**APPENDIX C**

***RELATED DOCUMENTS***

Effective \_\_\_12/1/2015\_\_\_, the Plan hereby incorporates the terms and conditions of the following Insurance Policies, Administrative Service Agreements, Certificates of Insurance and benefit booklets, attached hereto.

**Medical Benefits**

* BlueCross BlueShield of Tennessee; Health Benefit Plan Evidence of Coverage; PPO Schedule of Benefits - Option 1; Group Number: 121850; Network: S; Effective Date: December 1, 2015
* BlueCross BlueShield of Tennessee; Health Benefit Plan Evidence of Coverage; PPO Schedule of Benefits - Option 2; Group Number: 121850; Network: S; Effective Date: December 1, 2014

**Dental Benefits**

* BlueCross BlueShield of Tennessee; Dental Evidence of Coverage; DentalBlue Schedule of Benefits; Group Number: 121850; Effective Date: December 1, 2008

**Group Term Life Insurance and Accidental Death & Dismemberment Insurance**

* USAble Life; Group Life & Health Insurance Policy; Group Policy Number: 10121850; Effective Date: December 1, 2008; Form No.: GPOL (11-99) TN

**Supplemental / Voluntary Benefits**

* Union Security Insurance Company (Assurant); Group Accident Only Insurance / Group Accident Only Insurance for Dependents; Group Policy Number: 5478147; Effective Date: December 1, 2015
* Union Security Insurance Company (Assurant); Group Critical Illness Insurance / Group Critical Illness Insurance for Dependents; Group Policy Number: 5478147; Effective Date: December 1, 2015
* Union Security Insurance Company (Assurant); Group Vision Insurance / Group Vision Insurance for Dependents; Group Policy Number: 5478147; Effective Date: December 1, 2015
* Union Security Insurance Company (Assurant); Group Term Life Insurance and AD&D / Group Term Life Insurance and AD&D for Dependents; Group Policy Number: 5478147; Effective Date: December 1, 2015
* Union Security Insurance Company (Assurant); Group Short Term Disability Insurance; Group Policy Number: 5478147; Effective Date: December 1, 2015

Valid Through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_