www.thebenefitstore.com License # 19677564 *SAMPLE PROPOSAL*

Prepared for: (INSERT SAMPLE COMPANY)



360 Preventative Health Plan Proposal

All information included in this sample proposal are not your final calculations. This sample proposal has been structured based on public information gathered by our team. Upon engaging The Benefit Store, Powered by Oaceus, you will receive a factual proposal based on information provided. Eligible employees are subject to change during the installation process due to the potential of missing information. This sample proposal provides the list of current benefits provided by The Benefit Store - Powered By Oaceus via US Health Center and the Life Insurance carrier that your company is qualified for. Qualifications are determined by employment status, pre-tax deductions and W-4 status.



Universal Life Insurance Benefits

Benefits to the Employees

Guaranteed Issue:

No Blood work or medical exams required for issuance.

Living Benefits

Use of the death benefit while the policyholder is still alive in case of serious illness or injury.

Tax-Deferred Cash Value

Part of the premiums paid go into this account where it can grow taxdeferred.

Permanent and Portable

The insurance remains with the policyholder even after leaving a company.

Beneficiary Death Benefit Peace of mind knowing loved ones will be taken care of.

Benefits to the Employer

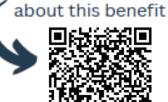
- Provide a financial safety net for your employees'. Plan is funded by the employee, using their Tax Savings generated
- The average yearly premium per employee is \$1,500
- The average death benefit amount per employee is \$100,000

Employees incentivized for their participation in the wellness program.

The premium and death benefit provided are paid for with

TAX SAVINGS

Scan below to see more



Continue to the next page to see how it works



Employer Savings W-4 Election: **Single**

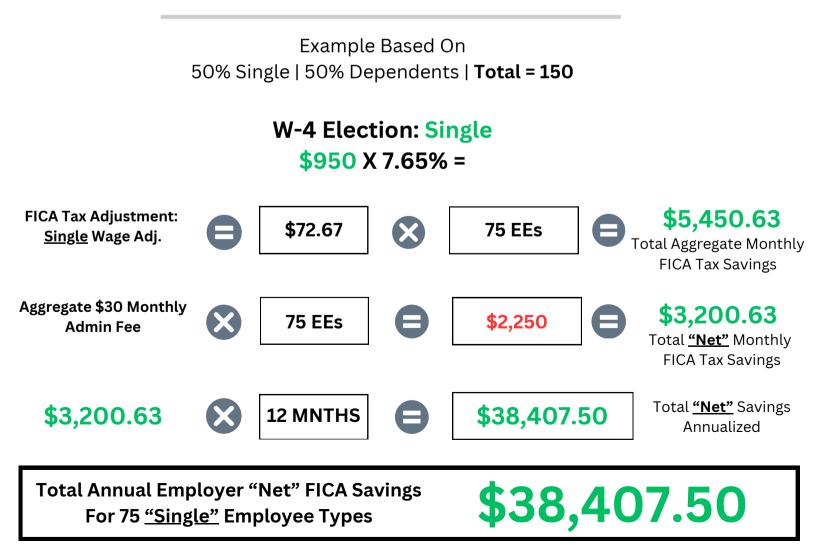
THIS PROPOSAL IS PREPARED FOR: (INSERT SAMPLE COMPANY)

Criteria to Calculate Employer Tax Savings

- The Employer's FICA tax responsibility is 7.65% of total gross wages.
- The Employee with the W-4 election as single is allowed a \$950 wage adjustment.
- The Employee with the W-4 election with dependents is allowed a \$1,250 wage adjustment.
- The Employer contributes \$30/per employee per month for Wellness Plan, which is paid for with the FICA TAX Savings. (This portion covers the admin fee, participation tracking and service fees.)

LET US BREAK DOWN YOUR ANNUAL FICA TAX SAVINGS

per **Employee Type**:





Employer Savings W-4 Election: **Single + Dep.**

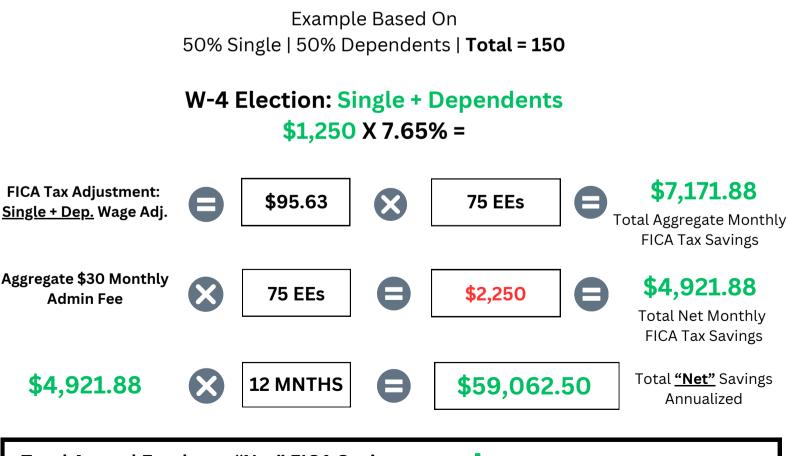
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LET US BREAK DOWN YOUR ANNUAL FICA TAX SAVINGS

per **Employee Type**:



Total Annual Employer "Net" FICA Savings For 75 <u>"Single + Dep."</u> Employee Types \$59,062.50



Employer Savings Monthly Overview:

THIS PROPOSAL IS PREPARED FOR: (INSERT SAMPLE COMPANY)

Breakdown for the Employer | 150 EEs

Benefit Premiums Paid for with Tax Savings

 Employee Tax Savings Pays for this portion of Administrative (deducted from pay and remitted monthly by employer) 	\$150
 Employee Tax Savings Pays for this portion of Administrative Fee, Service Fees, and Participation Tracking. Remitted monthly. 	\$30
TOTAL Per Employee	\$180

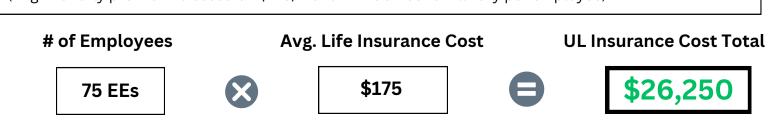
Preventative Health Plan Benefits: Remitted Monthly

Payment remitted (automatically debited via ACH by Bill.com on the 1st of the month following enrollment)



Life Insurance Costs: Remitted Monthly

Paid for with employee tax savings-deducted from pay (automatically debited by Insurance Carrier on the 15th - 20th of each month beginning post enrollment month. (Avg. monthly premium is based on \$175/month. This amount will vary per employee)





Total Employer "Net" FICA TAX Savings

\$38,407.50

\$59,062.50

\$27,000.00

\$26,250.00

Total Potential "Net" FICA Tax Savings Breakdown

Example Based On 50% Single | 50% Dependents | **Total = 150**

W-4 Election: Single

Total Annual Employer "Net" FICA Savings For 150 Employee Types: **SINGLE**

W-4 Election: Single + Dependents

Total Annual Employer "Net" FICA Savings For 150 Employee Types: **With Dependents**

Monthly Remittance - All Paid For With Tax Savings

Preventative Health Benefits

Universal Life Insurance

TOTAL ANNUAL "NET" SAVINGS: 150 EMPLOYEES

\$150,720.00



Authorized Rep.

Acknowledgement Form

Premium Submission, Enrollment and Process

Signer's Initials	Initial	
		Universal Life Insurance is remitted monthly. As a courtesy we have a service that provides management of your portal including reconciliation and remittance unless otherwise requested.
		OACEUS 360 Preventative Health Plan is remitted monthly via ACH. The ACH will show up as Bill.com on your bank statement.
		Payroll status updates will be communicated to OACEUS via Salary Reduction Agreement. This is where you can report new hires during open enrollment, terminations, or payroll changes like going from part-time to full-time or W4 status changes.
		At the end of the year if your company has more than 100 employees a 5500 will need to be filled with your business entity taxes. Your company should check with your CPA as the 5500 is something that should already be being used since you offer Health Insurance to your employees. A WRAP PLAN Document may be filed to cover this plan as well as any other plans you have in place.
		Since this program is established through the FICA tax savings, some employees may not qualify. Calculations are based off of income, W4 election status, FICA tax, and deductions. For employees who do not qualify, the owner may elect to purchase the Universal Life Insurance (\$100.00 per EE) and the OACEUS 360 Plan (\$180.00 per EE). Please check yes or no to elect if you want to pay for this OUT OF POCKET. \Box Yes \Box No
		This proposal is an estimated amount of savings based on the information provided. Actual savings will be determined by employee enrollment status. FUTA savings are illustrated at the standard rate of 6%. FUTA savings will vary based on company rates.

I understand the details explained on this OACEUS 360 Preventative Health Plan Proposal. I give my consent to enroll my company in this plan.

Signature	Date	OACEUS Rep. Signature	Phone
First and Last Name	Job Title	OACEUS Rep. First and Last Name	