

# Health Insurance Acknowledgement Form for 2021

This form **MUST** be completed and returned.

## Employer Information

Employer Name: Glennhaven Management Company, Inc. or Third Generation  
FEIN: 351641753  
Employer Address: PO BOX N Michigan City, IN 46361  
Did you offer qualified, affordable employer-sponsored health insurance to this employee that met Minimum Essential Coverage and Minimum Value requirements? Yes X No   

## Employee Information

☐ INITIAL I understand that if I fail to meet the enrollment deadline, I will forfeit my opportunity to obtain insurance coverage through my employer for a period of one year unless I meet a life qualifying event. I further understand that if I have any questions I may call our Insurance Provider directly at 800-730-8445. I may also call our HR Manager at 219-878-2619.

Verify your current email address: \_\_\_\_\_

## CHECK THE BOX THAT APPLIES TO YOU

☐ I WILL ENROLL IN COVERAGE OFFERED TO ME BY GLENNHAVEN MANAGEMENT ON THE [www.MyMcDBenefits.com](http://www.MyMcDBenefits.com) WEBSITE BY \_\_\_\_\_.

I am declining Health Coverage offered to me by Glennhaven Management Company, Inc. or Third Generation because:

- ☐ I AM COVERED UNDER ANOTHER PLAN  
I am currently enrolled in health coverage through another plan (e.g. Public Exchange, another employer, a parent etc.)
- ☐ I am not enrolled in any health coverage and I do not accept this offer of coverage.
- ☐ I do not wish to disclose.

I understand that I may not change my benefit elections until the next annual Open Enrollment unless I experience a qualified change in status (as defined by the Plan).

I understand that I am electing to decline coverage under the Plan, I have had sufficient time to consider the waiver and I agree that I will not hold Glennhaven Management Company, Inc. or Third Generation responsible if it turns out that declining coverage under the Plan was not to my advantage.

Your Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner/Operators are exclusively responsible for complying with all applicable statutes, laws, and regulations applicable to their restaurant(s). Owner/Operators are responsible for all employment related matters in their restaurant(s) and exercise complete control over the work, working conditions, and terms and conditions of employment for employees in their restaurants.

**McDonald's Licensees & Ronald McDonald House Charities  
Health and Welfare Plan  
2021 – Rate Area 5**



**How to Use the Monthly Rate Tables**

➤ **Medical** — there are four (4) different medical plans that are referred to as Health Plan 1, Health Plan 2, Health Plan 3 and Health Plan 4. As a reminder, you do NOT have to make all four (4) medical plan options available. Rates are based on the employee's age and the coverage level elected - Individual, Employee + Spouse, Employee + Child(ren) or Family coverage.

- Medical plan election automatically includes Basic Term Life/AD&D/Travel Accident with individual coverage for an additional premium.
- As a reminder, domestic partners and their dependent children are eligible dependents under the McDonald's Licensees and RMHC Health and Welfare Plan.

➤ **Dental Benefits** — rates are based on individual, employee + spouse, employee + child(ren) or family coverage.

➤ **Vision Benefits** — rates are based on individual, employee + spouse, employee + child(ren) or family coverage.

➤ **Employee Basic Term Life Insurance** — can be elected by itself. The amount of coverage varies by job classification. Coverage includes Accidental Death & Dismemberment / Travel Accident for the employee (See Certificate Booklet for coverage levels).

➤ **Employee Supplemental Term Life Insurance** — can be added to Employee Basic Term Life Insurance. Coverage includes Accidental Death & Dismemberment / Travel Accident for the employee (See Certificate Booklet for coverage levels). Rates are based on each \$1,000 of coverage. Employee can choose 1, 2, 3, 4, 5, 6, 7, 8, 9 or 10 times their annual salary with the maximum benefit of \$1,000,000 (Employee Basic and Employee Supplemental Term Life Combined).

➤ **Dependent / Spouse / Domestic Partner Basic Term Life Insurance** — can be added to Employee Basic Term Life Insurance. The amount of coverage varies by type of dependent (Spouse / Domestic Partner / Child) and age.

- Medical plan election other than individual coverage automatically includes Basic Dependent Term Life for an additional premium.

➤ **Spouse / Domestic Partner / Dependent Supplemental Term Life Insurance** — If Employee Basic / Supplemental Term Life and Spouse / Domestic Partner Basic Life Insurance are chosen, a supplemental benefit is also available at an additional cost for the spouse / domestic partner and child(ren). Spouse / Domestic Partner coverage is available in the amount of \$10,000, \$15,000, \$25,000, \$50,000, \$75,000 or \$100,000 limited to 100% of the Employee Basic & Supplemental Term Life amount. Coverage for children is \$10,000 each eligible child.

➤ **Short Term Disability** — rates are reflected as a factor of weekly benefit amount.

➤ **Long Term Disability** — rates are reflected as a factor of employee's monthly earnings.

➤ **Reimbursement Assistance Program (RAP) – High** — rates are based on individual, employee + spouse, employee + child(ren) or family coverage.

➤ **Reimbursement Assistance Program (RAP) – Low** — rates are based on individual, employee + spouse, employee + child(ren) or family coverage.

Medical, Supplemental Term Life, Short Term Disability and Long Term Disability are age-rated benefits. Premium will be billed based upon the new age bracket the first month following the birthday. Example: An employee turns 40 on January 17th. Premium will be based upon age bracket 40-44 beginning February 1st.

**Licensees:** The location of your store(s) determines the rate area for your organization. If you acquire, sell or close a store, your rate area may change which may result in a rate area increase or decrease for your entire organization effective January 1 of the upcoming Plan year.

**RMHC:** The location of the Ronald McDonald House, Chapter and/or Camp determines the rate area for your organization.

**Co/Op Employees:** The average location of each employee determines the rate area for your organization. If an employee moves, the rate area may change, which may result in a rate area increase or decrease for your entire organization effective January 1 of the upcoming Plan year.

**Please contact the Mercer Operator Support Line at (866) 881-6646 with any questions.**

This is a rate brochure, not a description of the benefits available under the McDonald's Licensees Health & Welfare Plan or the Ronald McDonald House Charities Health & Welfare Plan.

**McDonald's Licensees & Ronald McDonald House Charities**  
**Health and Welfare Plan**  
**2021 – Rate Area 5**



**Medical - Medical plan election automatically includes Basic Term Life/AD&D/Travel Accident for an additional premium (see page 3 for premiums)**

PLAN	Health Plan 1				Health Plan 2			
	Individual	EE + Spouse	EE + Child(ren)	Family	Individual	EE + Spouse	EE + Child(ren)	Family
AGE:								
< 30	280.74	700.42	564.87	776.73	329.67	822.48	663.31	912.09
30 - 34	331.79	829.64	669.07	978.85	389.61	974.22	785.67	1,149.43
35 - 39	326.44	757.11	610.57	1,110.38	383.33	889.05	716.98	1,303.88
40 - 44	345.17	777.10	626.68	1,126.99	405.32	912.52	735.89	1,323.39
45 - 49	416.89	886.20	714.67	1,175.89	489.55	1,040.63	839.22	1,380.81
50 - 54	530.37	1,111.38	896.28	1,311.13	622.79	1,305.06	1,052.47	1,539.61
55 - 59	697.55	1,411.37	1,138.21	1,565.45	819.11	1,657.33	1,336.56	1,838.26
60 - 64	907.60	1,801.39	1,452.74	1,870.34	1,065.76	2,115.31	1,705.91	2,196.27
65 - 69	1,020.17	1,973.24	1,591.33	2,001.77	1,197.95	2,317.11	1,868.65	2,350.61
70 - 74	1,223.48	2,399.64	1,935.22	2,396.71	1,436.69	2,817.82	2,272.46	2,814.38
75 +	1,386.27	2,717.68	2,191.69	2,711.63	1,627.84	3,191.28	2,573.62	3,184.17

**Medical - Medical plan election automatically includes Basic Term Life/AD&D/Travel Accident for an additional premium (see page 3 for premiums)**

PLAN	Health Plan 3				Health Plan 4			
	Individual	EE + Spouse	EE + Child(ren)	Family	Individual	EE + Spouse	EE + Child(ren)	Family
AGE:								
< 30	376.14	938.41	756.80	1,040.65	445.28	1,110.91	895.92	1,231.94
30 - 34	444.53	1,111.54	896.41	1,311.44	526.24	1,315.86	1,061.19	1,552.52
35 - 39	437.36	1,014.35	818.03	1,487.66	517.75	1,200.82	968.41	1,761.13
40 - 44	462.44	1,041.14	839.62	1,509.92	547.45	1,232.53	993.96	1,787.48
45 - 49	558.55	1,187.31	957.50	1,575.43	661.22	1,405.57	1,133.51	1,865.04
50 - 54	710.57	1,489.00	1,200.81	1,756.62	841.19	1,762.72	1,421.55	2,079.53
55 - 59	934.56	1,890.92	1,524.95	2,097.36	1,106.35	2,238.52	1,805.27	2,482.91
60 - 64	1,215.98	2,413.46	1,946.35	2,505.83	1,439.51	2,857.11	2,304.14	2,966.47
65 - 69	1,366.80	2,643.70	2,132.03	2,681.93	1,618.05	3,129.67	2,523.95	3,174.93
70 - 74	1,639.19	3,214.98	2,592.76	3,211.05	1,940.52	3,805.98	3,069.37	3,801.33
75 +	1,857.29	3,641.08	2,936.37	3,632.97	2,198.70	4,310.41	3,476.15	4,300.81

**McDonald's Licensees & Ronald McDonald House Charities  
Health and Welfare Plan  
2021 – Rate Area 5**



**Employee Basic Term Life – Automatically added to all Medical plans for an additional premium.**

Job Classifications	Volume**	Premium
Operator Co-Op Director RMHC Senior Management Position (ED / CEO)	50,000	6.25
All Other Job Classifications	15,000	1.88
<b>**Employee Basic Term Life / AD&amp;D and Travel Accident Benefits are reduced 40% at the age of 70.</b>		

**Dependent / Spouse / Domestic Partner Basic Term Life (Automatically added to all non-single Medical plans for an additional premium)**

Dependent / Spouse / Domestic Partner Basic Term Life (Automatically added to all non-single Medical plans for an additional premium)					
Type	Spouse	Child less than 6 months	Child more than 6 months but less than 2 years	Child more than 2 years but less than 3 years	Child more than 3 years but less than 26 years
Volume	1,000	100	200	400	500
Monthly Premium***	0.24				
***Monthly premium provides coverage for all eligible dependents, regardless of the number of children covered.					

**Dental (All ages)**

Individual	Employee + Spouse	Employee + Child(ren)	Family
30.62	64.28	70.40	137.77

**Vision (All ages)**

Individual	Employee + Spouse	Employee + Child(ren)	Family
4.99	9.96	9.96	14.42

**Employee Supplemental Term Life (Must also enroll in Basic Term Life)**

**Spouse / Domestic Partner Supplemental Term Life (Must also enroll in Employee Basic Term Life, Employee Supplemental Term Life and Dependent / Spouse / Domestic Partner Basic Term Life)**

Age	Supplemental Term Life, AD&D and Travel Accident Cost / \$1,000	Spouse Term Life* Cost / \$1,000	*Spouse Term Life is based on age of employee and amount of spouse coverage.  Spouse coverage available in the amount of  10,000  15,000  25,000  50,000  75,000  100,000
Under 25	0.060	0.062	
25 – 29	0.065	0.062	
30 – 34	0.085	0.085	
35 – 39	0.095	0.101	
40 – 44	0.110	0.147	
45 – 49	0.160	0.248	
50 – 54	0.240	0.402	
55 – 59	0.420	0.619	
60 – 64	0.650	0.960	
65 – 69	1.260	1.718	
70 – 74	2.000	3.065	
75 – 80	2.070	5.341	
80 & Over	2.070	5.341	

**McDonald's Licensees & Ronald McDonald House Charities**  
**Health and Welfare Plan**  
**2021 – Rate Area 5**



**Dependent Child(ren) Supplemental Term Life only (Must also enroll in Employee Basic Term Life, Dependent / Spouse / Domestic Partner Basic Term Life and Employee Supplemental Term Life)**

Type	Child(ren) Only	With Supplemental Spouse Term Life
Volume	10,000	10,000
Monthly Premium	1.50	0.00

Premium provides coverage per eligible child dependent, regardless of the number of children covered.

**Reimbursement Assistance Program (RAP) – High (All ages)**

Individual	Employee + Spouse	Employee + Child(ren)	Family
66.00	125.42	109.55	166.96

**Reimbursement Assistance Program (RAP) – Low (All ages)**

Individual	Employee + Spouse	Employee + Child(ren)	Family
49.88	94.78	82.82	126.20

**Short Term Disability (Monthly rate reflected as factor of weekly benefit amount)**

Short Term Disability (Monthly rate reflected as factor of weekly benefit amount)						
Age	Factor of Basic Weekly Earnings				Example STD 500** Maximum earnings - \$1,000.00 per week Maximum Weekly Benefit - \$500.00	Example STD 1000*** Maximum earnings - \$1,500.00 per week Maximum Weekly Benefit - \$1,000.00
	STD 500**		STD 1000***			
	MALE	FEMALE	MALE	FEMALE		
Under 35	0.226	0.327	0.243	0.351	Female employee age 34 Weekly Earnings - \$725.00 Divide weekly earnings by 10 Multiply by 50% (benefit amount) Multiply by rate: \$72.50 x .50 x 0.327 = \$11.85  <b>Note:</b> Actual billing may vary due to rounding.	Male employee age 43 Weekly Earnings - \$835.00 Divide weekly earnings by 10 Multiply by 66.67% (benefit amount) Multiply by rate: \$83.50 x .6667 x 0.416 = \$23.16  <b>Note:</b> Actual billing may vary due to rounding.
35 – 39	0.303	0.457	0.325	0.490		
40 – 44	0.388	0.558	0.416	0.598		
45 – 49	0.469	0.711	0.503	0.762		
50 – 54	0.573	0.840	0.615	0.901		
55 – 59	0.691	0.986	0.741	1.057		
60 – 64	0.760	1.285	0.810	1.378		
65 & Over	1.495	2.065	1.603	2.214		

**Long Term Disability (Monthly rate reflected as factor of basic monthly earnings)**

Age	Factor of Earnings	Example
Under 35	0.100	Employee age 43 earning \$900 per month. Divide monthly earnings by 100. Multiply by rate: 0.178 $\$9 \times 0.178 = \$1.60$ <b>Note: Actual billing may vary due to rounding.</b>  Maximum Earnings – \$8,333.33 per month Maximum Month Benefit – \$5,000.00
35 – 39	0.105	
40 – 44	0.178	
45 – 49	0.304	
50 – 54	0.556	
55 – 59	1.017	
60 – 64	1.070	
65 & Over	1.773	