**Name**
Miranda Holson

**Email**
Miranda.holson@lfg.com

**Phone**
(802) 369-0308

**Role**
Account Executive

**Would you like to add another contact?**
No

**Offered Lines of Coverage**
- Life Insurance
- Voluntary Life Insurance
- Voluntary Short Term Disability
- Hospital Indemnity
- Accident
- Critical Illness

**PFML Carrier Count**
1

**Marked Lines of Coverage**
Voluntary Short Term Disability, Hospital Indemnity, Accident, Critical Illness

**Voluntary New Lines of Coverage**
Hospital Indemnity, Accident, Critical Illness

**Broker Agency Name**
Castle Lake Insurance

**Agency Contact Name**
Matthew Waldram

**Agency Contact Role**
Broker

**Agency Contact Email**
mattw@castlelakeinsurance.com

**Broker Office Phone**
(208) 681-4980

**Would you like to add another contact?**
No

**Company Name**
Jefferson County

**Benefit Renewal Month**
January

**Does this group have Spanish speaking needs?**
No

**Does this group has a Branding Guide?**

No

**Total number of medical plans**

1

**Medical Plan 1 Document Type**

Benefit Summary

**Do you have more than one benefit class?**

No

**Upload All Non-Medical Benefit Plan Documents**

- Voluntary-Life-Benefit-Summary.pdf
- Short-Term-Disability-Benefit-Summary.pdf
- Hospital-Indemnity-Benefit-Summary.pdf
- Critical-Illness-Benefit-Summary.pdf
- Basic-Life-Benefit-Summary.pdf
- Accident-Benefit-Summary.pdf

**Click to upload files, or drag & drop files here**

- WellnessPATH-Marketplace-employee-overview-flyer.PDF
- Use-your-HAB-benefits-supplemental-health-employee-flyer.pdf
- TravelConnect-employee-flyer.PDF
- Third-party-Empathy-Lincoln-beneficiary-brochure-for-claims-only.PDF
- FuneralPrep-overview-employee-flyer.PDF
- EmployeeConnect-employee-flyer.PDF
- ACC-CI-HI-and-HAB-How-to-file-a-claim-online-employee-flyer-TS.pdf

**Authorization**

✔ I certify that I am an authorized representative of Lincoln Financial and am authorized to request O'Eme services for this client. I acknowledge that this request is submitted pursuant to the applicable agreement between Lincoln Financial and O'Eme and authorize O'Eme to proceed with implementation based on the information provided. I further certify that the information submitted is accurate to the best of my knowledge.

**Submitted by:**

Miranda Holson