



**Reported And Paid Life Claims**  
**CITY OF KNOXVILLE**  
 Reported Period from 08/01/2015 through 12/31/2017  
 As of Date: 12/31/2017

<u>Claimant</u>	<u>Empl ID</u>	<u>Gen</u>	<u>Date Of Birth</u>	<u>Date Of Disability</u>	<u>Claim Received Date</u>	<u>Current Claim Status</u>	<u>Status Process Date</u>	<u>Reported Rated Amount</u>	<u>Reported Pooled Amount</u>	<u>Paid Rated Amount</u>	<u>Paid Pooled Amount</u>	<u>Paid Interest Amount</u>
<b>Policy Number: 402884G    Loss Unit: 001-CITY OF KNOXVILLE    Product: BASIC DEPENDENT    Claim Type : Life</b>												
MORGAN , BRANDON	UNKNOWN	-	08/30/1992	10/22/2015	11/03/2015	APPROVED	11/30/2015	0.00	1,000.00	1,003.01	0.00	3.01
YORK , DAVID R	UNKNOWN	-	03/04/1952	09/12/2016	10/05/2016	APPROVED	10/05/2016	0.00	1,000.00	1,000.10	0.00	0.10
<b>Total for this Claim Type: Life</b>								<b>0.00</b>	<b>2,000.00</b>	<b>2,003.11</b>	<b>0.00</b>	<b>3.11</b>
<b>Total for this Product: BASIC DEPENDENT</b>								<b>0.00</b>	<b>2,000.00</b>	<b>2,003.11</b>	<b>0.00</b>	<b>3.11</b>
<b>Policy Number: 402884G    Loss Unit: 001-CITY OF KNOXVILLE    Product: BASIC TERM    Claim Type : Premium Waiver</b>												
ARRINGTON , REGINALD	UNKNOWN	M	01/14/1973	07/17/2016	04/24/2017	APPROVED	04/24/2017	0.00	50,000.00	0.00	0.00	0.00
BELL , PHILLIP W	UNKNOWN	M	11/07/1933	11/26/2016	03/13/2017	APPROVED	04/18/2017	0.00	25,000.00	0.00	0.00	0.00
JOHNSON , CHARLES R	UNKNOWN	M	03/14/1955	09/07/2015	09/30/2016	APPROVED	10/03/2016	0.00	50,000.00	0.00	0.00	0.00
VAIL , ELIZABETH R	UNKNOWN	F	01/09/1967	10/13/2016	05/11/2017	APPROVED	05/11/2017	0.00	50,000.00	0.00	0.00	0.00
<b>Total for this Claim Type: Premium Waiver</b>								<b>0.00</b>	<b>175,000.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Policy Number: 402884G    Loss Unit: 001-CITY OF KNOXVILLE    Product: BASIC TERM    Claim Type : Living Benefit Option</b>												
MORGAN , JOHN M	UNKNOWN	M	07/30/1954	05/02/2016	07/08/2016	APPROVED	07/08/2016	0.00	50,000.00	50,000.00	0.00	0.00
<b>Total for this Claim Type: Living Benefit Option</b>								<b>0.00</b>	<b>50,000.00</b>	<b>50,000.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Policy Number: 402884G    Loss Unit: 001-CITY OF KNOXVILLE    Product: BASIC TERM    Claim Type : Life</b>												
ARNETT , WILLIAM A	UNKNOWN	M	08/01/1954	02/21/2017	04/07/2017	APPROVED	04/07/2017	0.00	50,000.00	50,014.79	0.00	14.79
IRWIN , CARL K	UNKNOWN	M	08/05/1956	03/05/2016	08/01/2016	APPROVED	05/16/2017	0.00	50,000.00	50,009.32	0.00	9.32
TODD , JR , RAYMON L	UNKNOWN	M	03/09/1967	09/13/2016	12/07/2016	APPROVED	12/08/2016	0.00	50,000.00	50,011.51	0.00	11.51
<b>Total for this Claim Type: Life</b>								<b>0.00</b>	<b>150,000.00</b>	<b>150,035.62</b>	<b>0.00</b>	<b>35.62</b>
<b>Total for this Product: BASIC TERM</b>								<b>0.00</b>	<b>375,000.00</b>	<b>200,035.62</b>	<b>0.00</b>	<b>35.62</b>



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<b>Policy Number: 402884G    Loss Unit: 001-CITY OF KNOXVILLE    Product: SUPPLEMENTAL DEPENDENT    Claim Type : Life</b>												
EASTES , VICKIE L	UNKNOWN	-	12/03/1951	10/21/2016	11/09/2016	APPROVED	12/20/2016	0.00	<b>30,000.00</b>	30,015.12	0.00	15.12
MORGAN , BRANDON	UNKNOWN	-	08/30/1992	10/22/2015	11/03/2015	APPROVED	11/30/2015	0.00	<b>10,000.00</b>	10,000.00	0.00	0.00
<b>Total for this Claim Type: Life</b>								<b>0.00</b>	<b>40,000.00</b>	<b>40,015.12</b>	<b>0.00</b>	<b>15.12</b>
<b>Total for this Product: SUPPLEMENTAL DEPENDENT</b>								<b>0.00</b>	<b>40,000.00</b>	<b>40,015.12</b>	<b>0.00</b>	<b>15.12</b>
<b>Policy Number: 402884G    Loss Unit: 001-CITY OF KNOXVILLE    Product: VOLUNTARY (CHOICE)    Claim Type : Premium Waiver</b>												
ARRINGTON , REGINALD	UNKNOWN	M	01/14/1973	07/17/2016	04/24/2017	APPROVED	04/24/2017	0.00	<b>30,000.00</b>	0.00	0.00	0.00
JOHNSON , CHARLES R	UNKNOWN	M	03/14/1955	09/07/2015	09/30/2016	APPROVED	10/03/2016	0.00	<b>30,000.00</b>	0.00	0.00	0.00
VAIL , ELIZABETH R	UNKNOWN	F	01/09/1967	10/13/2016	05/11/2017	APPROVED	05/11/2017	0.00	<b>100,000.00</b>	0.00	0.00	0.00
<b>Total for this Claim Type: Premium Waiver</b>								<b>0.00</b>	<b>160,000.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Policy Number: 402884G    Loss Unit: 001-CITY OF KNOXVILLE    Product: VOLUNTARY (CHOICE)    Claim Type : Life</b>												
ARNETT , WILLIAM A	UNKNOWN	M	08/01/1954	02/21/2017	04/07/2017	APPROVED	04/07/2017	0.00	<b>100,000.00</b>	100,000.00	0.00	0.00
TODD, JR , RAYMON L	UNKNOWN	M	03/09/1967	09/13/2016	12/07/2016	APPROVED	12/08/2016	0.00	<b>100,000.00</b>	100,000.00	0.00	0.00
<b>Total for this Claim Type: Life</b>								<b>0.00</b>	<b>200,000.00</b>	<b>200,000.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Total for this Product: VOLUNTARY (CHOICE)</b>								<b>0.00</b>	<b>360,000.00</b>	<b>200,000.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Total for this Loss Unit: 001-CITY OF KNOXVILLE</b>								<b>0.00</b>	<b>777,000.00</b>	<b>442,053.85</b>	<b>0.00</b>	<b>53.85</b>
<b>Total for this Policy Number: 402884G</b>								<b>0.00</b>	<b>777,000.00</b>	<b>442,053.85</b>	<b>0.00</b>	<b>53.85</b>
<b>Grand Total</b>								<b>0.00</b>	<b>777,000.00</b>	<b>442,053.85</b>	<b>0.00</b>	<b>53.85</b>



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Report Parameters --

Requested Policy and Loss Unit(s): 402884G001

Case ID: 1087174

### Experience by Coverage

For Period 8/1/2015 through 12/31/2017

Coverage	Earned Premium	Incurred Claims	Incurred Loss Ratio
Basic Life	\$247,194.65	\$200,000.00	80.91%
Supplemental Life	\$481,305.93	\$20,000.00	4.16%
Basic Dependent Life	\$7,296.08	\$2,000.00	27.41%
Spouse Life	\$92,327.79	\$30,000.00	32.49%
Child Life	\$18,616.00	\$10,000.00	53.72%
<b>Total Life Coverages</b>	<b>\$846,740.45</b>	<b>\$262,000.00</b>	<b>30.94%</b>
Basic AD&D	\$64,478.12	\$0.00	0.00%
<b>Total AD&amp;D Coverages</b>	<b>\$64,478.12</b>	<b>\$0.00</b>	<b>0.00%</b>