



**INSURANCE
SERVICES, Inc.**

Common values. Uncommon service.



Thank you for your interest in Texas and Southwestern Cattle Raisers Association's (TSCRA) customized health care coverage program.

Our program combines freedom of choice and access to an extensive network of health care providers. BlueCross BlueShield of Texas, Inc. (BCBS) and TSCRA offer members excellent health care coverage from physicians, hospitals, and other health care providers you know and trust.

With BCBS, members receive the following NETWORK advantages tailored especially for TSCRA members and eligible dependents who qualify:

- \$25 office visit co-pay when you choose a BCBS Doctor on our Premium Plan and \$30 co-pay, consultation only, on Our Select Plan.
- \$10/\$40/\$60 prescription drug benefit on both plans. The Premium Plan has no deductible. The Select Plan has a \$200 annual deductible.
- Preventative care for routine physicals, well-baby care with immunizations and well-woman exams, as well as mammograms.
- Maternity covered as any other illness with no waiting period.
- Benefits for out-of-network providers are also available when you choose to use them.
- Dental coverage that includes preventative, basic and major care.
- Term life insurance on the primary insured.
- Dependent life insurance available.
- No Lifetime maximum

***** Health coverage may be subject to pre-existing condition exclusion *****

For answers to any questions you may have, call us at (817) 332-7064 or 1-800-252-2849. We will be happy to assist you.

P.S. As a TSCRA member, this is only one of the many benefits available to you and your employees. We offer a small employer group guaranteed issue plan. We also offer a wide range of farm, ranch and other business policies, including animal mortality coverage and personal insurance programs. Our Workers' Comp program has been providing discounts on coverage to ranchers for many years. Please call our office at 1-800-252-2849 for more information



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IMPORTANT FACTS AND FREQUENTLY ASKED QUESTIONS

- If you live in Texas or any state other than Oklahoma, you are in a Network Service Area and are applying to receive “In-Network” and “Out-of-Network” benefits.
- If you live in Oklahoma, you may elect to receive “Network” benefits or “Out-of-Area” benefits.
- The program is a four-part package of health, dental, prescription drug program and term life insurance. Therefore, you must apply for all parts of this program.
- A minimum of \$5,000 Basic Term Life and AD&D insurance is required on the primary applicant and is included in the rates.
- Optional Term Life amounts of \$5,000 to \$45,000 are available on the primary insured. The life rate table is located on the back of the health rate page.
- We offer one unit of dependent life; insurance rates are listed on the life rate page.
- Dependent children are eligible for health insurance up to age 26
- You will be billed quarterly for your insurance premium. You may pay monthly only by bank draft.
- We offer a companion policy to Medicare called Medicare Plus Plan. If you have both parts A & B of Medicare, you are eligible to apply. The benefits for the Medicare Plus Plan are the same as listed in the brochure. However, Medicare will pay your claims first, and the Plan will be secondary. Your claims will be subject to the deductible.
- No exclusion riders or ratings are used.
- **Coverage may be subject to pre-existing condition exclusion.**

PROCESSING OF YOUR APPLICATION

Upon receipt, your completed application for insurance will be forwarded to BlueCross BlueShield of Texas, Inc. (BCBS) for consideration. In some cases, additional medical information may be requested.

The TSCRA program is a medically underwritten plan and acceptance into the plan is not guaranteed. Your medical history will be reviewed for acceptance or denial. The actual application process can take four to six weeks. (Additional medical information requests can extend the underwriting time.)

The effective date of your insurance policy will be the first of the month following approval by BCBS, and specifically requested effective dates cannot be assigned.

IMPORTANT NOTICE: As stated above, the TSCRA Blue Choice plan is not a guaranteed-issue plan; therefore, you should not drop any insurance you presently have until you have been approved.



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Application Check list

Please return the following to TSCRA:

- Member Application. (Incomplete applications will result in coverage delays.)
- Application For Participation. **(THE APPLICATION WILL NOT BE PROCESSED WITHOUT THIS FORM.)**
- Application for Membership. (If not a current member.) Please include a separate check for your membership dues. Make check payable to TSCRA. Please note: This amount is non-refundable.
- Premium check must be included with your application and be for the first quarter (three months). If choosing bank draft, please include two months premium and the bank draft form. See enclosed rate sheet for the correct premium amount. (Please note your premium check will NOT be cashed until you are approved.) **Checks to be made payable to TSCRA.**
- EPP Form (Bank Draft Form) if choosing this option.
- Should you have questions completing the forms above, please give us a call at 1-800-252-2849.

Benefit Summary

FEATURES	 BlueCross BlueShield of Texas Premium Plan - \$500 Deductible with dental		 BlueCross BlueShield of Texas Select Plan - \$1,500 Deductible with dental	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	Coinsurance	80%	60%	70%
Annual Deductible	\$500 Individual \$1,500 Family	\$1,000 Individual \$3,000 Family	\$1,500 Individual \$4,500 Family	\$3,000 Individual \$9,000 Family
Annual Out-of-Pocket	\$3,000 Individual \$6,000 Family	\$4,500 Individual \$9,000 Family	\$4,000 Individual \$8,000 Family	\$6,000 Individual \$12,000 Family
Lifetime Maximum	None		None	
Office Visit (PCP and Specialist)	\$25 copay	60% after deductible	\$30 consultation only	50% after deductible
Routine Preventive Care	\$25 copay	60% after deductible	\$30 copay	50% after deductible
Inpatient Hospital Care	80% after \$250 Copay per Admission	60% after \$500 Copay per Admission	70% after \$250 Copay per Admission	50% after \$500 Copay per Admission
Outpatient Hospital Care/Surgery	80% after deductible	60% after deductible	70% after deductible	50% after deductible
Emergency Care	80% after \$150 copay for facility 80% after deductible for physician		70% after \$200 copay for facility 70% after deductible for physician	
Maternity	Included		Included	
Pharmacy - Retail (30 day supply)	\$10 Copay - Generic \$40 Copay - Brand \$60 Copay - Non-Preferred Brand		\$200 Annual Deductible \$10 Copay - Generic \$40 Copay - Brand \$60 Copay - Non-Preferred Brand	
Pharmacy - Mail (90 day supply)	3 X Retail		3 X Retail	

Policy Includes \$5,000 life insurance on primary insured with dependent life available.

Dental Plan Coverage	Preventative Care	Basic Care	Major Care	Max Year Benefit
	80% No deductible X-ray, Cleanings, Examinations	80% after \$50 deductible per person Extractions, Fillings, Repair of Crowns, Dentures, etc...	50% after \$50 deductible per person Crowns, Bridges, Crown Buildups, Oral Surgery, Treatment of Gum Disease, Root Canal Therapy, Bone Structure Support.	\$1,500 per year per person for Preventive, Basic and Major Care

The above is a basic outline of the two plans offered through TSCRA Insurance Services. For a complete outline of the benefits, please refer to the Master Benefit Plan Document and Benefit Booklet for limitations and exclusions. TSCRA's insurance plans are not guaranteed issue plans. Qualification for the plan is based on current and past medical history along with appropriate related information. The percent of payment refers to the allowable amount as determined by Blue Cross and Blue Shield of TX.

**TEXAS AND SOUTHWESTERN CATTLE RAISERS ASSOCIATION INSURANCE PLAN
HEALTH, DENTAL AND LIFE - PREMIUM RATES EFFECTIVE JUNE 1, 2011**

Premiums are payable quarterly via check. Monthly payment is allowed only through electronic bank draft. 5
The rate tables below include health, dental and \$5,000 Basic life for ages under 30 - 64 and \$2,500 Basic Life ages 65-69.
Basic Life/ADD and Supplemental Life/ADD benefits reduce to 50% of the original amount at age 65 and cease at age 70

PREMIUM AREA A

The rates below apply if you live in Texas and your zip code begins with 751, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 778, 786, 787, 789, 790, 791
792, and Zip Code areas 75009, 75020, 75030, 75058, 75059, 75076, 75090, 75092 and 75095.

If you live in Oklahoma, all zip codes are in Area A, except those listed in Area B.

Age	Monthly Health and Dental Premium Rates						Quarterly Health and Dental Premium Rates					
	Male	Female	Male & Child(ren)	Female & Child(ren)	Member & Spouse	Family	Male	Female	Male & Child(ren)	Female & Child(ren)	Member & Spouse	Family
Under 30	240.45	488.44	556.47	804.46	751.07	1,067.09	721.35	1,465.32	1,669.41	2,413.38	2,253.21	3,201.27
30-34	286.90	477.17	602.92	793.19	791.70	1,107.72	860.70	1,431.51	1,808.76	2,379.57	2,375.10	3,323.16
35-39	304.15	505.93	620.17	821.95	843.62	1,159.64	912.45	1,517.79	1,860.51	2,465.85	2,530.86	3,478.92
40-44	391.39	529.79	707.41	845.81	948.18	1,264.20	1,174.17	1,589.37	2,122.23	2,537.43	2,844.54	3,792.60
45-49	513.35	565.20	829.37	881.22	1,116.21	1,432.23	1,540.05	1,695.60	2,488.11	2,643.66	3,348.63	4,296.69
50-54	705.37	670.76	1,021.39	986.78	1,394.71	1,710.73	2,116.11	2,012.28	3,064.17	2,960.34	4,184.13	5,132.19
55-59	921.37	834.87	1,237.39	1,150.89	1,743.29	2,059.31	2,764.11	2,504.61	3,712.17	3,452.67	5,229.87	6,177.93
60-64	1,138.86	1,081.12	1,454.88	1,397.14	2,208.72	2,524.74	3,416.58	3,243.36	4,364.64	4,191.42	6,626.16	7,574.22
65+ w/o Medicare	1,510.90	1,510.90	1,826.92	1,826.92	3,019.02	3,335.04	4,532.70	4,532.70	5,480.76	5,480.76	9,057.06	10,005.12
65+ with Medicare	588.40	588.40	904.42	904.42	1,168.27	1,484.29	1,765.20	1,765.20	2,713.26	2,713.26	3,504.81	4,452.87
70+ w/o Med no life	1,502.15	1,502.15	1,818.17	1,818.17	3,010.27	3,326.29	4,506.45	4,506.45	5,454.51	5,454.51	9,030.81	9,978.87
70+ with Med no life	579.65	579.65	895.67	895.67	1,159.52	1,475.54	1,738.95	1,738.95	2,687.01	2,687.01	3,478.56	4,426.62

PREMIUM AREA B

The rates below apply if you live in Zip Code areas beginning with: 752, 753, 768, 769, 773, 776, 777, 779, 780, 781, 782, 783, 784, 785, 788, 793, 794, 795, 796, 797, 798, 799, 750 (other than list in Area A) and zip codes 77412, 77414, 77415, 77416, 77418, 77419, 77420, 77428, 77432, 77434-77437, 77440, 77441, 77442, 77443, 77448, 77453 - 77458, 77460, 77462, 77465, 77467, 77468, 77470, 77475, 77482, 77483, and 77488. Also zip code 77533, 77535, 77538, 77561, 77564, 77575, and 77582.

If you live in Oklahoma, zip codes beginning with 731 and 741; zip codes 73013, 73020, 73034, 73050, 73063, 73069-73072, 73083, and 74011-74014 & 74021.

Age	Monthly Health and Dental Premium Rates						Quarterly Health and Dental Premium Rates					
	Male	Female	Male & Child(ren)	Female & Child(ren)	Member & Spouse	Family	Male	Female	Male & Child(ren)	Female & Child(ren)	Member & Spouse	Family
Under 30	275.10	550.68	631.50	907.08	843.37	1,199.77	825.30	1,652.04	1,894.50	2,721.24	2,530.11	3,599.31
30-34	321.43	540.58	677.83	896.98	895.54	1,251.94	964.29	1,621.74	2,033.49	2,690.94	2,686.62	3,755.82
35-39	344.59	575.13	700.99	931.53	953.11	1,309.51	1,033.77	1,725.39	2,102.97	2,794.59	2,859.33	3,928.53
40-44	443.24	599.01	799.64	955.41	1,074.98	1,431.38	1,329.72	1,797.03	2,398.92	2,866.23	3,224.94	4,294.14
45-49	582.50	640.15	938.90	996.55	1,260.32	1,616.72	1,747.50	1,920.45	2,816.70	2,989.65	3,780.96	4,850.16
50-54	797.61	762.99	1,154.01	1,119.39	1,584.97	1,941.37	2,392.83	2,288.97	3,462.03	3,358.17	4,754.91	5,824.11
55-59	1,042.43	950.16	1,398.83	1,306.56	1,979.73	2,336.13	3,127.29	2,850.48	4,196.49	3,919.68	5,939.19	7,008.39
60-64	1,288.68	1,225.33	1,645.08	1,581.73	2,502.80	2,859.20	3,866.04	3,675.99	4,935.24	4,745.19	7,508.40	8,577.60
65+ w/o Medicare	1,718.50	1,718.50	2,074.90	2,074.90	3,428.36	3,784.76	5,155.50	5,155.50	6,224.70	6,224.70	10,285.08	11,354.28
65+ with Medicare	669.16	669.16	1,025.56	1,025.56	1,318.09	1,674.49	2,007.48	2,007.48	3,076.68	3,076.68	3,954.27	5,023.47
70+ w/o Med no life	1,709.75	1,709.75	2,066.15	2,066.15	3,419.61	3,776.01	5,129.25	5,129.25	6,198.45	6,198.45	10,258.83	11,328.03
70+ with Med no life	660.41	660.41	1,016.81	1,016.81	1,309.34	1,665.74	1,981.23	1,981.23	3,050.43	3,050.43	3,928.02	4,997.22

PREMIUM AREA C

The rates below apply if you live in Texas and your zip code begins with 770, 771, 771, 774 (other than list in Area B), and 775 (other than listed in Area B).

Age	Monthly Health and Dental Premium Rates						Quarterly Health and Dental Premium Rates					
	Male	Female	Male & Child(ren)	Female & Child(ren)	Member & Spouse	Family	Male	Female	Male & Child(ren)	Female & Child(ren)	Member & Spouse	Family
Under 30	296.01	609.46	687.73	1,001.18	927.00	1,318.72	888.03	1,828.38	2,063.19	3,003.54	2,781.00	3,956.16
30-34	352.24	593.02	743.96	984.74	983.27	1,374.99	1,056.72	1,779.06	2,231.88	2,954.22	2,949.81	4,124.97
35-39	380.22	632.15	771.94	1,023.87	1,044.85	1,436.57	1,140.66	1,896.45	2,315.82	3,071.61	3,134.55	4,309.71
40-44	487.32	660.86	879.04	1,052.58	1,185.54	1,577.26	1,461.96	1,982.58	2,637.12	3,157.74	3,556.62	4,731.78
45-49	639.33	706.50	1,031.05	1,098.22	1,387.93	1,779.65	1,917.99	2,119.50	3,093.15	3,294.66	4,163.79	5,338.95
50-54	881.82	837.03	1,273.54	1,228.75	1,747.94	2,139.66	2,645.46	2,511.09	3,820.62	3,686.25	5,243.82	6,418.98
55-59	1,147.53	1,046.75	1,539.25	1,438.47	2,181.59	2,573.31	3,442.59	3,140.25	4,617.75	4,315.41	6,544.77	7,719.93
60-64	1,425.99	1,353.24	1,817.71	1,744.96	2,767.96	3,159.68	4,277.97	4,059.72	5,453.13	5,234.88	8,303.88	9,479.04
65+ w/o Medicare	1,899.14	1,899.14	2,290.86	2,290.86	3,789.65	4,181.37	5,697.42	5,697.42	6,872.58	6,872.58	11,368.95	12,544.11
65+ with Medicare	734.78	734.78	1,126.50	1,126.50	1,455.40	1,847.12	2,204.34	2,204.34	3,379.50	3,379.50	4,366.20	5,541.36
70+ w/o Med no life	1,890.39	1,890.39	2,282.11	2,282.11	3,780.90	4,172.62	5,671.17	5,671.17	6,846.33	6,846.33	11,342.70	12,517.86
70+ with Med no life	726.03	726.03	1,117.75	1,117.75	1,446.65	1,838.37	2,178.09	2,178.09	3,353.25	3,353.25	4,339.95	5,515.11

**TEXAS AND SOUTHWESTERN CATTLE RAISERS ASSOCIATION INSURANCE PLAN
HEALTH, DENTAL AND LIFE - PREMIUM RATES EFFECTIVE JUNE 1, 2011**

Premiums are payable quarterly via check. Monthly payment is allowed only through electronic bank draft.

The rate tables below include health, dental and \$5,000 Basic life for ages under 30 - 64 and \$2,500 Basic Life ages 65-69. Basic Life/ADD and Supplemental Life/ADD benefits reduce to 50% of the original amount at age 65 and cease at age 70

SELECT AREA A

The rates below apply if you live in Texas and your zip code begins with 751, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 778, 786, 787, 789, 790, 791, 792, and Zip Code areas 75009, 75020, 75030, 75058, 75059, 75076, 75090, 75092 and 75095.

If you live in Oklahoma, all zip codes are in Area A, except those listed in Area B.

Age	Monthly Health and Dental Premium Rates						Quarterly Health and Dental Premium Rates					
	Male	Female	Male & Child(ren)	Female & Child(ren)	Member & Spouse	Family	Male	Female	Male & Child(ren)	Female & Child(ren)	Member & Spouse	Family
Under 30	203.51	407.35	469.23	673.07	628.95	894.67	610.53	1,222.05	1,407.69	2,019.21	1,886.85	2,684.01
30-34	241.73	398.13	507.45	663.85	662.39	928.11	725.19	1,194.39	1,522.35	1,991.55	1,987.17	2,784.33
35-39	255.91	421.79	521.63	687.51	705.06	970.78	767.73	1,265.37	1,564.89	2,062.53	2,115.18	2,912.34
40-44	327.76	441.54	593.48	707.26	791.15	1,056.87	983.28	1,324.62	1,780.44	2,121.78	2,373.45	3,170.61
45-49	428.16	470.78	693.88	736.50	929.42	1,195.14	1,284.48	1,412.34	2,081.64	2,209.50	2,788.26	3,585.42
50-54	586.33	557.86	852.05	823.58	1,158.65	1,424.37	1,758.99	1,673.58	2,556.15	2,470.74	3,475.95	4,273.11
55-59	764.34	693.24	1,030.06	958.96	1,445.67	1,711.39	2,293.02	2,079.72	3,090.18	2,876.88	4,337.01	5,134.17
60-64	943.86	896.40	1,209.58	1,162.12	1,829.00	2,094.72	2,831.58	2,689.20	3,628.74	3,486.36	5,487.00	6,284.16
65+ w/o Medicare	1,249.20	1,249.20	1,514.92	1,514.92	2,494.57	2,760.29	3,747.60	3,747.60	4,544.76	4,544.76	7,483.71	8,280.87
65+ with Medicare	490.90	490.90	756.62	756.62	973.27	1,238.99	1,472.70	1,472.70	2,269.86	2,269.86	2,919.81	3,716.97
70+ w/o Med no life	1,240.45	1,240.45	1,506.17	1,506.17	2,485.82	2,751.54	3,721.35	3,721.35	4,518.51	4,518.51	7,457.46	8,254.62
70+ with Med no life	482.15	482.15	747.87	747.87	964.52	1,230.24	1,446.45	1,446.45	2,243.61	2,243.61	2,893.56	3,690.72

SELECT AREA B

The rates below apply if you live in Zip Code areas beginning with: 752, 753, 768, 769, 773, 776, 777, 779, 780, 781, 782, 783, 784, 785, 788, 793, 794, 795, 796, 797, 798, 799, 750 (other than list in Area A) and zip codes 77412, 77414, 77415, 77416, 77418, 77419, 77420, 77428, 77432, 77434-77437, 77440, 77441, 77442, 77443, 77448, 77453 - 77458, 77460, 77462, 77465, 77467, 77468, 77470, 77475, 77482, 77483, and 77488. Also zip code 77533, 77535, 77538, 77561, 77564, 77575, and 77582.

If you live in Oklahoma, zip codes beginning with 731 and 741; zip codes 73013, 73020, 73034, 73050, 73063, 73069-73072, 73083, and 74011-74014 & 74021.

Age	Monthly Health and Dental Premium Rates						Quarterly Health and Dental Premium Rates					
	Male	Female	Male & Child(ren)	Female & Child(ren)	Member & Spouse	Family	Male	Female	Male & Child(ren)	Female & Child(ren)	Member & Spouse	Family
Under 30	231.99	458.52	530.91	757.44	704.81	1,003.73	695.97	1,375.56	1,592.73	2,272.32	2,114.43	3,011.19
30-34	270.12	450.26	569.04	749.18	747.75	1,046.67	810.36	1,350.78	1,707.12	2,247.54	2,243.25	3,140.01
35-39	289.15	478.66	588.07	777.58	795.07	1,093.99	867.45	1,435.98	1,764.21	2,332.74	2,385.21	3,281.97
40-44	370.39	498.42	669.31	797.34	895.38	1,194.30	1,111.17	1,495.26	2,007.93	2,392.02	2,686.14	3,582.90
45-49	485.00	532.39	783.92	831.31	1,047.88	1,346.80	1,455.00	1,597.17	2,351.76	2,493.93	3,143.64	4,040.40
50-54	662.14	633.68	961.06	932.60	1,315.06	1,613.98	1,986.42	1,901.04	2,883.18	2,797.80	3,945.18	4,841.94
55-59	863.84	788.00	1,162.76	1,086.92	1,640.02	1,938.94	2,591.52	2,364.00	3,488.28	3,260.76	4,920.06	5,816.82
60-64	1,067.01	1,014.93	1,365.93	1,313.85	2,070.72	2,369.64	3,201.03	3,044.79	4,097.79	3,941.55	6,212.16	7,108.92
65+ w/o Medicare	1,419.85	1,419.85	1,718.77	1,718.77	2,831.07	3,129.99	4,259.55	4,259.55	5,156.31	5,156.31	8,493.21	9,389.97
65+ with Medicare	669.16	557.29	1,025.56	1,025.56	1,318.09	1,674.49	2,007.48	1,671.87	3,076.68	3,076.68	3,954.27	5,023.47
70+ w/o Med no life	1,411.10	1,411.10	1,710.02	1,710.02	2,822.32	3,121.24	4,233.30	4,233.30	5,130.06	5,130.06	8,466.96	9,363.72
70+ with Med no life	660.41	548.54	1,016.81	1,016.81	1,309.34	1,665.74	1,981.23	1,645.62	3,050.43	3,050.43	3,928.02	4,997.22

SELECT AREA C

The rates below apply if you live in Texas and your zip code begins with 770, 771, 771, 774 (other than list in Area B), and 775 (other than listed in Area B).

Age	Monthly Health and Dental Premium Rates						Quarterly Health and Dental Premium Rates					
	Male	Female	Male & Child(ren)	Female & Child(ren)	Member & Spouse	Family	Male	Female	Male & Child(ren)	Female & Child(ren)	Member & Spouse	Family
Under 30	249.18	506.83	577.14	834.79	773.57	1,101.53	747.54	1,520.49	1,731.42	2,504.37	2,320.71	3,304.59
30-34	295.45	493.37	623.41	821.33	819.86	1,147.82	886.35	1,480.11	1,870.23	2,463.99	2,459.58	3,443.46
35-39	318.45	525.53	646.41	853.49	870.48	1,198.44	955.35	1,576.59	1,939.23	2,560.47	2,611.44	3,595.32
40-44	406.62	549.26	734.58	877.22	986.26	1,314.22	1,219.86	1,647.78	2,203.74	2,631.66	2,958.78	3,942.66
45-49	531.72	586.93	859.68	914.89	1,152.78	1,480.74	1,595.16	1,760.79	2,579.04	2,744.67	3,458.34	4,442.22
50-54	731.36	694.54	1,059.32	1,022.50	1,449.01	1,776.97	2,194.08	2,083.62	3,177.96	3,067.50	4,347.03	5,330.91
55-59	950.23	867.40	1,278.19	1,195.36	1,805.94	2,133.90	2,850.69	2,602.20	3,834.57	3,586.08	5,417.82	6,401.70
60-64	1,179.88	1,120.08	1,507.84	1,448.04	2,288.67	2,616.63	3,539.64	3,360.24	4,523.52	4,344.12	6,866.01	7,849.89
65+ w/o Medicare	1,568.33	1,568.33	1,896.29	1,896.29	3,128.04	3,456.00	4,704.99	4,704.99	5,688.87	5,688.87	9,384.12	10,368.00
65+ with Medicare	611.23	611.23	939.19	939.19	1,209.29	1,537.25	1,833.69	1,833.69	2,817.57	2,817.57	3,627.87	4,611.75
70+ w/o Med no life	1,559.58	1,559.58	1,887.54	1,887.54	3,119.29	3,447.25	4,678.74	4,678.74	5,662.62	5,662.62	9,357.87	10,341.75
70+ with Med no life	602.48	602.48	930.44	930.44	1,200.54	1,528.50	1,807.44	1,807.44	2,791.32	2,791.32	3,601.62	4,585.50

Note: Basic Life/ADD and Supplemental Life/ADD benefits reduce to 50% of the original amount at age 65 and cease at age 70

Optional Life is available up to a total of \$45,000 in increments of \$5,000

7

Life Insurance & AD&D Monthly Premium Rates					Life Insurance & AD&D Quarterly Premium Rates				
	Optional Coverage					Optional Coverage			
	5000.00	10000.00	15000.00	20000.00		5000.00	10000.00	15000.00	20000.00
Under 30	1.00	2.00	3.00	4.00		3.00	6.00	9.00	12.00
30-34	1.25	2.50	3.75	5.00		3.75	7.50	11.25	15.00
35-39	1.25	2.50	3.75	5.00		3.75	7.50	11.25	15.00
40-44	2.00	4.00	6.00	8.00		6.00	12.00	18.00	24.00
45-49	2.85	5.70	8.55	11.40		8.55	17.10	25.65	34.20
50-54	4.60	9.20	13.80	18.40		13.80	27.60	41.40	55.20
55-59	7.25	14.50	21.75	29.00		21.75	43.50	65.25	87.00
60-64	11.40	22.80	34.20	45.60		34.20	68.40	102.60	136.80

Ages 65-69 are eligible for the following amounts of Optional Life									
65-69	2,500.00	5,000.00	7,500.00	10,000.00	12,500.00	15,000.00	17,500.00	20,000.00	
monthly	8.75	17.50	26.25	35.00	43.75	52.50	61.25	\$70.00	
quarterly	26.25	52.50	78.75	105.00	131.25	157.50	183.75	\$210.00	

70 and over	no life
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In addition to Texas and Oklahoma, we can also issue policies in New Mexico (Area B), and Illinois (Area C)

Dependents' Group Term Life Insurance

Dependent Life Insurance is effective upon your approval for medical and dental coverage (does not include ADD)

To apply for dependent life, please circle the Dependent Life Benefit on the Member Application.

Spouse	\$2,500
Child(ren): 15 days to 6 months	\$500
Child(ren): 6 months to 25 years	\$1,000

Dependent Life Rate (regardless of number of children): Per mo., \$0.78 Per Quarter, \$2.34
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Member Application Complete In Ink

Group # 025923	Category/Section (Office use only)	Residual Dependent Prior ID	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Insured Last Name		First	Middle
		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth Mo Day Yr	Height	Weight	Assoc. Acct.
			Social Security No.
Home Address — No. and Street Name		City	State
		Zip Code	Home Telephone No. ()
E-mail Address			Work Telephone No. ()
			Cell Telephone No. ()

Important

(1) You must include the address and ZIP code of any dependent residing out of your household.
 (2) Stepchildren can be listed as dependents.
 (3) A child of the member's child can be listed as a dependent, only if IRS guidelines are met.
 (4) When other than a natural or adopted child, or a court ordered dependent child, is listed as a dependent, they must meet IRS support guidelines and the member's address must be their primary residence.
 (5) If adding a disabled child who exceeds the age limit in your Associations contract, complete the Over-Age Dependent information at bottom.
 (6) A child can be listed if a participant receives a court order to cover that child.

Premium Plan Select Plan

List full name of all dependents to be covered		Age	Date of Birth Mo Day Yr	Height	Weight
<input type="checkbox"/> Husband <input type="checkbox"/> Wife					
Dependent's Social Security No.	Home Address, if <u>different</u> – No. and Street Name	City	State	Zip Code	
- -					
<input type="checkbox"/> Son <input type="checkbox"/> Daughter		Age	Date of Birth Mo Day Yr	Height	Weight
Dependent's Social Security No.	Home Address, if <u>different</u> – No. and Street Name	City	State	Zip Code	
- -					
<input type="checkbox"/> Son <input type="checkbox"/> Daughter		Age	Date of Birth Mo Day Yr	Height	Weight
Dependent's Social Security No.	Home Address, if <u>different</u> – No. and Street Name	City	State	Zip Code	
- -					
<input type="checkbox"/> Son <input type="checkbox"/> Daughter		Age	Date of Birth Mo Day Yr	Height	Weight
Dependent's Social Security No.	Home Address, if <u>different</u> – No. and Street Name	City	State	Zip Code	
- -					

Basic Life & AD&D	<input type="checkbox"/> I Apply	<input type="checkbox"/> I Do Not Apply	Volume of Life \$	AD&D \$
Optional Life & AD&D	<input type="checkbox"/> I Apply	<input type="checkbox"/> I Do Not Apply	Volume of Life \$	AD&D \$
Dependent Life Benefit	<input type="checkbox"/> I Apply	<input type="checkbox"/> I Do Not Apply		

Primary Beneficiary	First Name	Initial	Last Name	SSN	Relationship	Date of Birth
Contingent Beneficiary	First Name	Initial	Last Name	SSN	Relationship	Date of Birth

Please Complete Health Statement and Include Your Signature



**APPLICATION FOR PARTICIPATION IN
THE INSURANCE PROGRAM OF
TEXAS AND SOUTHWESTERN CATTLE RAISERS ASSOCIATION**

The undersigned member of the Texas and Southwestern Cattle Raisers Association (the "Association") hereby applies for participation in the group health, group dental and group term life insurance program (the "insurance program") in accordance with the participation requirements of the Association and subject to the contracts entered into between the Association and Blue Cross and Blue Shield of Texas, Inc. and Fort Dearborn Life Insurance Company.

The Association has delegated to the Texas and Southwestern Cattle Raisers Association Insurance Services, Inc. (the "Corporation") the administration of the insurance program, the establishment of participation requirements, and the power to contract on its behalf with the Association members. All questions and business with regard to the insurance program will be directed to the Corporation. Neither the Association, nor the members of the Association shall be considered the agent of the insurance companies.

In consideration of the acceptance of this application, the member agrees to make available such information as may be required by the Association in the administration of the insurance program.

The insurance program is available for the benefit of members of the Association and their eligible dependents only. Employees of members are not eligible to participate in this program unless the employee is a member of the Association and is responsible for the payment of his/her premium.

The undersigned further understands and voluntarily agrees that the actual premiums due for this insurance program will be determined in accordance with the Association's agreement with Blue Cross and Blue Shield of Texas, Inc. and Fort Dearborn Life Insurance Company and that any interest earned or refunds on premiums under such agreement which are applicable to the coverage of the members shall be payable by the above insurance companies to the Association for its benefit.

It is understood and agreed that the undersigned's participation in the insurance program shall terminate the last day of the month following the date the undersigned:

1. Fails to make a premium payment within the time provided by the Corporation for the payment thereof.
2. Terminates membership in the Association.
3. Fails to comply with any other participation requirement.

This application, if accepted by the Corporation on behalf of the Association, shall become a part of, and will be subject to the terms and conditions of, the master contracts issued by Blue Cross and Blue Shield of Texas, Inc. and Fort Dearborn Life Insurance Company to the Association and is submitted as an addendum to the application, if any, submitted by the undersigned to Blue Cross and Blue Shield of Texas, Inc. and Fort Dearborn Life Insurance Company in conjunction herewith.

This agreement is effective

Signature of Member _____ Date _____

Print Member Name _____

Accepted for Participation in the insurance program
By _____ Date _____

Title: _____
Texas and Southwestern Cattle Raisers Association Insurance Services, Inc.

TEXAS AND SOUTHWESTERN CATTLE RAISERS ASSOCIATION¹

1301 W. Seventh St., Suite 201 • Fort Worth, Texas 76102-2665

800-242-7820 • Fax: 817-394-1864 • www.tscra.org

APPLICATION FOR MEMBERSHIP

I hereby apply to become a member of this Association, and CERTIFY THAT I HAVE ACCURATELY AND CORRECTLY RENDERED THE CATTLE WHICH I OWN. In case of acceptance, I agree to conform to the by-laws governing the Association and to pay all costs of membership provided for by the Association at Fort Worth, Texas.

MEMBERSHIP SIGN LEASE

For the consideration set out below by the undersigned Lessee, the Texas and Southwestern Cattle Raisers Association does hereby lease and rent unto the said Lessee the number of membership signs set out below, for as long as the said Lessee shall remain a member of the Association in good standing. In the event said Lessee ceases to be a member of the Association in good standing, this lease shall terminate; and Lessee is obligated to return said signs, and if same are not returned, the agents or representatives of the Association are authorized to enter upon the premises of said Lessee and take possession of said signs.

PAC CONTRIBUTIONS

Texas and Southwestern Cattle Raisers Association PAC (TSCRA PAC), 1301 W. Seventh St., Suite 201, Fort Worth, Texas 76102, 800-242-7820. This communication is not authorized by any candidate or candidate's committee. Contributions to TSCRA PAC are subject to the prohibitions and limitations of the Federal Election Campaign Act and state election laws. Federal and state law requires us to use our best efforts to collect and report the full name and address, principal occupation or job title, and full name of employer of individual contributors.

MEMBERSHIP CHARGES

Please check (✓) the appropriate box for cattle owned (rendered) and return this card with your remittance. **Included in membership charges are your dues and assessments, your subscription to *The Cattleman* (\$25 per year) and an optional contribution to Texas and Southwestern Cattle Raisers Association PAC (5 cents per head is the suggested PAC contribution amount). Only the contribution to TSCRA PAC is optional, and only this PAC contribution may be deducted from the total if not desired.** Payments of your dues and assessments to TSCRA and your magazine subscription may be tax-deductible as an ordinary and necessary expense of your business for federal income tax purposes; however, your dues and assessments and your magazine subscription are not tax-deductible as a charitable contribution. In addition, a portion of your dues and assessments is not deductible as an ordinary and necessary expense of your business to the extent that TSCRA engages in lobbying activities. The nondeductible portion of your dues and assessments is 6%. Furthermore, your optional contribution to TSCRA PAC is not deductible as either a charitable contribution or a business expense. As always, we suggest you consult your tax attorney or tax advisor for further details.

MEMBERSHIP INFORMATION

Please Print – *Required Fields

Date: _____

Ranch/Operation: _____

*Last Name: _____ First Name: _____ M.I.: _____

Employer¹: _____

Occupation¹: _____

*Mailing Address: _____

*City: _____ *State: _____ *Zip: _____

*Phone: _____ - _____ - _____ E-mail: _____

County(ies) Ranch is located in: _____

Recommended by: Insurance Services

Signature of Applicant or Lessee: _____

¹For PAC purposes

By providing your e-mail address, you give TSCRA permission to communicate with you by e-mail.

MEMBERSHIP DUES

- | | | |
|---|---|--|
| <input type="checkbox"/> 0-50 head.....\$ 90.00 | <input type="checkbox"/> 501-600 head.....\$ 557.50 | Allied Industry Membership Dues: |
| <input type="checkbox"/> 51-75 head.....\$ 111.25 | <input type="checkbox"/> 601-700 head.....\$ 642.50 | <input type="checkbox"/>\$ 350.00 |
| <input type="checkbox"/> 76-100 head.....\$ 132.50 | <input type="checkbox"/> 701-800 head.....\$ 727.50 | Landowner/Wildlife Operation Dues: |
| <input type="checkbox"/> 101-125 head.....\$ 153.75 | <input type="checkbox"/> 801-900 head.....\$ 812.50 | <input type="checkbox"/>\$ 90.00 |
| <input type="checkbox"/> 126-150 head.....\$ 175.00 | <input type="checkbox"/> 901-1,000 head.....\$ 897.50 | Feedlot Membership Dues: |
| <input type="checkbox"/> 151-175 head.....\$ 196.25 | <input type="checkbox"/> 1,001-1,250 head.....\$ 1,110.00 | <input type="checkbox"/> 0-15,000.....\$ 600.00 |
| <input type="checkbox"/> 176-200 head.....\$ 217.50 | <input type="checkbox"/> 1,251-1,500 head.....\$ 1,322.50 | <input type="checkbox"/> 15,001-30,000.....\$ 800.00 |
| <input type="checkbox"/> 201-225 head.....\$ 238.75 | <input type="checkbox"/> 1,501-1,750 head.....\$ 1,535.00 | <input type="checkbox"/> 30,001+.....\$ 1,000.00 |
| <input type="checkbox"/> 226-250 head.....\$ 260.00 | <input type="checkbox"/> 1,751-2,000 head.....\$ 1,747.50 | Student Dues: |
| <input type="checkbox"/> 251-300 head.....\$ 302.50 | <input type="checkbox"/> 2,001-2,250 head.....\$ 1,960.00 | <input type="checkbox"/>\$ 25.00 |
| <input type="checkbox"/> 301-350 head.....\$ 345.00 | <input type="checkbox"/> 2,251-2,500 head.....\$ 2,172.50 | |
| <input type="checkbox"/> 351-400 head.....\$ 387.50 | <input type="checkbox"/> 2,501-2,750 head.....\$ 2,385.00 | |
| <input type="checkbox"/> 401-450 head.....\$ 430.00 | <input type="checkbox"/> 2,751-3,000 head.....\$ 2,597.50 | |
| <input type="checkbox"/> 451-500 head.....\$ 472.50 | Plus 80 cents per head in excess of 3,000 head | |

Mail to: TSCRA • 1301 W. Seventh St., Suite 201 • Fort Worth, Texas 76102-2665

Membership Charges: \$ _____ (Subscription to *The Cattleman* included in membership dues)

Total Association Gate Signs: \$ _____ 20" x 12" standard leased gate sign(s) \$35 each.

To order personalized or larger gate signs, please call 800-242-7820.

Total Amount Enclosed: \$ _____

Draw your brand below:

Mark all that apply:

Species: Cattle Horse

Side: Left Right

Location:

Shoulder

Rib

Hip

Thigh

Side

Flank

Loin

Jaw

All locations

PAYMENT: Check (payable to TSCRA) VISA MasterCard American Express

Card No.: _____ Expiration Date: _____

Name on Card: _____

Signature Required: _____

To enroll in TSCRA Auto-Renewal and ensure convenient dues payment, please contact the Membership Department at 800-242-7820.



INSURANCE SERVICES, Inc.
Common values. Uncommon service.



**TSCRA INSURANCE SERVICES, INC.
ELECTRONIC PAYMENT PROGRAM (EPP)**

I authorize Texas and Southwestern Cattle Raisers Association, Inc. to deduct my monthly premium from the bank account indicated on this form. **I also understand that TSCRA Insurance Services will notify me no less than 10 days prior to the due date for any adjustment to the amount deducted from my account as a result of a rate change.** I further understand that if my monthly draft rejects due to insufficient funds, account closed status, bank ownership changes or account changes, a \$25 fee will be assessed in addition to the monthly payment due. It is my responsibility to notify TSCRA Insurance Services, Inc. 15 days prior to a scheduled debit of any changes made to my designated depository account, including, but not limited to, closed status, bank ownership changes and account changes.

Please complete the information below and **attach a voided or canceled check for the account named.** Mail or fax to:

TSCRA Insurance Services, Inc.
1301 W. 7th Street
Fort Worth, TX 76102
Fax: (817) 336-5487

Bank Name _____

Routing Number _____

Checking Account _____ Savings Account _____ (Please "X" One)

Account Number _____

I attest I am an authorized owner of the Depository Account listed below, and am exercising my powers as such.

Signature

Date

(Please Print
NAME OF PRIMARY INSURED: _____ Subscriber No. _____

NAME OF PRIMARY INSURED: _____ Subscriber No. _____

(If more than 2, attach a sheet.)

****Please allow 4-6 weeks for premium refunds due to payer on above listed bank account for policy cancellation or policy changes resulting in a refund.****