Pay Freqency Monthly
Payroll Date Last Day of Month
Effective Date 01/01/2026

Colonial Life®

Producer Contact: 1.800.43VOICE, Option 2, 2
Fax Forms to 1.800.543.8573 or email to newaccountservicecenter@coloniallife.com

Account Information

Account name: Muskogee County
Address: 400 W Broadway St
City: Muskogee **State:** OK **Zip** 74401
Phone: (918) 682-2169 **Fax:** ( )

If this account is associated with another Colonial Life or one of its affiliates' accounts, please provide the name and BCN of the account or master group number:

Account billing address (if different from above address): P.O. Box 1008, Muskogee, OK 74402

Contact person for billing and service: Sheila Harrison (First Name) (Middle Initial) (Last Name) Deputy Clerk (Title)

E-mail address: sheilamuskogeecounty@gmail.com

Are there locations that will be written in NY? ○ Yes ◉ No
Number of benefit-eligible employees: 200 **Federal Tax ID:** 73-6006395
Exact nature of business: County Government
Will a third party administer, reconcile and/or remit the premium deductions? ○ Yes ◉ No
If yes, is the third party a: ○ Payroll Company ○ Professional Employer Organization ○ Other
Please indicate name, address, phone number and contact person

*A General Service Provider Data Sharing and Confidentiality Agreement may be needed.

Will any deductions be made pretax? ◉ Yes ○ No **If yes, include Flex Plan Supplemental Form.**
Will any group products be offered? ○ Yes ◉ No
Will the employer be contributing any premium toward the Colonial Life benefits? ○ Yes ◉ No
If yes, select which product line contributions will apply? ○ Individual ◉ Group Options
If applicable to your state and company position, as allowed by law, please signify if domestic partner or civil union relationships are recognized by your company? ◉ Yes ○ No

Tax Advantage Wellness Programs

I confirm the Colonial Life voluntary products I am offering are not offered alongside or in conjunction with any tax advantage wellness programs, as I understand the company prohibits offering Colonial Life voluntary products in accounts with these products or programs as they are deemed non-compliant with applicable laws and regulations. ◉ Yes ○ No

Important Compensation Disclosure Information

Colonial Life is committed to helping working Americans and their families minimize personal financial risk with a comprehensive offering of voluntary benefits through the workplace. Colonial Life compensates producers to facilitate the sale and delivery of these valuable benefits. This compensation might include commissions as well as various incentives and awards.

We support the full disclosure of compensation programs for our products, and your insurance advisor can provide you with complete information about these programs. You may also learn additional information about our compensation programs by contacting our Plan Administrator Service Center at 1.800.256.7004.

Initials of Authorized Officer

Is employer/account paying a fee to an insurance advisor for this placement of Colonial Life insurance? ○ Yes ◉ No

If yes, list advisor(s) names

A completed Compensation Consent and Disclosure Form 62291 is required for each insurance advisor receiving a fee.

If fee is paid in the future, it is the employer's responsibility to notify Colonial Life of the change.

Colonial Life.

The employer account (and/or its assigns) agrees to forward promptly all insurance premiums payroll deducted from its employees to Colonial Life & Accident Insurance Company (hereafter Colonial Life) for payment of employee insurance coverage and to notify Colonial Life promptly of the names of any employees to cease deductions because of termination from employment or otherwise. If the employer fails to notify Colonial Life that an individual's employment has terminated, that an individual has otherwise ceased deductions or where there is some other misunderstanding between the employer and employee concerning the payroll deductions, Colonial Life agrees to reimburse the employer up to one (1) month's premium in the event of loss by the employer as long as a claim has not been paid. Refund of premiums on flexible benefit plan accounts will be made payable to the employer. The issuance of any coverage paid for by payroll deduction pursuant to this agreement does not relieve the employer of the requirements of Workers' Compensation Laws of their state.

Signed at: Muskogee, OK (City and State) this 14th day of Oct, 2025

Print Name and Title of Authorized Officer

Signature of Authorized Officer

Submitted by Dylan Lucht **Producer #** 824817 **Producer Telephone Number** 918-856-6774

Coordinator's name:

Coordinator's email address:

14th day of Oct 2025

Chairman

Member

Member

Attest County Clerk

COUNTY OF MUSKOGEE STATE OF OKLAHOMA

Colonial Life®

APPLICATION FOR GROUP INSURANCE

Colonial Life & Accident Insurance Company
P.O. Box 1365, Columbia, SC 29202-1365
www.coloniallife.com

BCN(s): _____

Applicant (Company): Muskogee County

Corporate Address: 400 W Broadway St
Street

Muskogee, OK 74401
City / State / Zip Code

Product(s) Applied For:

- [x] Group Accident Insurance
- [x] Group Term Life Insurance
- [ ] Group Disability Insurance
- [x] Voluntary Group Short Term Disability Insurance
- [x] Group Cancer Insurance
- [x] Group Specified Disease Insurance
- [x] Group Hospital Confinement Indemnity Insurance

Replacement:
Is there any Group Life Insurance plan in force or being applied for (with another carrier) on some or all employees?
☐ Yes ☒ No If Yes, complete the information below:

Name of Carrier	Termination Date

The applicant agrees that no insurance shall be effective until approved by Colonial Life & Accident Insurance Company and that acceptance of the policy will be an approval of all policy terms. The policy specifications will be made a part of the policy along with a copy of this form.

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Muskogee — Signed at: City
OK — State

Applicant Signature (authorized representative / officer)
Ken Doke — Applicant Printed Name

Commissioner — Title
10/14/2025 — Date (mm/dd/yyyy)

Producer / Broker Signature
Dylan Lucht — Producer / Broker Printed Name

10/14/2025 — Date (mm/dd/yyyy)
3003134215 — License Number
824831 — Producer Number