Optional Life Insurance Benefits
For Eligible Employees of Augsburg College
Policy # 201359

Benefits

- **For you:**
  An amount between $10,000 and $500,000, in increments of $10,000, not to exceed 5x Basic Annual Earnings. Guaranteed Issue Amount is $200,000. Benefits cease at retirement.

- **For your spouse:**
  An amount between $5,000 and $50,000, in increments of $5,000. Guaranteed Issue Amount is $25,000. Spouse Optional Life coverage may not exceed 100% of the employee’s coverage.

- **For your dependent child(ren):**
  An amount between $2,000 and $10,000, in increments of $2,000 for each eligible child age 6 months to under age 19 (to age 25 if a full-time student); $1,000 for a child under 6 months of age.
  You must elect Optional Life coverage for yourself in order to cover your spouse and/or children.

Features of the Plan

- The plan also includes many special features including Waiver of Premium and Accelerated Benefits.

How to Enroll

- Once you have selected the amount of coverage that’s right for you, your spouse and your children, simply fill out the Optional Life enrollment form provided by your employer. Be sure to sign, date, and return the form to your employer. Please submit the form to your employer along with any Evidence of Insurability forms that may be required.

A Worldwide Presence
Our parent company’s operations currently service millions of people in the United States, Canada, the United Kingdom, Hong Kong, the Philippines, Japan, Indonesia, India, China and Bermuda.
About Evidence of Insurability

- Evidence of Insurability – also called “proof of good health” – is required if:
  - You decline coverage during your initial eligibility period and then want coverage at a later date; or
  - You apply for Optional Life in excess of the Guaranteed Issue Amount.

- All late entrants and increases require Evidence of Insurability.

Your employer will advise you if you need to submit an Evidence of Insurability application. If so, Sun Life may arrange for you to take a medical exam (at our expense) and/or complete a questionnaire. Coverage will not go into effect until Sun Life approves the application.

Optional Life Rates

<table>
<thead>
<tr>
<th>Age</th>
<th>Employee Monthly cost per $1,000 of coverage</th>
<th>Spouse Monthly cost per $1,000 of coverage</th>
<th>Child(ren) Monthly cost per $1,000 of coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Smoker</td>
<td>Non-Smoker</td>
<td></td>
</tr>
<tr>
<td>Under 29</td>
<td>$0.100</td>
<td>$0.065</td>
<td>Under 29</td>
</tr>
<tr>
<td>30 – 34</td>
<td>$0.127</td>
<td>$0.075</td>
<td>30 – 34</td>
</tr>
<tr>
<td>35 – 39</td>
<td>$0.191</td>
<td>$0.112</td>
<td>35 – 39</td>
</tr>
<tr>
<td>40 – 44</td>
<td>$0.320</td>
<td>$0.156</td>
<td>40 – 44</td>
</tr>
<tr>
<td>45 – 49</td>
<td>$0.549</td>
<td>$0.269</td>
<td>45 – 49</td>
</tr>
<tr>
<td>50 – 54</td>
<td>$0.980</td>
<td>$0.485</td>
<td>50 – 54</td>
</tr>
<tr>
<td>55 – 59</td>
<td>$1.301</td>
<td>$0.835</td>
<td>55 – 59</td>
</tr>
<tr>
<td>60 – 64</td>
<td>$1.691</td>
<td>$1.198</td>
<td>60 – 64</td>
</tr>
<tr>
<td>65 – 69</td>
<td>$3.353</td>
<td>$1.990</td>
<td>65 – 69</td>
</tr>
<tr>
<td>70 – 74</td>
<td>$4.587</td>
<td>$3.073</td>
<td>70 – 74</td>
</tr>
<tr>
<td>75 +</td>
<td>$9.939</td>
<td>$8.218</td>
<td>75 +</td>
</tr>
</tbody>
</table>

*These are the rates in effect for 7/1/2014.

Cost to You

- You are responsible for paying the cost of Optional Life coverage through payroll deduction. Calculate your cost by dividing your amount of optional life insurance by 1000 and multiplying the result by the appropriate rate above. Follow the example below to determine your monthly cost.

<table>
<thead>
<tr>
<th>Example amount of insurance</th>
<th>Divided by 1000</th>
<th>Multiplied by rate</th>
<th>Example cost*</th>
</tr>
</thead>
<tbody>
<tr>
<td>$25000</td>
<td>/ 1000 = 25</td>
<td>x $0.065</td>
<td>$1.625</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your volume of insurance</th>
<th>Divided by 1000</th>
<th>Multiplied by rate</th>
<th>Your cost*</th>
<th>Cost per pay period</th>
</tr>
</thead>
<tbody>
<tr>
<td>$[ ]</td>
<td>/ 1000 = [ ]</td>
<td>x $[ ]</td>
<td>$[ ]</td>
<td>$[ ]</td>
</tr>
</tbody>
</table>

*Contact your employer to confirm the portion of the cost for which you will be responsible.
Age Reductions

- Amounts of Employee Optional Life Insurance are reduced at the following ages:

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td>65%</td>
</tr>
<tr>
<td>75</td>
<td>50%</td>
</tr>
</tbody>
</table>

For Complete Plan Details

- This highlight flyer is intended to provide an overview of the benefits available from your employer, and is not a complete description of plan provisions. Receipt of this flyer does not certify eligibility for benefits under this plan.

- Your employer will provide you with the Sun Life booklet containing complete plan details.

Exclusions for Life

- Where allowed by law, if the Employee’s cause of death is suicide:

  - No amount of contributory Life or contributory Dependent Life Insurance is payable if the suicide occurs within 24 months after the Employee’s Insurance is effective. If there was prior coverage in place, any period of time the Employee was insured for the same amount of Life Insurance under the previous insurer’s group Life policy will count towards completion of the 24 months.

  - No increased or additional amount of Life Insurance is payable if the suicide occurs within 24 months after the increased or additional amount of Basic Life Insurance is effective.

  - No amount of Life Insurance in excess of the Guaranteed Issue Amount is payable if the suicide occurs within 24 months after the amount in excess of the Guaranteed Issue Amount is effective.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your Life booklet for complete information.

Exclusions for AD&D (subject to state variations)

No Accidental Death or Accidental Dismemberment payment will be made for a loss which is due to or results from:

- Suicide while sane or insane, or intentionally self-inflicted injuries.

- Bodily or mental infirmity or disease of any kind, or infection unless due to an accidental cut or wound.

- Committing or attempting to commit an assault, felony or other illegal act.

- Active participation in a war (declared or undeclared) or active duty in any armed service during a time of war.

- Active participation in a riot, rebellion, or insurrection.

- Injury sustained from any aviation activities, other than riding as a fare-paying passenger, if the pilot exclusion applies to the plan.

- The Insured Person’s voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless administered on the advice of a Physician.

- The Insured Person’s operation of any motorized vehicle while intoxicated. Intoxicated means the minimum blood level alcohol required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred. For the purpose of this Exclusion, “Motorized Vehicle” includes, but is not limited to, automobiles, motorcycles, boats and snowmobiles.
This Overview is preliminary to the issuance of the Policy and booklet certificate. It does not describe the specific benefits under the Policy.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 07-SL, 01C-LH-PT, GP-A, GC-A, 12-GP-01, 12-DI-C-01, 12-SD-C-01, 13-SD-C-01, 12-SD-R-01, 13-SD-R-01, 12-AC-C-01, 12-AC-R-01, and 12-AC-R-02. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Windsor, CT) under Policy Form Series 13-GP-LH-01, 13-LF-C-01, 13-GPPORT-P-01, 13-LFPort-C-01, 13-ADD-C-01, 13-LTD-C-01, 13-LTD-P-01, 13-STD-C-01, 06P-NY-DBL, 07-NYSL REV 7-12, GP-A-1, and GC-A-1. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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SLPC 25494 12/13 (exp. 12/15)
Voluntary Accidental Death & Dismemberment Insurance

For All Eligible Employees of Augsburg College

Policy # 201359

Benefits

- **For you:**
  An amount between $10,000 and $500,000, in increments of $10,000. Age Reduces to 65% at age 70 and to 50% at age 75. Coverage terms at your retirement.

- **For your spouse:**
  An amount between $5,000 and $500,000, in increments of $5,000. Age Reduces to 65% at age 70 and to 50% at age 75. Coverage terms at your retirement.

- **For your eligible children:**
  An amount between $2,000 and $10,000, in increments of $2,000 for each eligible unmarried child under age 19 or age 25 if a full-time student. For a description of children eligible for coverage, refer to your booklet or ask your employer.

- Dependent Accidental Death and Dismemberment Insurance cancels at the Employee’s retirement.

Features of the Plan

- Accidental Death and Dismemberment (AD&D) insurance pays a benefit – in addition to your Basic/Optional Life benefit – in case you die in a covered accident or suffer loss of a limb or paralysis. Also, AD&D pays a benefit for covered accidents resulting in loss of sight, speech, hearing and thumb/index finger.

- Easy enrollment at work. Affordable group rates conveniently deducted from your paycheck.

- Guaranteed coverage up to a predetermined amount. No medical exam required.

- 24-hour protection at home or work.

How to Enroll

- Once you have selected the amount of coverage that’s right for you, your spouse and your children, simply fill out the Voluntary AD&D enrollment form. **Coverage for your spouse and child(ren) is only available if you elect coverage.** Please submit the form to your employer.

AD&D rates*

<table>
<thead>
<tr>
<th>Your Coverage</th>
<th>Monthly cost per $1,000 of coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee coverage</td>
<td>$ 0.036</td>
</tr>
<tr>
<td>Spouse coverage</td>
<td>$ 0.018</td>
</tr>
<tr>
<td>Child(ren) coverage</td>
<td>$ 0.082</td>
</tr>
</tbody>
</table>

*These are the rates in effect for 7/1/2014.
Cost to You

- You are responsible for paying the cost of Voluntary AD&D coverage through payroll deduction. Calculate your cost by dividing your amount of optional Voluntary AD&D insurance by 1000 and multiplying the result by the appropriate rate above. Follow the example below to determine your monthly cost.

<table>
<thead>
<tr>
<th>Example amount of insurance</th>
<th>Divided by 1000</th>
<th>Multiplied by rate</th>
<th>Example monthly cost*</th>
</tr>
</thead>
<tbody>
<tr>
<td>$20,000</td>
<td>/ 1000 = 20</td>
<td>x $0.036</td>
<td>$ 0.72</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your volume of insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divided by 1000</td>
</tr>
<tr>
<td>Multiplied by rate</td>
</tr>
<tr>
<td>Your monthly cost*</td>
</tr>
</tbody>
</table>

*Contact your employer to confirm the portion of the cost for which you will be responsible.

For Complete Plan Details

- This highlight flyer is intended to provide an overview of the benefits available from your employer, and is not a complete description of plan provisions. Receipt of this flyer does not certify eligibility for benefits under this plan.

- Your employer will provide you with the Sun Life booklet containing complete plan details.

Exclusions (subject to state variations)

No Voluntary Accidental Death or Accidental Dismemberment payment will be made for a loss which is due to or results from:

- Suicide while sane or insane, or intentionally self-inflicted injuries.
- Bodily or mental infirmity or disease of any kind, or infection unless due to an accidental cut or wound.
- Committing or attempting to commit an assault, felony or other illegal act.
- Active participation in a war (declared or undeclared) or active duty in any armed service during a time of war.
- Active participation in a riot, rebellion, or insurrection.
- Injury sustained from any aviation activities, other than riding as a fare-paying passenger, if the pilot exclusion applies to the plan.
- The Insured Person’s voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless administered on the advice of a Physician.
- The Insured Person’s operation of any motorized vehicle while intoxicated. Intoxicated means the minimum blood level alcohol required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred. For the purpose of this Exclusion, "Motorized Vehicle" includes, but is not limited to, automobiles, motorcycles, boats and snowmobiles.

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1 General information

Employer name: Augsburg College  
Account/policy number: 201359  
Location:  
Date effective:  
Street address:  
City:  
State:  
Zip code:  
Type of activity: New Enrollment  
Reason:  
Occupation:  

2 Employee information

Employee’s Full Legal Name (First, MI, Last):  
Male  
Female  
Date of Birth:  
Street Address:  
City:  
State:  
Zip Code:  
Marital Status:  
Social Security Number:  
Phone number:  

Date employed: Full-Time Date:  
Part-Time Date:  
Rehire:  
Return from layoff Date:  

Current Active Employment Type:  
Employee Status: Management  
Salary  
No Tobacco  
Union  
Non-Union  
Retired  

# of hours  
Full-Time  
Part-Time  

You need to complete all sections of the enrollment form including electing or refusing insurance coverage below from one of the insurance companies above, outside of New York, and sign it. This must be done either during the enrollment period or within 31 days of your eligibility date. Benefits completely paid by your employer (“non-contributory benefits”) cannot be refused. Not all of the benefit options listed below will be necessarily available to you. Your employer will tell you which benefits are available and what your Maximum Guaranteed Issue amount is. See the Evidence of Insurability section for details.

3 Benefit elections

Optional Life coverage: Underwritten by Sun Life Assurance Company of Canada (Wellesley, MA)

Elect Life  
Refuse Life  
Coverage amount elected:  
Non-Smoker  
No Tobacco  
Smoker  
Tobacco  

Employee coverage:  
Spouse coverage**:  
Child(ren) coverage**:  

** Spouse and Children may only be covered if you are. You cannot elect more than 100% of your amount of Optional insurance for your spouse and child(ren) than you have elected for yourself.

Voluntary AD&D coverage: Underwritten by Sun Life Assurance Company of Canada (Wellesley, MA)

Elect  
Refuse  
Coverage amount elected:  

Employee coverage:  
Spouse coverage**:  
Child(ren) coverage**:  

** Spouse and Children may only be covered if you are.
4 Dependent information

Please complete this entire section if you are selecting dependent coverage. No employee can be insured as a dependent when he/she is also insured as an employee for any benefit under the same policy.

If more space is needed, please add additional pages.

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Full legal name (First, MI, Last)</th>
<th>Gender</th>
<th>Social Security number</th>
<th>Date of birth</th>
<th>Check if elected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse / Partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□</td>
</tr>
<tr>
<td>Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□</td>
</tr>
</tbody>
</table>
5 Beneficiary Designation information

**Primary Beneficiary Designation**

**Optional Life Insurance** – On the lines below, list the individual(s) who should receive proceeds in the event of your death. You may specify as many individuals as you like, but the total proceeds must equal 100%. This is your primary beneficiary. Attach additional pages if necessary. If you do not name a beneficiary or if no beneficiary is alive at the time of your death, proceeds will be payable in accordance with your Group insurance policy.

<table>
<thead>
<tr>
<th>Primary Beneficiary(ies)</th>
<th>Percent share of proceeds*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Name (First, M.I., Last)</td>
<td>Relationship to employee</td>
</tr>
<tr>
<td>Address</td>
<td>Phone number</td>
</tr>
<tr>
<td>2 Name (First, M.I., Last)</td>
<td>Relationship to employee</td>
</tr>
<tr>
<td>Address</td>
<td>Phone number</td>
</tr>
</tbody>
</table>

* Must equal 100%

**Voluntary AD&D Insurance** – On the lines below, list the individual(s) who should receive proceeds in the event of your death. You may specify as many individuals as you like, but the total proceeds must equal 100%. This is your primary beneficiary. Attach additional pages if necessary. If you do not name a beneficiary or if no beneficiary is alive at the time of your death, proceeds will be payable in accordance with your Group insurance policy.

<table>
<thead>
<tr>
<th>Primary Beneficiary(ies)</th>
<th>Percent share of proceeds*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Name (First, M.I., Last)</td>
<td>Relationship to employee</td>
</tr>
<tr>
<td>Address</td>
<td>Phone number</td>
</tr>
<tr>
<td>2 Name (First, M.I., Last)</td>
<td>Relationship to employee</td>
</tr>
<tr>
<td>Address</td>
<td>Phone number</td>
</tr>
</tbody>
</table>

* Must equal 100%
5 **Beneficiary Designation information**, continued

### Secondary Beneficiary Designation

**Optional Life Insurance**— On the lines below, list the individual(s) who should receive the proceeds ONLY IF ALL of the individuals listed above are not living at the time of your death. This is your secondary (or contingent) beneficiary. The Secondary beneficiary is not paid if your primary beneficiary is alive at the time of your death. Attach additional pages if necessary.

<table>
<thead>
<tr>
<th>Secondary Beneficiary(ies)</th>
<th>Percent share of proceeds*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Name (First, M.I., Last)</td>
<td>Relationship to employee</td>
</tr>
<tr>
<td>Address</td>
<td>Phone number</td>
</tr>
<tr>
<td><strong>2</strong> Name (First, M.I., Last)</td>
<td>Relationship to employee</td>
</tr>
<tr>
<td>Address</td>
<td>Phone number</td>
</tr>
</tbody>
</table>

* Must equal 100%

**Voluntary AD&D Insurance**— On the lines below, list the individual(s) who should receive the proceeds ONLY IF ALL of the individuals listed above are not living at the time of your death. This is your secondary (or contingent) beneficiary. The Secondary beneficiary is not paid if your primary beneficiary is alive at the time of your death. Attach additional pages if necessary.

<table>
<thead>
<tr>
<th>Secondary Beneficiary(ies)</th>
<th>Percent share of proceeds*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Name (First, M.I., Last)</td>
<td>Relationship to employee</td>
</tr>
<tr>
<td>Address</td>
<td>Phone number</td>
</tr>
<tr>
<td><strong>2</strong> Name (First, M.I., Last)</td>
<td>Relationship to employee</td>
</tr>
<tr>
<td>Address</td>
<td>Phone number</td>
</tr>
</tbody>
</table>

* Must equal 100%
6 Evidence of insurability and authorization information

A medical Evidence of Insurability (“EOI”) application will be required for any employee who applies for coverage more than 31 days past his/her eligibility date. An EOI application is also needed if you:

- apply for a higher coverage than the Maximum Guaranteed Issue amount
- want to increase your existing coverage now or at a later date, whether your existing coverage is with Sun Life Assurance Company of Canada and/or Sun Life and Health Insurance Company (U.S.) or a prior insurance carrier
- decline coverage and then want it at a later date

Coverage is subject to evidence of insurability and will not go into effect until Sun Life Assurance Company of Canada and/or Sun Life and Health Insurance Company (U.S.) approves it.

I understand that:

- I am requesting coverage under a Group Insurance policy offered by my employer. This coverage will end when my employment terminates.
- My employer will deduct all or part of the premium for contributory coverage from my pay.
- If I decline coverage for myself or, if applicable, for my family now and want it at a later date, I/we will have to submit an Evidence of Insurability application which is acceptable to Sun Life Assurance Company of Canada. I have read the Evidence of Insurability notice.
- If I decline coverage for Voluntary AD&D and do not enroll when I am eligible, I will not be allowed to enroll for at least 6 months.
- If I am not actively at work due to injury, illness, layoff or leave of absence on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date I return to work.
- When required by the coverage, if my spouse or any of my dependent children are confined due to an injury or illness, as required by the coverage, on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date they are no longer confined and are able to perform their normal activities.

By signing below, I am representing that the information I have provided is true and correct to the best of my knowledge and belief.

X

Employee Signature ___________________________ Today’s Date ___________________________

To the Employee: Make a copy of this form for your records before submitting it to your employer.

To the Employer: This original enrollment form should remain at the employer’s site. Family status, coverage, or beneficiary changes should be recorded on another copy of the Enrollment form.
### Employer information

**For Employer Use Only**

Provide the employee’s earnings amount below. [Most employers should use the "All Coverages" box only. However, if your group policy requires that you calculate separate earnings amounts by coverage, please enter those amounts in the second set of boxes.]

Indicate pay frequency. If hourly, please indicate the number of hours worked per week. Although most plans define earnings as **salary-only** (not including bonuses, commissions, etc.), you should check your group policy for the proper earnings definition to use.

<table>
<thead>
<tr>
<th></th>
<th>All Coverage</th>
<th>Life Earnings</th>
<th>Voluntary AD&amp;D Earnings</th>
<th>LTD Earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earnings</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>☐ Annual</td>
<td>☐ Annual</td>
<td>☐ Annual</td>
<td>☐ Annual</td>
</tr>
<tr>
<td></td>
<td>☐ Monthly</td>
<td>☐ Monthly</td>
<td>☐ Monthly</td>
<td>☐ Monthly</td>
</tr>
<tr>
<td></td>
<td>☐ Bi-Weekly</td>
<td>☐ Bi-Weekly</td>
<td>☐ Bi-Weekly</td>
<td>☐ Bi-Weekly</td>
</tr>
<tr>
<td></td>
<td>☐ Hourly</td>
<td>☐ Hourly</td>
<td>☐ Hourly</td>
<td>☐ Hourly</td>
</tr>
<tr>
<td></td>
<td>Number of hours worked per week: _____</td>
<td>Number of hours worked per week: _____</td>
<td>Number of hours worked per week: _____</td>
<td>Number of hours worked per week: _____</td>
</tr>
</tbody>
</table>