating or attempting to participate in a felony;
2) Suicide or attempted suicide, while sane or insane, or any intentionally self-inflicted injury;
3) War or any act of war, whether declared or undeclared;
4) Loss sustained or expenses incurred while on active duty as a member of the armed forces of any nation. However, the company will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of your exclusion;
5) Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.

Benefits are not paid for pre-existing conditions:

1) Pre-existing condition means a sickness, injury or physical condition which, within the 12-month period prior to the Certificate Effective Date, resulted in the insured receiving medical treatment, consultation, care or services (including diagnostic measures).

2) For the first 12-months following the Certificate Effective Date, we will not pay benefits for any condition or illness due to a pre-existing condition.

Waiting Period:
The waiting period for Major Organ Failure, Cancer and Carcinoma in Situ is 30-days from the certificate effective date.
Premier Whole Life Insurance
Perhaps you have children. Perhaps you have a spouse or aging parents – or, perhaps you are single with responsibilities that require your attention.

According to the National Safety Council, there are 13 unintentional injury deaths every hour during the year. The loss of income that results from the sudden, unexpected death of a family member can create a major financial strain for your family. If you are the primary provider for your family, a plan of financial protection can help safeguard against the untimely loss of your income.

Why individual whole life insurance coverage?
Whole life insurance is designed to provide a base of life insurance coverage for your lifetime. It offers you life insurance protection, tax-deferred cash accumulation (based on current tax laws), and cash value loan privileges – all in one policy.

The premium you pay is based on the death benefit; you select and the optional riders you choose as well as your age and tobacco status. The insurance coverage, premium amounts, and cash value are guaranteed as long as you meet the required premium payments. Other benefits of this whole life policy include...

Financial protection
Because you care for your family and you want to leave your beneficiaries some financial security, the death benefit of your life insurance policy can provide money to help them meet financial obligations. These tax-free proceeds (based on current tax laws*) could be used by the beneficiary to help pay for childcare, reduce bills, or help with educational expenses, among other options.
• Among households with children under 18, 4 in 10 say they would immediately have trouble meeting everyday living expenses if a primary wage-earner died today.¹

• Decline in owning life insurance has left many households vulnerable if a primary wage-earner died.¹

¹ LIMRA Fact Sheet, September 2010

MORE OPTIONS, MORE SECURITY

Premier Whole Life Insurance offers a variety of options that provide you with the confidence and convenience you need to keep your family covered, such as:

Increases

The coverage amount of insurance can be increased to meet changing needs, subject to applicable underwriting guidelines. Coverage amount increases up to the policy maximum are allowed after the first policy year. Evidence of insurability may be required.

Payroll Deduction

Providing protection for your family has never been easier since your premium is paid through payroll deduction, you eliminate the need to write checks and pay postage.

Portability

Should you retire or leave your employer you can take the policy with you and choose one of a number of convenient payment plans.

Guaranteed

The coverage you choose and the policy premium are guaranteed to be fixed for the life of the policy as long as you meet the required premium payments. No need to worry about whether your policy will be there when you need it most.

Guaranteed Cash Values

Whole life insurance builds guaranteed cash values as long as you pay your premiums.

Cash Value Loans

Once cash value accumulates, the policyowner can borrow against it at the rate shown in the policy. Interest is payable in advance. The death benefit will be reduced by the amount of any outstanding loan and unpaid accrued interest.

Eligibility

To apply for coverage, you must be a permanent benefit eligible employee working 20 or more hours a week.**

Spouse coverage

Your spouse is eligible to apply for insurance by meeting eligibility requirements, even if you are eligible but choose not to apply for insurance for yourself.

Child Coverage Options

Children and grandchildren, ages 15 days through 24 years, are eligible to apply for a $12,500, $15,000, $20,000 or $25,000 individual whole life insurance policy.

Children’s Term Insurance Rider

Available in benefit amounts of $2,000 through $10,000 – this rider can be attached to either your policy or your spouse’s policy. This rider insures all of your eligible, unmarried, dependent children ages 15 days through 24 years. Once the child reaches the policy anniversary after his or her 25th birthday, the insurance can be converted to an individual policy up to five times the term coverage without evidence of insurability. The new individual policy must be for at least the minimum amount issued for the policy plan selected.

Suicide Clause

For suicide within two years from the policy’s date of issue, benefits will be limited to payment of all premiums paid without interest less any policy loan and loan interest.


* This communication [and any attachments] is not intended or written to be used, and cannot be used by the recipient or any other person, for the purpose of avoiding any tax penalties that may be imposed on such person, and cannot be used or referred to, in promoting, marketing, or recommending to another party any transactions or matters addressed herein.

** 16+ hours for healthcare workers
Summary
Other policy options may be available to complement your whole life insurance coverage. Ask your enrollment representative, who is a licensed insurance agent/producer for complete details.

<table>
<thead>
<tr>
<th>Employee</th>
<th>Date:</th>
<th>Policy Effective Date:</th>
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<tr>
<th>Insurance Amount</th>
<th>Policy Riders</th>
<th>Children's Term Rider</th>
<th>Weekly Deduction</th>
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<td>Dependent Children</td>
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Total Deduction

Policy Effective Date:

This brochure is a brief description of coverage and is not a contract. Read your policy and riders carefully for exact terms and conditions. This policy has exclusions and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or ING Employee Benefits. Issued by ReliaStar Life Insurance Company, a member the ING family of companies.

Administrative & Home Office: 20 Washington Avenue South, Minneapolis, MN 55401. Products and services offered through the ING family of companies.

Policy Form #: RL-WL2-POL-07 (not available in all states.) Children's Term Insurance Rider Form #: RL-WL2-CTR-07

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