



**The Saginaw Chippewa
Indian Tribe of Michigan**

November 2, 2009

Dear Tribal Member,

Recently, the Tribal Council for the Saginaw Chippewa Tribe (the "Tribe") has spent considerable time reviewing financial tools to help perpetuate the Health and Welfare benefits we offer our membership.

Part of the Tribal Council's due diligence in reviewing the Health and Welfare benefits was to enlist the efforts of a benefits consulting firm that has experience within the Tribal arena. That said, we asked Gallagher Benefit Services, Inc. to assist us in our endeavor. Gallagher Benefits Services, Inc. is a national leader in employee benefits consulting but also has a deep background as it relates to the Tribal community and its unique benefit plans.

With their assistance and after careful consideration, we have found a group term life insurance product, underwritten by United of Omaha Life Insurance Company (rates A+ by A.M. Best Company, Inc.), to provide life insurance coverage for members of the Tribe. This group policy will be effective January 1, 2010 and will provide the following amount of group term life insurance coverage for every registered Tribal member who enrolls for coverage:

<u>Age Band</u>	<u>Amount</u>	<u>Cost Per Month</u>
Birth to less than 6 months old	\$ 10,000.00	\$ 5.10
6 months to less than age 70	\$ 150,000.00	\$ 76.50
Age 70 and older	\$ 75,000.00	\$ 38.25

Highlights of this policy are:

- No medical exams
- No pre-existing exclusions
- Guarantee issue up to the allowed amounts of coverage

If you choose to enroll in the coverage and pay the per month premium, the life insurance benefits under the policy will be paid to the designated beneficiary of your choosing in the event of your death. **Please note: If you have any loan(s) with the Tribe, the amount of any outstanding loan balance at the time of your death will be deducted from the life insurance benefit and paid to the Tribe by United of Omaha Life Insurance Company.**

If you choose not to enroll for coverage, *and* do not wish to pay the monthly premium, the Tribe will pay the premium and the Saginaw Chippewa Tribe Trust will be the beneficiary. These life insurance benefits will be used to help settle and outstanding debts you have with the Tribe, help maintain the Saginaw Chippewa Health and Welfare programs and pay for your burial costs.



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Please consider your options carefully, indicate your choice and sign this letter. Also, if you enroll for coverage, complete the enclosed beneficiary designation form. Return this letter to us on or before November 30, 2009, along with the completed beneficiary designation form (if you have elected to enroll for coverage), to*:

**The Saginaw Chippewa Indian Tribe of Michigan
Life Insurance Processing Center
455 Pettis Avenue
P.O. Box 527
Ada, MI 49301**

**A postage paid return envelope has been provided to you in this packet.*

Sincerely,

Saginaw Chippewa Indian Tribal Council



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Please check the appropriate box below:

I choose to enroll in the Tribal group life insurance program and permit the Tribe to take corresponding premium out of my Per Capita for payment of premium. I have designated the beneficiary of my choice for payment of life insurance benefits in the event of my death. I understand that, if I have any loans with the Tribe, any outstanding loan balance at the time of my death will deducted from the life insurance benefit and paid to the Tribe by United of Omaha Life Insurance Company. (See enclosed Beneficiary Form)

I decline to enroll in the Tribal group life insurance program and acknowledge the tribe will pay the per month premium. I have designated the Saginaw Chippewa Tribe Trust as the beneficiary for payment of life insurance benefits in the event of my death.

Please check the appropriate box below if you have any dependents under the age of 18 who are registered Tribal members.

I choose to enroll my eligible minor dependent(s) in the Tribal group life insurance program and permit the Tribe to take the corresponding premium out of my Per Capita for payment of premium. I have designated a beneficiary for payment of life insurance benefits in the event of the death of my dependent(s). (See enclosed Beneficiary Form)

I decline to enroll my eligible minor dependent(s) and allow the Tribe to pay the per month premium. I have designated the Saginaw Chippewa Tribe Trust as the beneficiary for payment of life insurance benefits in the event of the death of my minor dependent(s).

Please list your eligible dependents under the age of 18 who are registered Tribal members below:

<u>Name:</u>	<u>Social Security #:</u>	<u>Date of Birth:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Tribal Member

Date

Printed or typed name of Tribal Member