TOMTREYCO, INC.
January 1, 2027 - December 31, 2027
PART-TIME EMPLOYEES
BI-WEEKLY PAYROLL DEDUCTIONS

CRITICAL ILLNESS INSURANCE

MUTUAL OF OMAHA	Employee or Spouse				CHILDREN
Age	$10,000	$20,000	$30,000	$40,000	
0-29	$2.82	$5.63	$8.45	$11.26	Included in employee rate 50% of employee amount up to $20,000
30-39	$3.65	$7.29	$10.94	$14.58	
40-49	$6.28	$12.55	$18.83	$25.11	
50-59	$12.14	$24.28	$36.42	$48.55	
60-69	$24.83	$49.66	$74.49	$99.32	
70-79	$46.94	$93.88	$140.82	$187.75	
80+	$74.22	$148.43	$222.65	$296.86	

ACCIDENT INSURANCE

MUTUAL OF OMAHA	Accident Plan
Employee Only	$5.79
Employee + Spouse	$9.11
Employee + Child(ren)	$10.82
Employee + Family	$15.21

HOSPITAL INDEMNITY INSURANCE

MUTUAL OF OMAHA	Hospital Indemnity Plan
Employee Only	$9.40
Employee + Spouse	$21.62
Employee + Child(ren)	$12.97
Employee + Family	$25.95