New Hire Benefit Checklist

First things first...
Visit the Ultipro online Employee Self Service portal, see page 6 for details
You will need your Ultipro username and password
User name: Typically your first initial followed by your last name. If you have a common last name, there may be a number after your name. See your local HR Representative or contact FS Benefits by phone or email for assistance. See contact information below.
Password: Your initial password is the last four digits of your social security number.

Create a new password: You will be asked to create a new password after your initial login and choose your security questions and answers in case you need to retrieve your password in the future.

Follow-through required
Some benefit elections will not become effective unless you follow through and submit additional documentation or complete additional steps. Use the checklist on this page to make sure you don’t overlook any necessary steps in the benefit enrollment process.

First you must log in to our Ultipro...

<table>
<thead>
<tr>
<th>If You ...</th>
<th>Take Action</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled in a medical plan for yourself</td>
<td>Log on to wellontarget.com and complete the Health Assessment or you will pay an additional medical premium in 2017.</td>
<td>Within 31 days of Date of Hire</td>
</tr>
<tr>
<td>Complete the optional Physician Screening Form, found on page 51, that has been completed by your doctor.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enrolled your spouse or domestic partner in a medical plan</td>
<td>Your spouse or domestic partner must log on to wellontarget.com and complete the Health Assessment or you will pay an additional medical premium in 2017.</td>
<td>Complete within 30 days of eligibility date</td>
</tr>
<tr>
<td>Complete the optional Physician Screening Form, found on page 51, that has been completed by your doctor.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enrolled a spouse, domestic partner or dependent child in any benefit plan</td>
<td>Provide required documentation to Human Resources. See page 10 for details.</td>
<td></td>
</tr>
<tr>
<td>Elected Optional Life Insurance</td>
<td>If you receive an Evidence of Insurability (EOI) Form from HR, it must be mailed to Reliance Standard. See page 8.</td>
<td></td>
</tr>
<tr>
<td>Review your paycheck and compare the benefit deductions with your confirmation statement to ensure all benefits you elected are effective. Alert your local HR representative to any discrepancies.</td>
<td></td>
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</tr>
</tbody>
</table>

Our Mission: Providing products and services to protect people and our planet

Welcome to Federal Signal

We are pleased to provide this guide to selecting and using our Benefit Plans.

We care about our employees, and this benefit guide is designed as part of the onboarding process to give you the answers you need, and to assist you in enrolling in our programs.

Federal Signal is committed to providing you with the information and resources you need to make the best benefit choices. Making the right decisions for you and your family is an important part of managing both your health and your personal finances. We strive to support your health and well-being through a variety of programs designed to help you to minimize your own health risks and live a long and healthy life. Federal Signal is pleased to provide the tools and education to help you make the best decision for yourself and your family. We believe having choices is important and we offer high-quality benefit plans to choose from.
**Table of Contents**

- Benefit Enrollment Checklist ................................................... inside front cover ................................. 5
- An Introduction to Benefits ......................................................... 6
- How to Access Ultipro .............................................................. 7
- Making Changes ...................................................................... 7
- Eligibility ................................................................................... 8
- Confirming Eligibility ............................................................... 9
- Dependent Eligibility Documentation Requirements .......... 10
- Family and Medical Leave Act ............................................... 12
- Qualified Life Events .............................................................. 13
- Medical Plans ........................................................................ 15
- Medical Plan 2016 Contribution Rates .................................. 16
- Compare Medical Plans .......................................................... 17
- Health Savings Account (HSA) ............................................... 20
- HSA Eligible Medical Expenses ........................................... 21
- Flexible Spending Accounts (FSA) ........................................ 22
- Limited Purpose Flexible Spending Account (LPFSA) ........... 23
- Flexible Spending Accounts Contribution Worksheet .......... 24
- HSA, HCA, or FSA—What’s the difference? ......................... 25
- MDLive Virtual Medical Visits .............................................. 25
- Prescription Drug Programs .................................................. 26
- Prescription Drug Coverage .................................................. 26
- Specialty Pharmacy Program .................................................. 27
- Coordinating with Medicare ................................................ 29
- Condition Management Program ......................................... 29
- Blue Access for Members ..................................................... 30
- Blue Distinction Centers for Specialty Care ......................... 31
- Dental Plan ............................................................................ 32
- Vision Plan ............................................................................ 33
- Federal Signal Wellness Program ......................................... 34
- FS Wellness Program FAQs ............................................... 35
- Additional Employee Benefits ............................................. 36
- Mental Health and Substance Abuse ................................. 36
- Tuition Assistance Plan ........................................................ 38
- Life Insurance ................................................................. 38
- Disability .............................................................................. 39
- Saving for Retirement .......................................................... 40
- Retirement Savings Overview ........................................... 41
- Distribution of Retirement Savings .................................... 42
- COBRA ............................................................................... 43
- Our Benefit Plan Partners ..................................................... 44
- Required Notices ............................................................... 45

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**Benefit Enrollment Resources**

**This benefit guide**

Read this guide for an overview of your benefit options. Plan Documents are available upon request. Summary Plan Descriptions are available from your local HR and as downloads in Ultipro at n12.ultipro.com.

**Federal Signal Benefits Helpline**

Get answers to your questions about benefits and the enrollment process Monday through Friday, 8:00 a.m. to 5:00 p.m., Central Time.
- **Call:** 855.895.4333
- **Email:** FSBenefits@Federalsignal.com

**Employee Self-Service through the Ultipro Portal:**

Web address: n12.ultipro.com

- Enroll or decline coverage
- Enroll eligible dependents
- See page 6 for login instructions

**Contact your local HR department**

Corporate. .......... 855.895.4333
Elgin Sweeper. .......... 847.622.7156
Federal Signal/ University Park. .......... 708.587.3064
Guzzler. .......... 205.702.7738
Jetstream. .......... 832.590.1337
Vactor. .......... 815.673.3858
Victor. .......... 708.587.3064

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This guide is not a Plan document and is provided for informational purposes only. Terms and conditions of our various benefit Plans are contained within our Plan documents.

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**An Introduction to Benefits**

**When do I enroll?**

You must enroll for benefits or decline coverage by logging in to Ultipro at n12.ultipro.com within 31 days of your date of hire.

If you do not enroll on-line by this deadline you will default to no coverage for medical, dental, vision, optional life insurance and optional long-term disability buy-up coverage for the remainder of the plan year. You will not be able to enroll until the next open enrollment period. In addition, you will be required to provide evidence of insurability if you wish to enroll for optional life or long-term disability coverage at that time. You will have an opportunity to make changes to your plans only during Open Enrollment each Fall for the following calendar year, or if you experience a Qualified Life Event. See page 13.

**When do benefits begin?**

Salaried employees’ benefits begin the 1st of the month coincident with or following your date of hire. Hourly employees’ benefits begin the 1st of the month following 60 days of service.

**Who can I cover?**

You can enroll yourself and your eligible dependents. See page 10 for a complete description of eligible individuals.

**How do I pay for benefits?**

You and the Company share the cost of most of your benefits. Your contribution for some of your benefits is deducted from your gross pay before federal, state and medicare taxes are calculated, thus reducing your tax liability. These pre-tax benefits are described as “tax favored.”

Under Internal Revenue Service rules, only individuals who qualify as your tax dependents may receive tax-favored benefits. This means if your domestic partner and your domestic partner’s child(ren) are covered on your benefit plans, the portion of your contribution that you pay for their coverage is deducted from your pay on an after-tax basis.

**We are self-insured**

Federal Signal is committed to providing quality employee benefit insurance. We have chosen this approach because it gives us more control over benefits and can lower costs for our employees.
Visit the Ultipro site to Enroll

Ultipro is your benefits management tool

Once you have done your homework and made your decisions, it’s time to log onto the Ultipro site to enroll, change or view your benefit decisions.

Managing Your Plans
Ultipro is your benefits management tool for your health and welfare benefits.

Use Ultipro to:
• Enroll in your benefits plans
• Review your current benefits coverage
• Add/change your life insurance beneficiaries
• Make changes to your plans during Open Enrollment or if you experience a Life Event
• Use tools to help you manage your benefits

You will need an Ultipro username and password

Username: Usually your first initial followed by your last name. If you have a common last name there may be a number after your name.

What if I don’t know my Username? See your local HR Representative or contact FS Benefits by phone or email. See contact info below.

Password: Your initial sign on password is the last four digits of your social security number.

Create a new password: You will be asked to create your own password after your initial login and set your security questions in case you need to retrieve your password in the future.

For assistance call the FS Benefits Helpline at 855.895.4333 or email FSBenefits@federalsignal.com

Enroll, Change & View Benefits

1. Go to Federal Signal’s Ultipro site on the web at n12.ultipro.com and login using your username and password.

2. From the homepage, go to the Myself tab and select Life Events from the dropdown menu to begin. Consult the Quick Tours and Tips in the right column for additional help.

3. Before you continue, you should enter your beneficiaries and dependents. You may add eligible dependents and enter contact information at this time.

4. Make your Benefit Elections. Enroll or decline coverage for each benefit offering on each of the Select a Plan pages. Click the arrow button to proceed through all of the plans.

5. When you get to the confirmation page, scroll down to see your new benefit elections below Current Benefits. If you need to make any changes, click on the Plan Type or Plan Details link to return to enrollment page. To continue at a later time, click on draft.

6. Click the submit button at the top of the page to complete your enrollment. You may return to make changes within 31 days of your date of hire. When you click OK, a confirmation page will display. Print a copy of this page for your records.

Making Changes

Benefits
The benefits you elect as a new hire will remain in effect for the remainder of the plan year, unless you experience a Qualified Life Event (QLE) that permits you to make changes. If you experience a QLE that affects your benefits, login to Ultipro to initiate a life event. In most cases, you must submit your life event within 31 days of the QLE. See page 13 for more information.

Changing your life insurance beneficiaries
You may add, remove, or change the designation percentages of your beneficiaries for your company life insurance at any time by logging in to Ultipro and navigating to Myself >Life Events >Designate Beneficiaries. You may not change your optional life insurance coverage level, unless you experience a Qualified Life Event.

Note: The beneficiary designation for your 401(k) Retirement Savings Plan is separate and must be designated with Vanguard. See page 41 for directions on contacting Vanguard.

Personal information changes
Changes to personal information such as name and/or address changes, tax changes, and direct deposit information can be made by contacting your local HR representative.

Life Events

Eligible Status Changes
Review page 13 in this book for eligible life events that qualify you to make changes throughout the year to your benefits, such as:
• Having Children
• Marriage/Partnership
• Divorce or Legal Separation
• You (the Employee) Die
• A Dependent Dies
• Other Life Events
Eligibility

Who is eligible?
Active employees as well as certain family members are eligible for benefits if specific criteria are met.

Changes to your Dependent’s Eligibility
If an event occurs and your dependent no longer meets all of the eligibility criteria; i.e. changes in your spouse’s employment or a dependent child reaches the limiting age (see chart on pp. 10–11), it is your responsibility to remove the dependent from coverage by initiating a Life Event in Ultipro.

If you fail to remove the ineligible dependent, you will continue to pay for coverage but any claims made after he or she is no longer eligible for coverage will not be paid. Additionally, your dependent may lose their right to continue coverage under COBRA if the Company is not notified within 60 days of becoming ineligible.

Eligibility Guide

Your eligibility
You are eligible for Federal Signal benefits if you are a:

- Salaried or hourly full-time employee, not subject to a collective bargaining agreement, or
- Part-time employee regularly scheduled to work at least 30 hours per week.

If you are eligible for benefits, you may cover your dependents subject to the eligibility criteria of the plan and the review of required documentation, see page 10 for details.

Both work at Federal Signal?
You may not elect coverage as an employee and receive coverage as another employee’s dependent. Also, only one Federal Signal parent may cover eligible dependent children.

Your family members
Eligible family members include:

- Spouse (same or opposite sex), unless legally separated
- Domestic partner (see criteria on pages 10–11)
- Dependent children to age 26 for medical coverage
- Dependent children to age 19 or age 23 if a full-time student for dental and vision
- Children over the age limit if:
  • They are incapable of self-support due to a physical or mental disability
  • They are dependent on you for primary financial support, and
  • They were disabled and covered on our plan prior to reaching the limiting age

Eligible children include:

- Natural children
- Stepchildren
- Legally adopted children
- Children for whom you are the legal guardian
- Children placed with you for adoption
- Child for whom you are required to provide coverage, pursuant to a Qualified Medical Child Support Order (QMCSO)
- Children of your domestic partner who depend on you for support and who live with you in a regular parent/child relationship (your domestic partner must be eligible and enrolled in a Federal Signal medical plan)

Confirming Eligibility

Submit documentation within 30 days
When you enroll a family member, you need to confirm he or she is eligible. Look at the list of accepted documents on page 10 to learn what you need to provide to get your family member covered. You have 30 days from the date you add your family member to submit the documentation. Spouse/Domestic Partner Eligibility forms are included in the back of this booklet or are available from your local HR representative. If you do not submit documentation by the deadline or the documentation is not approved, your dependent’s enrollment will be canceled.

Eligibility rules for spouses or domestic partners
A Spouse/Domestic Partner Eligibility Certification form will be required for any spouse or domestic partner enrolled in a Federal Signal medical plan. If your spouse or domestic partner is not employed you are still required to certify that status by signing and returning the certification form.

Option A: If your spouse or domestic partner is not employed, or employed but not eligible for medical coverage, you may enroll them in a Federal Signal medical plan as their primary coverage. You will pay the regular premium for coverage.

Option B: If your spouse or domestic partner is employed and enrolled in his or her employer’s medical plan, you may enroll them in a Federal Signal medical plan; however the Federal Signal medical plan will be treated as secondary coverage for purposes of coordination of benefits. You will pay the regular premium for coverage.

Option C: If your spouse or domestic partner is employed and is eligible for coverage through his or her employer’s medical plan, but will not be covered on their employer’s plan, you may enroll them in a Federal Signal medical plan as their primary medical coverage. You will pay a $200 per month premium in addition to the regular premium.
**DEPENDENT’S RELATIONSHIP TO YOU** | **ELIGIBILITY CRITERIA** | **REQUIRED DOCUMENTATION**
--- | --- | ---
**Spouse**
same or opposite sex (unless legally separated) | A person to whom you are legally married.
If you enroll your spouse in a Federal Signal medical plan, an eligibility certification form is required. | - Copy of legal, presently valid marriage certificate. Must include the date of marriage, and
- Copy of first page of joint federal tax return from the most recent tax year. Must indicate “married filing jointly” or “married filing separately” and contain the name of the employee and name of the spouse.
- Must return the spouse/domestic partner eligibility certification.
**Domestic Partner**
A person of the same or opposite sex, with whom you have entered into a committed relationship and meet all of the following criteria:
- Have a shared principal residence for the past 12 consecutive months;
- Are both at least 18 years of age;
- Are not related to one another in a way that would prohibit marriage in your state of residence;
- Do not currently have any other domestic partner and are not legally married to another person;
- Have not had a different domestic partner or spouse in the past 12 months;
- Are financially interdependent.
If you enroll your domestic partner in a Federal Signal medical plan, an eligibility certification form is required. | - Signed and notarized Declaration of Domestic Partnership from Federal Signal, and
- Proof of joint residency and proof of financial interdependence as described in the declaration,
- Copy of a Domestic Partnership Registration Certificate from any city, county, or state offering the ability to register domestic partnership.
- Must return the spouse/domestic partner eligibility certification.

**Your Children**
Age Limitations:
Medical – to age 26, Dental and Vision – to age 19, or age 19 – 23 if a full-time student | Your natural born child, legally adopted child, child legally placed with you for adoption, or child of legal guardianship.
Children(ren) for whom you are required to provide coverage pursuant to a Qualified Medical Child Support Order (QMCSO). | - Copy of birth certificate listing employee as a parent. Hospital birth record acceptable only for a child under 6 months of age where a birth certificate is not available.
- Adoption paperwork containing the names of the employee and of the child,
- Copy of legal guardianship paperwork issued by a court of law containing the name of the employee and the name of the child.
- QMCSO containing the name of the employee and the name of the child.

**For newborns added within 31 days of their birth you need only provide the hospital certificate of live birth**

**Step Children**
Age Limitations:
Medical – to age 26, Dental and Vision – to age 19, or age 19 – 23 if a full-time student | Your spouse or domestic partner’s natural child, adopted child, or child of legal guardianship for whom no other parent is legally responsible for providing health coverage.
Children(ren) for whom you are required to provide coverage pursuant to a Qualified Medical Child Support Order (QMCSO). | A divorce decree, custody agreement, court order or Qualified Medical Child Support Order (QMCSO) declaring the employee’s eligible and covered spouse or domestic partner legally responsible for providing health coverage for the child.
If no such order is in place:
- Birth certificate indicating your eligible and covered spouse or domestic partner as the parent.
- Your spouse or domestic partner must be eligible and covered on a Federal Signal medical plan.
- Copy of first page of your federal tax return from the most recent tax year. Must contain the name of the employee and the name of the child.

**Disabled Children Over Age 26**
(Medical Only) | Your or your spouse or domestic partner’s natural, step or legally adopted child as described above. | - Must meet the required documentation for the child type above, and
- Provide one of the following:
- Physician’s statement or letter of disability containing the child’s name, date of disability, and confirmation of disability, signed by the physician within the past 12 months.
- Letter of Determination of Disability from the Social Security Administration.

**Disabled Children Over Age 19**
(Dental and Vision) | For whom you provide primary financial support and who is incapable of self-support because of a mental or physical disability occurring prior to the attainment of age 26 (or age 19 for dental and vision) if they were covered by the plan prior to age 26 (or age 19 for dental and vision). |
Family Medical Leave (FML) benefits

In accordance with the Family and Medical Leave Act (FMLA), eligible employees are entitled to take unpaid leaves of absence under the FMLA and our written FMLA policy (available from your local HR representative and on our intranet). In order to be an “eligible employee” you must have completed at least twelve (12) months of employment, have worked a minimum of 1,250 hours in the past year, and work at a company location where we employ 50 or more employees within 75 miles.

Generally, eligible employees are entitled to take unpaid leaves of absence under the FMLA and our FMLA policy (available from your local HR representative and on our intranet).

Eligible employees may take twenty-six (26) weeks of leave during a single 12-month period (measured forward from the date you commence FMLA for their own serious health condition, the birth or adoption of a child, the care of a spouse, child, or parent who has a serious health condition, or a qualifying exigency arising out of the fact that the employee’s spouse, son, daughter or parent is a covered military member on covered active duty.

Eligible employees may take twenty-six (26) weeks of leave during a single 12-month period (measured forward from the first day you take leave to care for the service member) to care for a covered service member with a serious injury or illness if the eligible employee is the service member’s spouse, son, daughter, parent, or next of kin.

FMLA leave may be granted on a continuous, intermittent, or reduced hours basis where applicable under the FMLA and our FMLA Policy.

Please refer to the FMLA and our FMLA policy for the precise terms and conditions of FML at our Company which governs in the event of any discrepancy.

Filing your FML claim

To request FML, please contact your local HR representative and our FML administrator, Matrix Absence Management, Inc. (Matrix). Matrix, the administrator of our FML and disability benefits, can be reached via phone or email at Dependent child coverage begins on the first day you take leave to care for the service member and you will need to check with your local HR representative or on our intranet for more details.

What to do when you have a child

- Submit a Life Event online within 31 days of the event to add your child to your coverage.
- Log in to Ultipro, go to the Myself tab and select Life Events.
- Submit the document(s) to verify eligibility to your HR Representative.
- You may want to verify or change your beneficiary information for your life insurance.
- You can start a Dependent Care Flexible Spending Account (DCFSA) or increase the amount of your current election.

Dependent child is no longer eligible

Dependent coverage ends

For dental and vision coverage, the age limit for dependent children is 19, or up to age 23 if they are unmarried and a full time student. The age limit for medical coverage is 26. You must remove your child from coverage within 60 days of the date they reach the limiting age.

If you do not remove your coverage dependent, you will continue to pay for coverage but no claims will be paid.

COBRA

When your child is no longer eligible, coverage will end for your child after the date on which they become ineligible (i.e. the day after their 26th birthday for medical). Coverage may be continued under COBRA for up to 36 months. Read more about COBRA on page 43.

What to do when your dependent is no longer eligible

- Log in to Ultipro within 60 days of the date eligibility ends to remove your dependent from your coverage.
- You may want to verify or change your beneficiary information for your life insurance. If you need to change your beneficiary for your retirement savings plan, contact Vanguard for instructions.

What is a Qualified Life Event?

A Qualified Life Event (QLE) is an event defined by the IRS that allows you to make changes to your benefits elections. For example, you can make changes within 31 days of:

- Your marriage, divorce, or legal separation
- Establishment or dissolution of a domestic partnership
- Death of your spouse, domestic partner or dependent
- A change in employment status for you, your spouse, domestic partner or dependent
- A change in the cost of care provided to you, your spouse, domestic partner or dependent
- You, your spouse, domestic partner or dependent loses coverage under another plan
- Solely with respect to the Dependent Care FSA—Any change in the number of qualifying dependents or changes in the cost of a day care provider or dependent care costs

You can make changes within 60 days of:

- A change in the eligibility of a covered dependent
- You or your dependent’s Medicaid or CHIP (Children’s Health Insurance Program) coverage is terminated as a result of loss of eligibility
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP

BE AWARE!

31 day deadline for adding dependents and newborns

You must make changes to your benefits within 31 days of your life event or wait until the next Open Enrollment period. Coverage begins on the date of the event.
Qualified Life Events

A dependent dies
Human Resources is here to support you in this difficult time. Refer to the information and action steps below.

- Contact your local HR representative or call the FS Benefits Helpline and inform them of the death
- You will need certified copies of the death certificate
- Make necessary changes to your benefits elections
- Update your life insurance beneficiaries
- Request a new W4 form to change tax filing status if appropriate

To help you cope with your loss, please contact our Employee Assistance Program (EAP), page 36, for grief counseling, resources, and referrals for additional assistance.

You (the employee) die
If you die while employed with Federal Signal, your family members can refer to the action steps and information shown below.

- Contact the local HR representative or call the FS Benefits Helpline and inform them of the death
- Survivors are required to present certified copies of the death certificate

Note: Health coverage for your surviving spouse and dependents ends on the date of death.

Surviving family members, if covered, may continue coverage under COBRA for up to 36 months. They will only have to pay active employee rates for coverage for the first 12 months of COBRA.

Marriage
If you wish to add your new spouse to your medical plan, be sure they meet the eligibility rules. The effective date of coverage is the marriage date. In order for your new spouse’s coverage to become effective you must:

- Complete a Spouse/Domestic Partner Eligibility certification (available in the back of this book, in Ultipro, or from your local HR representative)
- Present a copy of your marriage certificate to your HR representative

Domestic partnership
On the one year anniversary of having met the eligibility criteria for a domestic partnership, the partnership becomes a QLE for the purposes of our plan. (See chart on page 10). You may enroll your domestic partner and eligible dependents in Ultipro within 31 days of that anniversary date. You must then establish your domestic partnership by completing the Domestic Partner Certification Form and submitting it along with the required documentation for review and approval.

Divorce or legal separation
If you become divorced or legally separated, your spouse is no longer eligible for coverage. You must remove your spouse from coverage within 60 days of the date of the event.

Coverage will end the date of the divorce or legal separation. You will be required to submit a copy of the divorce decree showing the date of divorce. Your former spouse may continue to be covered under COBRA for up to 36 months. See COBRA on page 43 of this book.

Changes in your spouse or domestic partner’s employment
If your spouse or domestic partner changes jobs or becomes eligible for medical coverage under an employer’s plan, they may continue coverage on our medical plan as primary coverage (an additional $200/month premium will apply) or you may drop them from coverage. You must complete and submit a new Spouse/DP eligibility certification.

If your spouse or domestic partner loses coverage under their employer’s medical plan, he or she can be enrolled under the Company’s medical plan. You must enroll them in Ultipro within 31 days of their loss of coverage and submit the Spouse/DP eligibility certification form to HR.

Medical Plans

The most important decision
Choosing the right medical plan may be the most important decision you make during your new hire enrollment period. You must visit Ultipro at n2.ultipro.com to enroll in a medical plan.

How the plans work
Both medical plans are administered by BlueCross BlueShield of Illinois and include the same network of doctors, hospitals and healthcare providers. You can use any provider you want but you’ll pay less and receive a higher level of coverage when you use providers in the network. Once you satisfy the annual deductible for your plan, you pay 20 percent of the cost of most services, known as coinsurance. Both plans cover in-network wellness services at no cost to you.

Choice of 2 Plans

The Healthy Advantage Plan
This plan has higher deductibles but lower premiums than the Healthy Choice Plan.
This plan features a Health Savings Account (HSA) which permits you to set aside money through payroll deduction on a pre-tax basis. These funds can be used to pay for eligible healthcare expenses now and in the future.
Your HSA belongs to you. That means that you keep it even if you change employers; and the money in your account is carried over from year to year.

The Healthy Choice Plan
This plan has lower deductibles but higher premiums than the Healthy Advantage Plan.
This plan includes a Company funded Health Care Reimbursement Account (HCA) to help cover the higher deductible.
Medical Plan 2017 Contribution Rates

**Side-by-side plan comparison**

Key features of the medical plans are summarized at right. For full details and term definitions, please refer to the Summary Plan Descriptions available on the Ultipro Portal home page.

The benefits described in this table are for in-network services only. If you receive services from an out-of-network provider you will have to meet a higher deductible and receive a lower percentage coinsurance. BlueCross BlueShield of Illinois has an extensive network of providers. Go to www.bcbsil.com to find a network provider.

**Compensation based medical premiums**

For new employees, this additional premium will be based on total annual cash compensation in the year you are hired and may apply only if you are enrolled in a Federal Signal medical plan the following year.

### 2017 Monthly Employee Contribution

<table>
<thead>
<tr>
<th>Compensation Based Premium</th>
<th>Employee Only</th>
<th>Employee + Spouse/Domestic Partner</th>
<th>Employee + Child(ren)</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>$125,000 – $174,999</td>
<td>$81.39</td>
<td>$178.34</td>
<td>$159.60</td>
<td>$305.65</td>
</tr>
<tr>
<td>$175,000 – $224,999</td>
<td>$83.34</td>
<td></td>
<td>$166.67</td>
<td></td>
</tr>
<tr>
<td>$225,000 or greater</td>
<td>$166.67</td>
<td></td>
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</tbody>
</table>

### Healthcare Accounts

**Healthy Advantage Plan with a Health Savings Account (HSA)**

- HSA—The Company funds $750 for employee-only; or $1,500 for employee + 1 or more dependents.
- HSA accounts are funded quarterly with 1/4 of the annual company contribution.
- Limited Purpose Flexible Spending Account: You can contribute pre-tax up to $2,600

**Healthy Choice Plan with a Health Care Reimbursement Account (HCA)**

- HCA—The Company funds $750 for employee only; or $1,500 for employee + 1 or more dependents.
- HCA accounts are funded on the date you become eligible
- Flexible Spending Account: You can contribute pre-tax up to $2,600

### Annual Deductible—Individual / Family

- $2,000 if only employee is enrolled
- $4,000 if employee + dependent(s) are enrolled
- Prescription drugs apply to the deductible

### Annual Out-of-Pocket Maximum—Individual / Family

- $4,000 / $8,000
- $3,750 / $7,500

### Wellness In-Network Only

- 100%, No Deductible, No Copay
- Wellness benefits include routine physicals, mammograms, pap smears, prostate tests, digital rectal exams, colorectal cancer screenings, well child care, and immunizations. No coverage for out-of-network wellness services.

### Office Visits

- 80% After Deductible
- Primary physicians include general practice, internal medicine, family practice, pediatricians, OB/GYN and mixed medical groups. All other professionals are considered specialists.

### Hospital and Facility

- 80% After Deductible
- Inpatient hospital and facility services include benefits for room and board, ancillary charges in a hospital or skilled nursing facility, preadmission testing, coordinated home health care, and hospice care.
- Outpatient hospital and facility services include benefits for surgery, radiation therapy, chemotherapy, elective reconstructive therapy, renal dialysis treatments, diagnostic services and cardiac rehabilitation services.
- Outpatient surgery and diagnostic tests include X-rays, blood tests, CATs and MRIs.
- Medical Services Advisory Program (MSA) precertification is required before inpatient services are provided. Otherwise, a $500 reduction in benefits will apply.

For a comparison of the different Healthcare Accounts, please see page 22.
Compare Medical Plans

Plan Features | Healthy Advantage Plan with a Health Savings Account (HSA) | Healthy Choice Plan with a Health Care Reimbursement Account (HCA)
--- | --- | ---
Blue Distinction Centers (BDC) for treatment of the following: | 80% coinsurance | 80% coinsurance
Cardiac Care | If treated at a BDC | If treated at a BDC
Knee and Hip Replacements | 60% coinsurance | 60% coinsurance
Spine Surgery | Treated at another in-network facility | Treated at another in-network facility
Complex and Rare Cancers | 60% coinsurance | 60% coinsurance
Transplants | Treated at another in-network facility | Treated at another in-network facility
Bariatric Surgery | 80% coinsurance | 80% coinsurance

All coinsurance applies after plan deductible is met.
Many of these conditions require ongoing treatment; some of which can be done locally. Check with BlueCross BlueShield to verify coverage and obtain pre-certification.
$40 charge per consultation*. Charge applies toward your deductible, use HSA funds to pay the charge
100% covered

Emergency Room Care

Emergency medical care includes severe, life-threatening emergency treatment that means emergency criteria. Emergency accident care includes benefits for the initial treatment of an accidental injury provided treatment is received by you or your dependent within 72 hours of the accident.
emergency accident benefits: If treated at a BDC $40 charge per consultation*. Charge applies toward your deductible, use HSA funds to pay the charge
100% covered
40% after deductible

Out-Patient Therapy

Sigmoidoscopies
Colonoscopies
and sigmoidoscopies
Diagnosis when prescribed by a physician.
80% after deductible
80% after deductible
80% after deductible
80% after deductible
80% after deductible
80% after deductible
80% after deductible
80% after deductible

Out-Patient Therapy Physical - Maximum 70 visits
Occupational - Maximum 40 visits
Speech - Maximum 50 visits
80% after deductible
80% after deductible
80% after deductible
80% after deductible
80% after deductible
80% after deductible
80% after deductible
80% after deductible
80% after deductible

Out-Patient Therapy Mental Health
80% after deductible
80% after deductible
80% after deductible
80% after deductible
80% after deductible
80% after deductible
80% after deductible
80% after deductible

Out-Patient Therapy Mental Health In-Patient
80% after deductible
80% after deductible
80% after deductible
80% after deductible
80% after deductible
80% after deductible
80% after deductible
80% after deductible

Other Services
See plan SPD for list
70% after deductible
70% after deductible
70% after deductible
70% after deductible

Making Your Insurance Work for You

Where Should I Go for Care?

Sometimes it’s easy to know when you should go to an emergency room (ER), such as when you have severe chest pain or unstoppable bleeding. Sometimes it’s not. Typically, 20–30% of ER visits are for non-emergency services that could have been handled elsewhere, saving you time and money.

So where do you go when you have an ear infection or are generally not feeling well?

You have options for receiving in-network care that work with your schedule and give you access to the right kind of care at the right time. Here is a handy guide to help you decide the best place to receive care.

MD Live: Virtual Care

Virtual medical visits are a new way to consult with a licensed doctor for non-emergency healthcare offered through BCBS Illinois’ partner, MD Live. For details on this new plan see page 25.

Do I need to pre-certify?

Remember, it is your responsibility to call BlueCross BlueShield and pre-certify the coverage you will receive. If your physician pre-certifies for you, the coverage level may be different than you expect and YOU will be responsible for the difference.

Do I need to pre-certify?

Remember, it is your responsibility to call BlueCross BlueShield and pre-certify the coverage you will receive. If your physician pre-certifies for you, the coverage level may be different than you expect and YOU will be responsible for the difference.

Plan Specifications

Care Option | Hours | Your Relative Cost | Description | Common Uses
--- | --- | --- | --- | ---
Primary Provider’s Office | Office hours vary | Usually lowest out-of-pocket cost | Your physician’s office is generally the best place to go for non-emergency care. | General health issues, health and annual exams, vaccinations, treat the flu and colds, minor aches and pains
MD Live | 24 hours, seven days a week | $40 per consultation until deductible is met for Healthy Advantage Plan members | Access to a board-certified doctor available 24 hours a day, seven days a week. Virtual visits can be more convenient and less expensive than urgent care or an ER visit. | General Health: Allergies, asthma, nausea, sinus infections, Pediatric Care: Cold, flu, ear problems, pinkeye
Retail Health Clinic* | Similar to retail hours | Lowest out-of-pocket cost | Walk-in clinics are often located in stores and pharmacies to provide convenient, low-cost treatment for minor medical problems. | Common illnesses such as pink eye, strep throat, minor wounds, abrasions and skin conditions, such as poison ivy
Urgent Care Provider* | Generally include evenings, weekends and holidays | Usually lowest out-of-pocket cost than an ER visit | Urgent care providers can offer care when your physician is not available or you don’t need the level of care an emergency room provides. | Stomach pain, minor falls and cuts, urinary tract infections, household accidents, sprains and strains

If you need to find an urgent care center you can use our Provider Finder®. Click “Find a network provider” then “Find an Urgent Care Center.” To quickly and easily locate physicians, hospitals and urgent care providers from your mobile device download the BCBSIL Find Doctors app. You can also contact Member Services at 888-802-8776 if you need help locating a provider. Health Advocates are available from 7 a.m. to 7 p.m. Central Time.
Health Savings Account (HSA)

Opening an HSA
Federal Signal will open your Health Savings Account (HSA) if you are enrolled in the Healthy Advantage Plan. There are three ways to fund an HSA:

- Federal Signal will contribute $750 to your account when you enroll yourself or, at $1,500 when you enroll yourself plus one or more eligible dependents.
- You can fund your account through pre-tax payroll deductions.
- You can make tax deductible deposits directly to your account.
- You can change your contribution at any time in Ulitpro under the Life Events tab.

Federal Signal funds employee HSAs in January, April, July, and October. You will receive a prorated contribution beginning the funding period after your eligibility date. If you elect pre-tax payroll contributions, deductions will be deducted from your paycheck. You will receive Federal Signal’s contribution to your HSA even if you don’t make contributions of your own.

HSAs at tax time
HSA Bank will issue Form 5498SA for contributions and Form 1099SA for distributions each year. You must file a Form 8889 with your 1040 tax return in any year you or your employer makes contributions to your HSA or you take distributions, even if all contributions were Section 125 pre-tax payroll deductions.

HSA Eligible Medical Expenses
If you choose to enroll in the Healthy Advantage Plan you can use your HSA to pay for a wide range of eligible medical expenses for yourself, your spouse or tax dependents. An eligible medical expense is defined as an expense that pays for healthcare services, equipment, or medications as defined by the IRS. Funds used to pay for eligible medical expenses are always tax-free.

HSA funds can be used to reimburse yourself for past medical expenses if the expense was incurred after your HSA was established. While you do not need to submit any receipts to HSA Bank, it is a good idea to save your bills and receipts for tax purposes.

Examples of eligible medical expenses*

- Acupuncture
- Alcoholism treatment
- Ambulance services
- Annual physical examination
- Artificial limb or prosthesis
- Birth control pills (by prescription)
- Chiropractor
- Childbirth/delivery
- Convalescent home (for medical treatment only)
- Crutches
- Doctor’s fees
- Dental treatments (including x-rays, braces, dentures, fillings, oral surgery)
- Dermatologist
- Diagnostic services
- Disabled dependent care
- Drug addiction therapy
- Fertility therapy
- Family planning
- Genetic counseling
- Gynecologist
- Diagnostic services
- Disabled dependent care
- Drug addiction therapy
- Fertility therapy
- Family planning
- Genetic counseling
- Gynecologist
- Obstetrician
- Osteopath
- Oxygen
- Pregnancy test kit
- Podiatrist
- Prescription drugs and medicines
- (over-the-counter drugs are not eligible medical expenses unless prescribed by a doctor)
- Prenatal care & postnatal treatments
- Psychiatrist
- psychologist
- Smoking cessation programs
- Special education tutoring
- Surgery
- Telephone or TV equipment to assist the hearing or vision impaired
- Therapy or counseling
- Medical transportation expenses
- Transplants
- Vaccines
- Vasectomy
- Vision care
- (Including eyeglasses, contact lenses, lasik surgery)
- Weight loss programs (for a specific disease diagnosed by a physician — such as obesity, hypertension, or heart disease)
- Wheelchairs
- X-rays

*This list is not comprehensive. It is provided to you with the understanding that HSA Bank is not engaged in rendering tax advice. The information provided is not intended to be used to avoid Federal tax penalties. For more detailed information, please refer to IRS Publication 502 titled, "Medical and Dental Expenses," Catalog Number 150002. Publications can be ordered directly from the IRS by calling 1-800-TAXFORM. If tax advice is required, you should seek the services of a professional.

** Insurance premiums qualify as an eligible medical expense: while continuing coverage under COBRA; for qualified long-term care coverage; coverage while receiving unemployment compensation; for any healthcare coverage for those over age 65 including Medicare (except Medicare supplemental coverage).

How an HSA works

| Federal Signal opens an HSA for you | If you enroll in the Healthy Advantage Plan, Federal Signal will open an HSA at HSA Bank. An HSA works like a personal healthcare checking account with tax advantages. |
| Federal Signal contributes to your account | Federal Signal will help you get started by contributing $750 if you elect individual coverage, or $1,500 if you cover yourself and at least one dependent, prorated on a quarterly basis. |
| You can contribute to your account | You can contribute up to a total of $3,400 pre-tax to your HSA for individual coverage, or $4,750 if you cover yourself and at least one dependent, plus an additional $1,000 if you are or will be age 55 during the plan year. (The total includes both individual and Company contributions.) Once you have $5,000 in your HSA you may direct how the money is invested. |
| Pay healthcare expenses | Pay out of your pocket for healthcare expenses and let your Health Savings Account grow for future qualified expenses, or use your account to pay for healthcare expenses. A list of qualified expenses can be found on page 21; or visit www.ins.gov for more information. |
| Rollover your balance and take it with you if you leave Federal Signal | The money left in your HSA at the end of the plan year rolls over to the next year. The money is tax exempt and is always yours even if you change health plans or leave Federal Signal. |
| HSA over age 65 | When you turn 65 and are enrolled in Medicare parts A or B, contributions to an HSA can no longer be made to your account. Including employee and employer contributions. |
| AVOID FEES! Review charges at www.hsabank.com and register for internet banking to avoid fees | Monthly paper statement fee $0.75
ATM withdrawal fee $2
Point-of-sale purchase with your PIN fee $2
Non-sufficient funds fee $30 |
Flexible Spending Accounts (FSA)

Enroll in an FSA

Flexible Spending Accounts (FSAs) allow you to save pre-tax dollars from your paycheck to pay for eligible expenses as defined by the IRS. Federal Signal offers Healthcare and Dependent Care FSAs administered by UMR, Inc.

- You may incur eligible expenses from your eligibility date through December 31, 2017.
- You have until March 31, 2018 to submit expenses for reimbursement.
- Funds in your Healthcare FSA may not be used for day care expenses and Dependent Care FSA funds may not be used for healthcare expenses.
- You may only be reimbursed for eligible expenses as determined by IRS rules.

Visit fhs.umr.com/print/UM0075.pdf for a list of eligible and ineligible expenses. An FSA calculator can be found on UMR.com under Tools & Resources.

Dependent Care FSA

Use the Dependent Care FSA to pay for dependent care expenses that allow you and your spouse or domestic partner to work, look for work or attend school full-time. You can contribute up to $5,000 to the Dependent Care FSA (up to $2,500 if you are married and file separate tax returns) to care for:

- A dependent child under age 13 who qualifies as a dependent on your federal tax return; or
- An adult family member (your spouse or other adult) who is physically or mentally incapable of self-care and dependent on you for financial support.
- Use it or Lose it rule—The IRS requires that unused funds remaining in your Dependent Care FSA after all eligible expenses have been paid will be forfeited.
- Pay these expenses directly and file claims with UMR for reimbursement.

Important for Benny Card Users

Keep your receipts and/or explanation of benefits—UMR may request documentation to verify eligibility of the transactions. If you do not produce a receipt or explanation of benefits, your debit card privileges may be suspended and any future claims will be offset by the unsubstantiated amount. Keep track of your Benny card activity on www.mybenny.com.

Rollover of unused funds

Up to $500 of unused funds in your Healthcare FSA may be rolled over to the next plan year. The IRS requires that funds over $500 not used for qualified expenses during the plan year be forfeited.

Important information

- You can only receive reimbursement for eligible dental and vision expenses that you incur through December 31, 2017.
- You have until March 31, 2018 to submit expenses for reimbursement.
- You can use your LPFSA funds for eligible expenses incurred by you, your spouse and your eligible tax dependents.
- You cannot receive reimbursement for an eligible expense more than once.
- You may carry over up to $500 of unused funds to the following plan year.

A Limited Purpose FSA (LPFSA) is a healthcare flexible spending account that you can contribute to if you are enrolled in the Healthy Advantage Plan with the Health Savings Account (HSA). You can use an LPFSA to pay for eligible out-of-pocket dental and vision expenses only. Such expenses include:

- Dental and orthodontia care; such as fillings, X-rays, crowns and braces
- Vision care, including eyeglasses, contact lenses, eye exams and vision correction procedures

Important information

- You can only receive reimbursement for eligible dental and vision expenses that you incur through December 31, 2017.
- You have until March 31, 2018 to submit expenses for reimbursement.
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- You may carry over up to $500 of unused funds to the following plan year.

What is a limited purpose FSA?

A limited purpose FSA (LPFSA) is much like a typical, general purpose healthcare FSA. However, under a LPFSA, eligible expenses are limited to qualified dental and vision expenses only for you, your spouse, and your eligible dependents. You cannot use a LPFSA for medical expenses.

Here’s how a LPFSA works: you can save money from your paycheck before taxes are taken out. You can then use your pre-tax LPFSA dollars to pay for eligible vision or dental expenses throughout the plan year. You save money on expenses like dental services, vision exams, and eyeglasses. You cannot use a LPFSA for medical expenses.

Why should I consider a limited purpose FSA?

IRS rules do not allow you to contribute to a health savings account (HSA) if you are covered by any non-qualifying health plan, including a general purpose healthcare FSA. By limiting FSA reimbursements to dental and vision care expenses, you (or your spouse) remain eligible to participate in both a LPFSA and an HSA. Participating in both plans allows you to maximize your savings and tax benefits.

How do I access my LPFSA funds?

Use your Benny card or submit a reimbursement form to UMR.

IRS Rules about LPFSA that you should know about:

- No double-dipping: Expenses reimbursed under your limited purpose FSA cannot be reimbursed under any other plan or program— including an HSA. Expenses reimbursed under the LPFSA may not be deducted when you file your tax return.
- Timing is everything: Expenses must be incurred between your eligibility date and December 31, 2017. This means the date of service must be within these dates and not when you pay for the service.

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- Timing is everything: Expenses must be incurred between your eligibility date and December 31, 2017. This means the date of service must be within these dates and not when you pay for the service.
### HSA, HCA, or FSA—What’s the Difference?

<table>
<thead>
<tr>
<th>Account Definition</th>
<th>Health Savings Account (HSA)</th>
<th>Health Care Reimbursement Account (HCA)</th>
<th>Flexible Spending Account (FSA)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Account Definition</strong></td>
<td>A tax-advantaged account used to pay for qualified healthcare expenses.</td>
<td>An employer funded arrangement that reimburses for qualified medical expenses.</td>
<td>An employee funded account to pay for qualified healthcare expenses with pre-tax dollars.</td>
</tr>
<tr>
<td><strong>What Medical Plan?</strong></td>
<td>Healthy Advantage Plan</td>
<td>Healthy Choice Plan</td>
<td>Healthy Advantage Plan—LPSA only, Healthy Choice Plan</td>
</tr>
<tr>
<td><strong>Is account tax advantaged?</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Can I use the account to pay for prescriptions?</strong></td>
<td>Yes—The cost of prescriptions apply to the medical deductible. You must meet your plan deductible before your prescriptions are covered.</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Can I change my contribution during the plan year?</strong></td>
<td>Yes—on the Ultipro under Life Events</td>
<td>N/A</td>
<td>No</td>
</tr>
<tr>
<td><strong>Who owns the account?</strong></td>
<td>You</td>
<td>Federal Signal</td>
<td>You</td>
</tr>
<tr>
<td><strong>Does Federal Signal contribute?</strong></td>
<td>Yes—$750 for individual coverage or $1,500 if you cover yourself and at least one dependent, prorated quarterly in first year</td>
<td>Yes—$750 for individual coverage or $1,500 if you cover yourself and at least one dependent.</td>
<td>No</td>
</tr>
<tr>
<td><strong>How is the account funded?</strong></td>
<td>Pre-tax payroll deductions and quarterly Federal Signal contributions</td>
<td>Federal Signal contribution</td>
<td>Pre-tax payroll deductions</td>
</tr>
<tr>
<td><strong>How do I access funds?</strong></td>
<td>Use your HSA Bank debit card or checkbook</td>
<td>Funds are automatically used when medical expenses are applied to your deductible.</td>
<td>Benny card or claim reimbursement</td>
</tr>
<tr>
<td><strong>Are there annual limits?</strong></td>
<td>IRS sets annual limit. $3,400 for individual coverage. $6,750 if you cover yourself and at least one dependent. Plus $1,000 if you will be age 55 in 2016.</td>
<td>Yes—as determined by the plan. The company funds $750 for individual coverage. $1,500 if you cover yourself and at least one dependent.</td>
<td>$2,600</td>
</tr>
<tr>
<td><strong>Do unused funds carry over?</strong></td>
<td>Yes—No limit</td>
<td>Yes—you cannot exceed the equivalent of 2 years of contributions</td>
<td>Yes—Up to $500 of unused funds carry over to next year</td>
</tr>
<tr>
<td><strong>Are funds portable?</strong></td>
<td>Yes—The money in your HSA is always yours, even if you leave the Company.</td>
<td>No</td>
<td>Yes—if elected under COBRA</td>
</tr>
<tr>
<td><strong>Can you use funds for retirement income?</strong></td>
<td>Yes—After age 65, you can withdraw funds for any reason. When used for qualified healthcare expenses, withdrawals are tax-free.</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

### MDLive Virtual Medical Visits

#### MDLive

Virtual medical visits are a new way to consult with a doctor for non-emergency healthcare. BlueCross BlueShield has partnered with MDLive to bring this resource to our BlueCross BlueShield members.

MDLive provides 24 hour, seven days a week access to medical resources at no or low cost to you for non-emergency conditions. Consultations are real time with a board-certified doctor who can assess your situation, provide medical advice and even write a prescription when appropriate.

#### MDLive doctors can help treat the following conditions and more:

- **General Health**
  - Allergies
  - Nausea
  - Sinus infection
- **Pediatric Care**
  - Cold and flu
  - Ear problems
  - Pinkeye

#### Cost for these services

Virtual visits are 100% covered for Healthy Choice Plan members.

The consultation fee for Healthy Advantage Plan members is $40. IRS guidelines regarding HSA eligible medical plans prohibits us from covering this service without first meeting your deductible.

#### How to register

Go to MDLive.com/bcbsil and select Activate Now. You will need your Member ID number found on your medical insurance card. Once registered, you can access care by phone, mobile app, or online.

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![MDLive Virtual Medical Visits](image)
Prescription Drug Coverage

Healthy Advantage Plan with Health Savings Account (HSA)
Retail Pharmacy (up to a 90-day supply)
You pay 20% after you satisfy your medical plan deductible.

Mail Order Maintenance Medications (up to a 90-day supply)
Once you satisfy your medical plan deductible, the plan will begin to pay 80% of the full cost of the prescription at an in-network pharmacy. However, before you meet the deductible, you will pay the full cost of any prescription drugs.

Copays and coinsurance apply to the medical plan deductible.

Annual Out-of-Pocket Maximum
Copays and coinsurance will apply to your medical out-of-pocket maximum.

Prescription Drug Programs

Prior Authorization Program
The Prior Authorization Program is designed to encourage safe, cost-effective medication use, and applies to certain high cost drugs that have the potential for misuse. Before medications included in this program can be covered, your doctor will need to obtain authorization through BlueCross BlueShield of Illinois.

To download an authorization form visit www.bcbsil.com.

About generic drugs
Using generic drugs saves you money.
If you receive a brand name drug when a generic equivalent is available, you will be required to pay the minimum coinsurance plus the full price difference between the brand and the generic. Generic equivalent drugs have exactly the same active ingredients in the same strength as their brand name equivalents.

BCBS Elite Pharmacy Network
You will be able to fill prescriptions at pharmacies within the BlueCross BlueShield Elite Pharmacy Network. You will have access the following pharmacies* nationwide:

- Walgreens
- K-Mart
- Kroger
- Medicine Shoppe
- Osco, Sav-on
- Randall's
- Shopko
- Tom Thumb
- HEB

To find an in-network pharmacy, visit myprime.com and select “Find a Pharmacy”, or call the Pharmacy Program number on the back of your medical card.

If you fill a prescription at a pharmacy outside the network, it will not be covered.

*CVS is not an in-network pharmacy

BCBS Performance Select Formulary
Coverage for certain categories of drugs are limited to those on the BlueCross BlueShield Performance Select Formulary.

Certain drugs that are not eligible for coverage under your prescription drug benefit, may be available as a covered generic or brand alternative.

Mail Service Program
PrimeMail®, the mail service pharmacy for members with BCBSIL prescription drug coverage, provides safe, fast and cost-effective pharmacy services that can save you time and money. With this program, you can obtain up to a 90 day supply of long-term (or maintenance) medications through PrimeMail. Maintenance medications are those drugs you may take on an ongoing basis to treat conditions such as high cholesterol, high blood pressure or diabetes. View the maintenance drug list at www.bcbsil.com to see if your medication is included.

Ordering through PrimeMail
Go to www.bcbsil.com. Click on member services, find the Physician Fax Form and bring it with you to your doctor. Or obtain a prescription from your doctor and mail it to Prime with a New Prescription Order Form.

For more information about using mail service, log on to Blue Access for Members at www.bcbsil.com/member and view your prescription drug benefits.

About generic drugs
Using generic drugs saves you money.
If you receive a brand name drug when a generic equivalent is available, you will be required to pay the minimum coinsurance plus the full price difference between the brand and the generic. Generic equivalent drugs have exactly the same active ingredients in the same strength as their brand name equivalents.

MyPrime member website
Prime’s member websites help you find drugs and prices, view prescription claims and find a network pharmacy. You can also review your drug list, coverage and learn more about drug interactions, making it easier to manage pharmacy benefits and learn about coverage. To find out if your medication requires prior authorization, use the MyPrime link to research pricing and coverage information.

Manage mail order prescriptions online
PrimeMail’s member website lets you transfer, renew and refill prescriptions, find forms and brochures, and check your order status. Manage your prescription medicines online at www.MyPrimeMail.com.

Your BlueCross BlueShield ID card includes Rx coverage information

PrimeMail Visit MyPrimeMail.com to research pricing and coverage information.
Specialty Pharmacy Program

Prime Specialty Pharmacy

Your prescription drug benefit includes a specialty pharmacy program through Prime Therapeutics. The Specialty Pharmacy helps you manage your specialty medications. Specialty medications must be obtained through the Prime Specialty Pharmacy.

Specialty medications are those used to treat serious or chronic conditions. Examples include hepatitis C, hemophilia, multiple sclerosis and rheumatoid arthritis. These drugs are typically given by injection, but may be topical or taken by mouth. They often require careful adherence to treatment plans, have special handling or storage requirements, and may not be stocked by retail pharmacies.

Visit www.primetherapeutics.com/specialty to learn what conditions and medications may qualify for specialty pharmacy.

When you purchase specialty medications through Prime Specialty Pharmacy, you can have your self-administered specialty medications delivered directly to you, or to your doctor’s office. You also receive at no additional charge:

- Support services for managing your drug therapy
- Educational materials about your particular condition
- Help with managing potential medication side effects
- 24/7/365 customer service phone access

Note: Prime Therapeutics Specialty Pharmacy LLC (Prime Specialty Pharmacy) is a wholly owned subsidiary of Prime Therapeutics LLC, a pharmacy benefit management company. BCBSIL contracts with Prime Therapeutics to provide pharmacy benefit management, prescription home delivery and specialty pharmacy services. BCBSIL, as well as several other independent BlueCross BlueShield Plans, has an ownership interest in Prime Therapeutics.

877.627.6337
Prime Therapeutics Specialty Pharmacy
www.primetherapeutics.com/specialty

Coordinating with Medicare

Medicare is a Federal health insurance program available to individuals at age 65 or with certain disabilities. In most cases you are automatically enrolled in Medicare Part A hospital coverage effective the first day of the month in which you turn 65. You usually don’t pay a monthly premium for Medicare Part A if you or your spouse paid Medicare taxes while working.

Medicare Part B medical insurance primarily covers doctor’s fees and outpatient medical services. You may delay signing up for Part B without penalty while you are covered by a Federal Signal medical plan. If you drop Part B, you may re-enroll at a later date during a Special Enrollment Period.

Medicare Part D is a voluntary outpatient prescription drug plan, which you can defer without penalty while covered by an employer group health plan.

Medicare rules require that active employee coverage through Federal Signal pay benefits on a primary basis (before Medicare pays). If you are eligible for Medicare and retire or become eligible for COBRA coverage, the Federal Signal medical plans will pay as secondary coverage to Medicare even if you do not sign up for Medicare. These rules also apply to your spouse at age 65 or older if you are working for Federal Signal regardless of your age. This means that if you become covered under COBRA and do not sign up for Medicare if eligible, our plans will deduct the portion of the claim that Medicare would have paid and you will be responsible for this amount.

Condition Management Program

Acute health conditions

Living with an acute health condition can be difficult. BlueCross BlueShield of Illinois can help you manage an acute medical condition such as asthma, diabetes, heart problems and others. The programs work with you, your health plan and your doctor to help identify the best ways to manage your acute health condition and stay healthy.

If you have or are at risk for one of the following conditions, you may be contacted by BlueCross BlueShield to participate in the Condition Management Program.

- Diabetes
- Asthma
- High Blood Pressure
- High Cholesterol
- Obesity
- Chronic Obstructive Pulmonary Disease
- Coronary Artery Disease
- Low Back Pain
- Peripheral Artery Disease
- Congestive Heart Failure

Federal Signal wants you to be as healthy as you can be and highly encourages you to take advantage of this program. If you are contacted by BlueCross BlueShield to participate in a condition management program we encourage you to take advantage of the program to help you manage your condition.

What is the Condition Management program?

The program is administered by BCBS. They will identify participants by analyzing claims data and reaching out to potential participants via mail. Through coaching and discussion with RNs, you- the patient - will be given opportunities for successfully managing your condition. This can include facilitating discussions with your physician and setting steps to close gaps in care.

800.526.6593
BlueCross BlueShield of Illinois
www.bcbsil.com

What is Condition Management?
### Blue Access for Members

Register now for Blue Access for Members®

It’s easy to register for Blue Access for Members at home or on the go. You will need:

- A valid email address
- Home zip code
- Your ID number on ID card
- Your group number on ID card

**Web and Mobile**

Through Blue Access for Members (BAM), you can access health plan information, resources and tools as a BlueCross BlueShield plan participant.

- Review balances, claims status, benefits, coverage details and more
- Order a replacement ID card or print a temporary card
- View and print an Explanation of Benefits (EOB) for a claim
- Search and compare doctors, hospitals and healthcare providers using Provider Finder®
- Use the Cost Estimator tool to research and estimate costs of services and treatments from doctors, hospitals and other facilities

**Blue Access Mobile**

Make it convenient to access online information while on the go. Register and login to view coverage details, health and wellness information, check claim status and access ID card information. You can also sign up to receive text or email notifications, reminders and tips for:

- Claims Information — Get notified when a claim status changes
- Exercise and Fitness — Receive weekly tips to enhance your workouts
- Prescription Drugs — Sign up for reminders to check blood sugar, take a medication or a multivitamin
- Diabetes Diet — Get weekly diabetes management tips
- Heart Healthy Diet and Basic Care Management — Receive weekly heart healthy diet management and/or basic care tips

**Provider Finder®** — This Provider Finder tool helps you find a doctor, hospital or urgent care facility. You can also download the Provider Finder app for iPhone, which lets you search using your phone’s GPS and allows you to save information to your mobile address book.

**My Blue Community®** — This online health and wellness community connects you with other Blue Cross plan members from across the country who care as much about being healthy as you do. My Blue Community lets you share wellness information, tips and stories, and talk about ways to live healthier.

**eCards for HealthSM** — This free online greeting card website is designed to encourage people to commit to small, healthy behavior changes and share their commitments with those they care about.

### Blue Distinction Centers for Specialty Care

**What is the Blue Distinction Specialty Care Program?**

The hospital you select can have a direct impact on the care you receive and your results. If you have a rare or complex condition, finding the right hospital can sometimes be a challenge.

Blue Distinction Centers are hospitals recognized for their expertise in delivering specialty care. These centers have demonstrated their commitment to quality care, resulting in better overall outcomes — including fewer complications and readmissions — than hospitals without these recognitions.

**Call BlueCross BlueShield**

Blue Distinction Centers include treatment for:

- Cardiac Care
- Knee and Hip Replacement
- Spine Surgery
- Complex and Rare Cancers
- Transplants
- Bariatric Surgery

If you require treatment for one of these conditions, you will receive a higher level of coverage if you go to a Blue Distinction Center. A travel benefit is provided if you must travel more than 50 miles per day to a Blue Distinction Facility. Coverage includes meals, lodging and transportation for you and a companion.

Visit the BlueCross BlueShield website at www.bcbs.com for a directory of Blue Distinction Centers for Specialty Care.

### BlueDistinction Centers Overview

**www.bcbs.com/why-bcbs/blue-distinction**

**Do I need to pre-certify?**

Remember, it is your responsibility to call BlueCross BlueShield and pre-certify the coverage you will receive. If your physician pre-certifies for you, the coverage level may be different than you expect and YOU will be responsible for the difference.
Dental Plan

Delta Dental of Illinois
To help you maintain good oral health, dental coverage is provided by Delta Dental of Illinois. You can visit the dentist of your choice, but you will receive a higher benefit if you receive services from a dentist in one of Delta Dental’s two networks. Visit www.deltadentalil.com for a list of network dentists.

Enhanced benefits program
This program covers additional dental cleanings if you are pregnant or have certain health conditions. Log on to www.deltadentalil.com and select the “Enhanced Benefits” link.

Dental ID cards
If you enroll in the dental plan, Delta will issue you an ID card with a unique ID number.

Take advantage of the “To Go” feature
This key feature allows you to carryover the unused portion of your annual maximum benefits to the next plan year if the following conditions are met:
• You must have been covered under the plan for the full benefit year.
• You must have had a dental service that applies to the annual maximum during the year.
Carryover limit is $1,750 and total combined maximum may not exceed $3,500.

800.323.1743
Delta Dental
www.deltadentalil.com

Delta Dental Plan ID cards will be mailed to your home.

Dental Coverage Chart

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$34.60</td>
<td>100% MPA**</td>
<td>80% MPA**</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$36.70</td>
<td>100% MPA**</td>
<td>80% MPA**</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$50 / $100</td>
<td>100% MPA*</td>
<td>80% MPA*</td>
</tr>
<tr>
<td>Family</td>
<td>$51.43</td>
<td>100% MPA*</td>
<td>80% MPA*</td>
</tr>
</tbody>
</table>

Vision Plan

Vision Service Plan (VSP)
Vision Service Plan (VSP) provides coverage for services related to general eye care and vision services.

Higher benefits are available from VSP network providers. Most retail providers such as LensCrafters and Sears Optical are considered out-of-network. Visit www.vsp.com to find out if your eye doctor is in the network or to find a network provider near you. If you use an out-of-network doctor, you will be required to pay the provider in full at the time of your appointment and submit a claim to VSP for partial reimbursement.

Vision Coverage Chart

<table>
<thead>
<tr>
<th>2017 Vision Monthly Rates</th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$7.36</td>
<td>$10.20</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$11.65</td>
<td>$15.60</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$11.98</td>
<td>$15.60</td>
</tr>
<tr>
<td>Family</td>
<td>$19.20</td>
<td>$20.00</td>
</tr>
</tbody>
</table>

Is it medical or is it vision?
If you visit an optometrist or optician for routine vision care, such as an eye exam and prescribing of glasses or contacts, services are covered under Vision Service Plan.

If you are being treated by an ophthalmologist or other medical doctor for a specific condition or disease of the eye, services may be covered by your medical insurance.

800.877.7195
Vision Service Plan
www.vsp.com

VSP does not issue ID cards. Your doctor will verify eligibility directly with VSP.

Lasik Surgery
If you are considering laser vision correction, you can save an average of 15% when you use VSP's Laser Vision Care Program. Visit www.vsp.com for more information and to find a contracted laser vision doctor and schedule a free screening.

800.323.1743
Delta Dental
www.deltadentalil.com
Federal Signal Wellness Program

The wellness program is designed to engage participants in living a healthier lifestyle. Employees and spouses or domestic partners enrolled in a Federal Signal medical plan can participate.

Wellness Program

The wellness platform for our company program is BlueCross BlueShield’s Well onTarget®. This program is designed to give you the support you need to make healthy choices. With the Well onTarget program, members are provided with access to a convenient, secure website full of personalized tools and resources. Employees and spouses or domestic partners enrolled in a medical plan are eligible to participate.

How to register
You will need your Blue Cross ID number found on your medical card. Register at wellontarget.com

Healthy Rewards
If you submit the Physician Screening Form (see page 51) and meet the 3 core biometric screening benchmarks and are tobacco free, you will not be charged the additional medical premium if you choose not to participate in Wellness OnTarget.

Additional medical premium
If you and your spouse or domestic partner are enrolled in a Federal Signal medical plan and choose not to participate in the wellness program, you will pay an additional medical premium of $75 for yourself and $75 for your spouse or domestic partner in addition to the regular medical plan contribution.

If you and your spouse or domestic partner choose not to participate, the additional annual cost to you is $1,800.

800.526.6593
BlueCross BlueShield
www.bcbsil.com

What qualifies me for Healthy Rewards?
BMI ≤ 25
Blood pressure ≤ 120/80
Total cholesterol/HDL ratio ≤ 5 and tobacco free

How to earn points
You can earn points instantly by participating in a variety of on-line activities.
• Connect a fitness device or use a mobile app to track your activity.
• Enroll in the fitness program and visit a BCBS partner health club. You’ll get points each time you go, plus you receive a discounted monthly rate.
• Complete self-directed learning courses.
• Use one or more of the online trackers to log your activity and monitor your progress.
• And more!

Points = Rewards
You can redeem points for merchandise or giftcards through the website wellontarget.com.

What is the Wellness Program?

1. Know your numbers – Prior to Open Enrollment, on-site screenings may be available at your location. Alternatively, you may take the Physician Screening Form (found in the back of this book on page 51) to your doctor and record your biometric results in Well OnTarget.
2. Know Yourself – Log in to Well onTarget and complete the Health Assessment within 30 days of your benefits eligibility.
3. Have fun and earn points – Earn Blue Points redeemable at the BCBS Online Mall. You need to earn 2,000 points per quarter.

Does Federal Signal require wellness program participants to submit biometrics?
As a new hire you are not required to submit biometrics until the next Open Enrollment period. However, it is really important to know your health risk factors. By measuring and being aware of changes in your biometrics, you have reliable information about your risk for preventable diseases such as diabetes, heart disease and hypertension. Knowing your biometrics helps you understand where you should take action to improve your health.

Can I talk to a health coach?
Yes – Health coaches are available by phone or email. There is no limit to how often you can contact your health coach.

Does my spouse or domestic partner have to participate in the wellness program?
If your spouse or domestic partner is covered on a Federal Signal medical plan, they will need to participate in the wellness program or an additional $75 monthly medical premium.

What if I qualify for the BCBS Condition Management program?
You will also need to participate in the wellness program in order to avoid the additional medical premium.

If you participate in the BCBS Condition Management program, see page 29 for more information.
**Additional Employee Benefits**

**Employee Assistance Program**

**When you need help**

To help balance life’s challenges, Federal Signal offers an Employee Assistance Program (EAP), a confidential counseling and referral service for you and your dependents, including children that may be away at school. Services are provided by Charles Nechtem Associates, Inc., an independent provider of employee assistance services. You and your dependents can receive short term counseling services which can include from 1 to 6 face-to-face visits with a counselor, social worker or psychologist at no cost.

Services are confidential and counseling is provided in a convenient way. In addition, licensed psychologists and social workers are available by phone 24 hours a day, 7 days a week. If a crisis situation occurs, immediate support is available by calling 800-531-0200.

The EAP will coordinate face-to-face visits with a counselor in your area from a nationwide network of licensed psychologists and social workers. Your EAP counselor will help you 1) clarify your problem or concern, 2) identify options, 3) develop a plan to solve the problem. EAP can help solve a variety of concerns including:

- Family and parenting concerns
- Alcohol and drug issues
- Marital and relationship issues
- Depression
- Grief and bereavement support
- Legal and financial issues
- Stress and anxiety
- Eldercare and childcare

To learn more about EAP, or access services, visit www.charlesnechtem.com. To access additional free materials, videos, and FAQs, click on the Wellness Library log in. Follow the hyperlink to healthandwellness.personaladvantage.com/ca/ and register using the company name “Federal Signal Corp,” creating a user name and password of your choice.

800.531.0200
Charles Nechtem Associates
www.charlesnechtem.com

inquiries@charlesnechtem.com

Only use email inquiries for non-emergencies. Emails will be answered the next business day.

**Tuition Assistance**

**Tuition Assistance Program (TAP)**

Federal Signal values continuous learning and believes in the benefits of education. Our Tuition Assistance Program (TAP) is designed to assist and encourage employees to expand their knowledge, skills and job effectiveness.

New hires enrolled in an eligible course at the time of hire may participate immediately, provided they obtain written approval prior to their date of hire.

Based on the type of courses an active full time employee pursues, eligibility is either a minimum of 6 months or 12 months of prior continuous service in their existing position. Depending on the type of courses and program, you may receive up to $5,250 per calendar year.

Restrictions apply and an application is required. See your local HR representative for full policy details and the necessary forms.

Blue Care Connections

Log on to www.bcbsil.com and take advantage of the health and wellness programs offered with your BlueCross BlueShield medical coverage. Programs include:

- Condition Management
- Tobacco Cessation
- Special Beginnings
- Fitness Program
- Weight Management
- Blue365 Member Discounts

www.bcbsil.com

Blue Access for Members BAM

Blue365 Member Discounts

Blue365/Blue Access for Members

24/7 Nurseline

The 24/7 Nurseline can help when you or a family member has a health problem or concern. This helpline is staffed by registered nurses who are available 24 hours a day, 7 days a week.

The Nurseline can assist you in identifying options such as whether to make an appointment, how to take self-care measures, prescription or medication questions and much more.

You can also learn about more than 1,200 health topics from allergies to women’s health over 1,200 health topics from allergies to women’s health. Visit the website below.

Member ID is PS20021364

www.bcbsil.com/members/register

CIGNA Secure Travel

When traveling for Company business, whether domestically or internationally, CIGNA Secure Travel assistance program provides many benefits: including coordinating medical assistance, evacuation, assistance with lost or stolen property, prescription refill services, translation or interpretation services and more.

Additional information and a CIGNA Secure Travel ID card is available in Ultipro.

www.bcbsil.com

tinyurl.com/ESSPortal

Dell Employee Purchase Program

For Federal Signal employee discounts on Dell home computer systems, visit the website below.

Member ID is PS20021364

www.dell.com/epp

Mobile phone discounts

Verizon—Ask a Verizon provider for details.

AT&T—Visit Federal Signal’s AT&T page at the web address below and use code #27611.

www.att.com/wireless/federaisignal

Dell Employee Purchase Program

For Federal Signal employee discounts on Dell home computer systems, visit the website below.

Member ID is PS20021364

www.dell.com/epp

CIGNA Secure Travel

When traveling for Company business, whether domestically or internationally, CIGNA Secure Travel assistance program provides many benefits: including coordinating medical assistance, evacuation, assistance with lost or stolen property, prescription refill services, translation or interpretation services and more.

Additional information and a CIGNA Secure Travel ID card is available in Ultipro.

www.bcbsil.com/tinyurl.com/ESSPortal

Family Secure

Credit monitoring services, provided at no cost by Experian, offered by BlueCross BlueShield. Enroll through Blue Access for Members (BAM).

- Fraud resolution service
- Experian report upon enrollment
- $2 million product guarantee
- Additional ProtectMyID® services

www.bcbsil.com/

Member ID is PS20021364

www.bcbsil.com/members/register

Blue365 Member Discounts

Blue365/Blue Access for Members

24/7 Nurseline

The 24/7 Nurseline can help when you or a family member has a health problem or concern. This helpline is staffed by registered nurses who are available 24 hours a day, 7 days a week.

The Nurseline can assist you in identifying options such as whether to make an appointment, how to take self-care measures, prescription or medication questions and much more.

You can also learn about more than 1,200 health topics from allergies to women’s health over the telephone via an audio library system.

800.299.0274

24/7 Nurseline

www.bcbsil.com/

Member ID is PS20021364

www.bcbsil.com/members/register

800.531.0200
Charles Nechtem Associates
www.charlesnechtem.com

inquiries@charlesnechtem.com

Only use email inquiries for non-emergencies. Emails will be answered the next business day.
Life Insurance

As a Federal Signal benefits eligible employee, you are automatically enrolled in the Basic Life and Accidental Death & Dismemberment (AD&D) insurance through Reliance Standard. You also have the opportunity to buy additional life insurance for yourself and your dependents. Certain limits exist on Optional Life for the first 2 years of coverage or benefit increases.

All Life and AD&D insurance benefits are based on your annual pay1 as of your date of hire. In subsequent years, your benefit will be based on your annual pay2 as of January 1 of the plan year even if your salary changes during the year.

Optional life insurance for yourself

You may purchase additional life insurance of 1, 2, 3, 4, or 5 times your annual pay rounded up to the nearest $1,000, up to a maximum of $1,300,000 (combined basic and optional). If you do not enroll in optional life insurance when first eligible, Evidence of Insurability will apply if you enroll during a subsequent Open Enrollment period. Once enrolled, if you are under age 70, you may increase one benefit level up to $300,000 during open enrollment without providing evidence of insurability during the annual Open Enrollment period.

If your elected amount is over $300,000, or if you are age 70 or older, evidence of insurability is required and must be approved by Reliance Standard. You pay for coverage on an after-tax basis.

Optional life insurance for your family

Coverage for your spouse or eligible domestic partner and your children is available as described in the chart at right.

800.351.7500
Reliance Standard
www.reliancestandard.com

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Disability

What we provide

Federal Signal provides disability benefits at no cost to you, depending on the length and type of disability. Disability insurance provides income replacement if you are unable to work because of a non-work related illness or injury.

Short-Term Disability (STD)

This Company paid benefit provides partial income replacement for up to 26 weeks. A 7 calendar day waiting period applies before benefits begin. Once your disability has been approved, payments are made through the regular payroll. Your benefit amount depends on your years of experience and whether you are a salaried or non-union hourly employee.

To initiate a claim, contact Matrix Absence Management at 877-202-0055 or file on-line at www.matrixservices.com. Family Medical Leave (FML) runs concurrent with STD. FML and STD are both administered by Matrix. For more information about the FMLA see page 12 of this book.

Long-Term Disability (LTD)

LTD provides partial income replacement if your disability continues beyond 26 weeks. If the disability becomes long-term, your disability benefits will transition from short-term to long-term. The Company provides the basic benefit at no cost to you. You can apply for additional coverage under the LTD buy-up plan. If you do not enroll in the buy-up plan when first eligible, evidence of insurability will be required if you enroll during our Open Enrollment period. You pay for coverage on an after-tax basis.

LTD benefits will be offset by Social Security disability income and other applicable payments. Benefit payments will continue as long as you remain disabled or until you reach the Social Security Normal Retirement Age, whichever occurs first.

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Basic life and AD&D insurance

Both Company paid plans provide a benefit of 1 times your annual pay rounded up to the nearest $1,000 to a maximum of $800,000.

Optional Life Insurance

<table>
<thead>
<tr>
<th>Rate</th>
<th>Optional Benefit</th>
<th>Maximum Benefit Basic + Optional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost per $1,000</td>
<td>Age</td>
<td>Amount of Coverage</td>
</tr>
<tr>
<td>Age Band</td>
<td>Monthly</td>
<td></td>
</tr>
<tr>
<td>0-25</td>
<td>0.056</td>
<td></td>
</tr>
<tr>
<td>26-29</td>
<td>0.066</td>
<td></td>
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<tr>
<td>30-34</td>
<td>0.068</td>
<td></td>
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<td>75-79</td>
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<td></td>
</tr>
<tr>
<td>80+</td>
<td>9.007</td>
<td></td>
</tr>
</tbody>
</table>

1 If you think that you may require EOI, please see your local HR representative for an EOI form.

2 If you are under age 70, you may increase one benefit level up to $300,000 during open enrollment without providing evidence of insurability during the annual Open Enrollment period.

---

Business Travel Accident Insurance

Business Travel Accident insurance (BTA) through CIGNA is provided by the Company at no cost to you. BTA provides a benefit of 3x your annual pay to a maximum of $200,000 if your injury or death occurs as a result of an accident while traveling on company business away from your city of permanent assignment. Benefits are payable if death or dismemberment occurs within one year of the date of a covered accident.

Evidence of Insurability

Evidence of Insurability (EOI) is an application process in which you provide information on the condition of your health to obtain optional life insurance coverage.

EOI and approval of your application by Reliance Standard is required in the following situations:

- If your optional life insurance election results in a benefit amount of $300,000 or greater
- If you waive optional life insurance or voluntary LTD buy-up coverage, for yourself or your spouse or domestic partner while you are first eligible and elect during a subsequent open enrollment period
- If you are enrolled in optional life insurance coverage and elect to increase the benefit amount more than one salary increment
- If you are age 70 or older
- If you were previously declined coverage by Reliance Standard

Optional Life Insurance

<table>
<thead>
<tr>
<th>Employee</th>
<th>Rate</th>
<th>Optional Benefit</th>
<th>Maximum Benefit Basic + Optional</th>
</tr>
</thead>
<tbody>
<tr>
<td>$130,000 combined basic and optional coverage</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You must have optional coverage for yourself in order to elect spouse coverage. Coverage is not available if your child is an active student (full-time or part-time) and financially dependent on the insured for support. Coverage is not available if your child is an active member of the armed forces of any country.

<table>
<thead>
<tr>
<th>Spouse</th>
<th>Age</th>
<th>Amount of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>$115/month</td>
<td>25,000</td>
<td></td>
</tr>
</tbody>
</table>

Optional Life Insurance

<table>
<thead>
<tr>
<th>Children over age 6 months</th>
<th>Amount of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>$25/month</td>
<td>5,000</td>
</tr>
</tbody>
</table>

You must have optional coverage for yourself in order to elect coverage for your children. The benefit for children age 14 days to 6 months is $500. Eligible children must be unmarried, less than 20 years of age (or between ages 20 and 26 if a full-time student) and financially dependent on the insured for support. Coverage is not available if your child is an active member of the armed forces of any country.

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Evidence of Insurability

Evidence of Insurability (EOI) is an application process in which you provide information on the condition of your health to obtain optional life insurance coverage.

EOI and approval of your application by Reliance Standard is required in the following situations:

- If your optional life insurance election results in a benefit amount of $300,000 or greater
- If you waive optional life insurance or voluntary LTD buy-up coverage, for yourself or your spouse or domestic partner while you are first eligible and elect during a subsequent open enrollment period
- If you are enrolled in optional life insurance coverage and elect to increase the benefit amount more than one salary increment
- If you are age 70 or older
- If you were previously declined coverage by Reliance Standard

Optional Life Insurance

<table>
<thead>
<tr>
<th>Age</th>
<th>Amount of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-69</td>
<td>65%</td>
</tr>
<tr>
<td>70-74</td>
<td>45%</td>
</tr>
<tr>
<td>75-79</td>
<td>30%</td>
</tr>
<tr>
<td>80+</td>
<td>20%</td>
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</tbody>
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You must have optional coverage for yourself in order to elect spouse coverage. Coverage is not available if your child is an active student (full-time or part-time) and financially dependent on the insured for support. Coverage is not available if your child is an active member of the armed forces of any country.

<table>
<thead>
<tr>
<th>Children over age 6 months</th>
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<tbody>
<tr>
<td>$25/month</td>
<td>5,000</td>
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You must have optional coverage for yourself in order to elect coverage for your children. The benefit for children age 14 days to 6 months is $500. Eligible children must be unmarried, less than 20 years of age (or between ages 20 and 26 if a full-time student) and financially dependent on the insured for support. Coverage is not available if your child is an active member of the armed forces of any country.

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Evidence of Insurability

Evidence of Insurability (EOI) is an application process in which you provide information on the condition of your health to obtain optional life insurance coverage.

EOI and approval of your application by Reliance Standard is required in the following situations:

- If your optional life insurance election results in a benefit amount of $300,000 or greater
- If you waive optional life insurance or voluntary LTD buy-up coverage, for yourself or your spouse or domestic partner while you are first eligible and elect during a subsequent open enrollment period
- If you are enrolled in optional life insurance coverage and elect to increase the benefit amount more than one salary increment
- If you are age 70 or older
- If you were previously declined coverage by Reliance Standard

Optional Life Insurance

<table>
<thead>
<tr>
<th>Age</th>
<th>Amount of Coverage</th>
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<tr>
<td>65-69</td>
<td>65%</td>
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<td>70-74</td>
<td>45%</td>
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<tr>
<td>75-79</td>
<td>30%</td>
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<tr>
<td>80+</td>
<td>20%</td>
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</table>

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Saving for Retirement

Federal Signal Retirement Savings Plan (RSP)

Eligibility and enrollment
Regular employees are eligible to join the Plan when hired and may do so by contacting Vanguard. In order to begin participation, contact Vanguard at www.vanguard.com or 1-800-523-1188. Vanguard will send you a confirmation of your enrollment and a personal identification number (PIN). You will need this PIN to conduct transactions with Vanguard relating to your RSP Account.

If you take no action, you will be automatically enrolled within four to six weeks after your hire date. With automatic enrollment, 2% will be deducted from your eligible pay on a pre-tax basis and posted to your RSP account. This contribution will be invested in the Vanguard Target Retirement Fund whose “target” year is closest to the year in which you will turn age 65 unless you contact Vanguard to choose your allocation.

The RSP offers an additional automatic annual increase feature that helps you save more by increasing your contributions for you each year. When you are automatically enrolled in the Plan, annual increases will be set up to increase your pre-tax contribution rate by one percentage point each January. These increases will continue until you reach 10% of your earnings.

Designating a RSP beneficiary
After your contributions begin, be sure to name a beneficiary for your account. Properly designating a beneficiary ensures that, when you die, your hard-earned savings are distributed according to your wishes.

To name a beneficiary, follow these simple steps:

1. Log on to your account at vanguard.com/retirementplans.
2. Click My Profile. (If you have multiple accounts at Vanguard, you may need to select Employer plans first.)
3. Click Beneficiaries.

NOTE:
The beneficiary designation for your RSP is separate from life insurance and must be designated with Vanguard. The beneficiaries you designate in the Ultipro Portal only apply to life insurance policies.

If you are married, your spouse is automatically your beneficiary, unless she/he agrees in writing to your naming someone else.

Company contributions add up over time
For information on the benefits of boosting your contribution rate, visit vanguard.com/savenow. You may also visit Vanguard’s website for online retirement planning tools.

Get started today on saving more for retirement
Whether your retirement is decades away or just around the corner, it’s never too early, or too late, to start saving for retirement. The Federal Signal Corporation Retirement Savings Plan (RSP) can help you reach your retirement goal. How? Federal Signal offers you free money with its Company contributions when you contribute to our 401k plan.

Meet your match
Federal Signal offers matching contributions, on an annual basis. So if you contribute at least 6% of your pay, you will receive the maximum Company match of 3%. In other words, for every pre-tax $1 you contribute to the plan, the Company will contribute $0.50 to your account, up to 6% of your pay. It is a valuable benefit of being a Federal Signal employee.

In addition to the match, Federal Signal will make a retirement contribution, based on your eligible pay each payroll period, to your RSP account based on your years of service and age each pay period. You do not need to contribute to the plan to get this benefit. Company contributions increase over time based on the schedule below:

<table>
<thead>
<tr>
<th>Points (your age + years of completed service each January)</th>
<th>Company paid retirement contribution</th>
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<tbody>
<tr>
<td>35 or fewer</td>
<td>1%</td>
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<tr>
<td>36 to 50</td>
<td>2%</td>
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<tr>
<td>51 or more</td>
<td>4%</td>
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</tbody>
</table>

Take action: Start saving more today!
Log on to your account at www.vanguard.com/retirementplans to increase your contribution rate. Not yet registered for secure online account access? Go to www.vanguard.com/register. You will need our plan number: 091973.

Take action: Connect with Vanguard on your mobile device
Go to vanguard.com/bemobile to download the Vanguard app so you can access your account on the go.

Tip: Connect with Vanguard on your mobile device

ELECTRONIC DELIVERY
Vanguard has gone green! Default delivery of your 401k statements is via email

800.523.1188
Vanguard Customer Service
www.vanguard.com/retirementplans
Distribution of Retirement Savings

Vesting schedule

Vesting refers to your right of ownership to the money in your account. You are always 100% vested in your own contributions and their earnings. You become vested in Federal Signal Corporation contributions after completing three years of service.

When employment at Federal Signal ends

All plan contributions stop at the time your employment with Federal Signal ends. You will, however, continue to receive quarterly statements and be able to direct your own investments. You remain subject to all plan rules. Even though you are no longer employed at Federal Signal, it remains your responsibility to keep your mailing address up-to-date with Vanguard. This is important so you can be notified of any future plan changes.

Accessing your Vanguard account

You can conduct the following account transactions at any time by logging on to your account at vanguard.com/retirementplans or by calling Vanguard at 800-523-1188:

- Start or stop contributing, or change your payroll deduction.
- Change the investment direction of future contributions.
- Transfer money between funds.
- Request loans and withdrawals. Transactions and changes to your account will take place as soon as administratively possible.

Distribution options

You are eligible to receive your vested account balance upon retirement, termination of employment, or total and permanent disability. You may do any of the following:

- Leave it in the Plan if your balance is more than $5,000. The IRS requires that you begin taking distributions when you reach age 70½.
- Receive it as a lump-sum cash payment.
- Receive it in installment payments.
- Receive your Federal Signal Corporation Common Stock Fund balance in kind or as cash. You can take the stock as an in-kind distribution (that is, in stock certificates or as a direct rollover to an IRA). You can also cash in your stock. Because of the special tax treatment of company stock, consult a tax advisor.
- Roll it over to another employer’s eligible plan or an IRA. For information on a direct rollover to a Vanguard IRA®, call an associate at 800-523-1188.

You will receive information from Vanguard two to three weeks after your termination date. Before taking any type of distribution from the Plan it is important that you read the “Special Tax Notice.”

Distribution while still employed

In some cases, you can request a distribution while you are still employed at Federal Signal.

Loans

Although the plan is designed for long-term savings, you can borrow from your account. Keep in mind that your paycheck would be reduced to repay the loan with interest, and that you could owe taxes and a 10% federal penalty if you fail to repay on time or when you leave Federal Signal Corporation.

Withdrawals*

You may withdraw money from your account under certain circumstances:

- After-tax withdrawals. You can withdraw all or part of your after-tax contributions once a year. Investment earnings on after-tax contributions are taxable upon withdrawal.
- Age 59½ withdrawals. Once you reach age 59½, you can make withdrawals or conduct rollovers from the pre-tax contributions credited to your account once a year (does not include earnings on your contributions).
- Age 65 withdrawals. You can withdraw or rollover your entire vested account balance once you reach age 65.
- Hardship withdrawals. You may withdraw pre-tax contributions (does not include earnings on your contributions) credited to your account before age 59½ subject to a documented financial hardship.

* Tax implications: You will be responsible for paying any federal, state, local, or foreign taxes on a distribution or withdrawal. Early withdrawals may be subject to a 10% federal penalty tax. To the extent required by law, Vanguard will make the appropriate withholding for tax purposes.

COBRA

Continuing medical coverage

If you or one of your covered dependents loses health coverage due to a qualifying life event (see below), the Consolidated Omnibus Budget Reconciliation Act (COBRA) allows you to continue coverage in Federal Signal sponsored plans, provided you are enrolled on the date of the life event.

You have the opportunity to continue health benefits when you or your dependant’s coverage would otherwise end. You pay 102% of the full group rate. The following plans are covered under COBRA:

- Medical Plan
- Dental Plan
- Vision Plan
- Healthcare Flexible Spending Account (FSA)

What is a COBRA qualifying event?

You, your spouse/domestic partner, or dependent child(ren) become eligible for up to 18 months of COBRA when group health coverage is lost due to:

- Job loss for any reason, other than gross misconduct
- Reduction in hours below that required for eligibility

Your covered dependents can continue coverage up to 36 months if they lose coverage due to:

- Divorce or legal separation
- Your death while covered under eligible plans
- Your dependent child reaches limiting age
- Your dependent child no longer qualifies as a full time student

Enrolling in COBRA

A COBRA notification and enrollment package will be mailed to you and your covered dependents. To elect COBRA coverage, you and/or your covered dependents must enroll within 60 days after receiving this notice.

When coverage ends

COBRA coverage ends:

- The last day of your allowable COBRA continuation period
- When premiums are not paid on a timely basis
- If Federal Signal stops offering the group plan
- You become covered under another employer’s group health plan

For more information, contact FS Benefits.

855.895.4333
FS Benefits Helpline
FSBenefits@federalsignal.com

2017 COBRA Monthly Medical Rates

<table>
<thead>
<tr>
<th>2017 COBRA Monthly Medical Rates</th>
<th>Healthy Advantage Plan</th>
<th>Healthy Choice Plan</th>
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<tbody>
<tr>
<td>Individual</td>
<td>$497.42</td>
<td>$518.20</td>
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<tr>
<td>Individual + Spouse</td>
<td>$977.50</td>
<td>$1,046.00</td>
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<tr>
<td>Individual + Child(ren)</td>
<td>$943.84</td>
<td>$941.48</td>
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<tr>
<td>Family</td>
<td>$1,835.50</td>
<td>$1,642.35</td>
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2017 COBRA Monthly Dental & Vision Rates

<table>
<thead>
<tr>
<th>2017 COBRA Monthly Dental &amp; Vision Rates</th>
<th>Dental</th>
<th>Vision</th>
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<tbody>
<tr>
<td>Individual</td>
<td>$28.93</td>
<td>$7.71</td>
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<tr>
<td>Individual + Spouse</td>
<td>$88.03</td>
<td>$11.88</td>
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<tr>
<td>Individual + Child(ren)</td>
<td>$64.16</td>
<td>$12.22</td>
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<tr>
<td>Family</td>
<td>$99.05</td>
<td>$10.58</td>
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Our Benefit Plan Partners

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Type of Benefit</th>
<th>Web Site or Email</th>
<th>Customer Service</th>
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<tbody>
<tr>
<td>Ultipro Portal</td>
<td>To enroll or make changes to your benefits</td>
<td>n2.ultipro.com</td>
<td>855.895.4133</td>
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<td>BlueCross BlueShield of Illinois Account # 972700 Group # 4 Healthy Advantage Healthy Choice # 972707</td>
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<td>Federal Signal Wellness partner</td>
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<td>wellontarget.com</td>
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<td>800.299.0274</td>
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Required Notices

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

5. Employer name: Federal Signal Corporation

6. Employer identification number (EIN): 36-1063330

7. Employer address: 1415 W 22nd Street

8. Employer phone number: 630-954-3000

9. City: Oak Brook

10. State: IL

11. ZIP Code: 60523

12. Plan name: Federal Signal Benefits

13. Plan number (if different from above): (630) 954-3633

14. Email address: PStenflas@FederalSignal.com

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - All employees.

- Some employees. Eligible employees are:
  - Employees regularly scheduled to work more than 30 hours per week, subject to applicable waiting periods.

- With respect to dependents:
  - We do offer coverage. Eligible dependents are:
    - Spouses, domestic partners, and dependents who have provided the required documentation verifying eligibility status.

- We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

- Even if your employer extends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

- If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here’s the employer information you’ll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

Required Notices

SUMMARY ANNUAL REPORT

For Federal Signal Employee Welfare Benefit

This is a summary of the annual report of the Federal Signal Employee Welfare Benefit, EIN 36-1063330, Plan No. 502, for period January 01, 2015 through December 31, 2015. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

The plan has contracts with BlueCross BlueShield of Illinois, Delta Dental, Reliance Standard, and Vision Service Plan to pay health, dental, vision, life insurance, temporary disability, long-term disability, prescription drug, stop loss and PPO plans incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2015 were $18,776,553.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- financial information;
- insurance information, including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the office of Benefit Administration Committee Federal Signal Corporation in care of Shirley Paulson at 1415 W 22nd Street Suite 1100, Oak Brook, IL 60523, or by telephone at (630) 954-2007.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (Benefit Administration Committee Federal Signal Corporation, 1415 W 22nd Street Suite 1100, Oak Brook, IL 60523) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Plan documents shall govern

Your right to receive a benefit depends on the actual facts and rules in the legal documents that govern the Federal Signal Corporation Health and Welfare Plan. Federal Signal Corporation reserves the right to modify or terminate the provisions of the Plan, and to amend the relevant plan document(s) at any time. While every effort has been made to ensure the accuracy and applicability of the information in this brochure, the possibility of error always exists. If there is any inconsistency between this document and the Plan document(s), the provisions of the applicable Plan document(s) will prevail. No provision in this brochure is intended to commit the Company to the provision of permanent welfare benefits of any type to any class of employees or dependents, or to the maintenance of the plan. No verbal or written representations contrary to the terms of the Plan documents, or its written amendments, shall be binding upon the Plan, the Plan Administrator, or the Company.

If you have any questions, please refer to the Summary Plan Descriptions (SPDs) available on the Ultipro Portal at: n12.ultipro.com

Patient Protection and Affordable Care Act

Federal Signal believes that the Healthy Advantage, Healthy Choice, PPO, and PPO Plus plans under the Federal Signal Corporation Health and Welfare Benefit Plan comply with the provisions specified in the Affordable Care Act. Questions regarding such coverage may be directed to the plan administrator at Federal Signal Corporation Benefits Department at 630-954-2000. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebs/healthreform.
Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askEBSA.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility –

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<th>ALABAMA – Medicaid</th>
<th>FLORIDA – Medicaid</th>
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<td>Website: <a href="http://myalabhipp.com/">http://myalabhipp.com/</a></td>
<td>Website: <a href="http://healthcare.gov/recovery/hipp/">http://healthcare.gov/recovery/hipp/</a></td>
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<td>Phone: 1-855-692-5447</td>
<td>Phone: 1-877-537-3268</td>
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<td>Phone: 1-866-251-4861</td>
<td>- Click on Health Insurance Premium Payment (HIPP) Program -</td>
</tr>
<tr>
<td>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a></td>
<td></td>
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<thead>
<tr>
<th>ARKANSAS – Medicaid</th>
<th>MISSOURI – Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Website: <a href="http://invacarehipp.com">http://invacarehipp.com</a></td>
<td>Website: <a href="http://www.dss.co.wa.us/hippp/hppp.htm">http://www.dss.co.wa.us/hippp/hppp.htm</a></td>
</tr>
<tr>
<td>Phone: 1-855-MyARHIPP (855-692-7447)</td>
<td>Phone: 573-751-2065</td>
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<thead>
<tr>
<th>COLORADO – Medicaid</th>
<th>IOWA – Medicaid</th>
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<tbody>
<tr>
<td>Website: <a href="http://www.colorado.gov/bcpf">http://www.colorado.gov/bcpf</a></td>
<td>Website: <a href="http://www.dhs.state.ia.us/hippp/">http://www.dhs.state.ia.us/hippp/</a></td>
</tr>
<tr>
<td>Medicaid Customer Contact Center: 1-800-221-3943</td>
<td>Phone: 1-888-346-9562</td>
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<tr>
<th>KANSAS – Medicaid</th>
<th>NEW HAMPSHIRE – Medicaid</th>
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<tbody>
<tr>
<td>Phone: 1-785-296-3512</td>
<td>Phone: 603-271-5218</td>
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<tr>
<th>KENTUCKY – Medicaid</th>
<th>NEW JERSEY – Medicaid and CHIP</th>
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<tbody>
<tr>
<td>Website: <a href="http://kcto.ky.gov/dhs/default.htm">http://kcto.ky.gov/dhs/default.htm</a></td>
<td>Medicaid Website: <a href="http://www.state.nj.us/humanservices/health/employ/medicaid">http://www.state.nj.us/humanservices/health/employ/medicaid</a></td>
</tr>
<tr>
<td>Phone: 1-800-635-2570</td>
<td>Medicaid Phone: 609-631-2292</td>
</tr>
<tr>
<td>CHIP Website: <a href="http://www.njdhs.sharestate/index.html">http://www.njdhs.sharestate/index.html</a></td>
<td>CHIP Phone: 1-888-673-2710</td>
</tr>
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<thead>
<tr>
<th>LOUISIANA – Medicaid</th>
<th>NEW YORK – Medicaid</th>
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<tbody>
<tr>
<td>Phone: 1-888-656-2447</td>
<td>Phone: 1-800-541-2531</td>
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<tr>
<th>MASSACHUSETTS – Medicaid and CHIP</th>
<th>NORTH DAKOTA – Medicaid</th>
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<tbody>
<tr>
<td>Website: <a href="http://www.mass.gov/DHAPublic">http://www.mass.gov/DHAPublic</a> Assistance/index.html</td>
<td>Website: <a href="http://www.nd.gov/dhs/services/medicaid/medicaid/">http://www.nd.gov/dhs/services/medicaid/medicaid/</a></td>
</tr>
<tr>
<td>Phone: 1-800-662-1120</td>
<td>Phone: 1-844-584-8252</td>
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<tr>
<th>MINNESOTA – Medicaid</th>
<th>OREGON – Medicaid</th>
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<tbody>
<tr>
<td>Website: <a href="http://www.state.mn.us/medicaid">http://www.state.mn.us/medicaid</a></td>
<td>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a></td>
</tr>
<tr>
<td>Phone: 1-888-555-3379</td>
<td>Website: <a href="http://www.oregonhealthcare.gov/index.html">http://www.oregonhealthcare.gov/index.html</a></td>
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<tr>
<td></td>
<td>Phone: 1-800-469-0975</td>
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<tr>
<th>MISSOURI – Medicaid</th>
<th>PENNSYLVANIA – Medicaid</th>
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<tbody>
<tr>
<td>Website: <a href="http://dhh.bjs.org/MontanaHealthCarePrograms/HIPP">http://dhh.bjs.org/MontanaHealthCarePrograms/HIPP</a></td>
<td>Website: <a href="http://www.dhs.pa.gov/">http://www.dhs.pa.gov/</a></td>
</tr>
<tr>
<td>Phone: 1-800-694-3084</td>
<td>Phone: 1-800-492-7462</td>
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<tr>
<th>MONTANA – Medicaid</th>
<th>RHODE ISLAND – Medicaid</th>
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<tr>
<td>Website: <a href="http://dhh.mt.gov/">http://dhh.mt.gov/</a></td>
<td>Website: <a href="http://www.ehhs.ri.gov/">http://www.ehhs.ri.gov/</a></td>
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<tr>
<td>Phone: 1-800-694-3084</td>
<td>Phone: 401-462-6300</td>
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<tr>
<th>NEBRASKA – Medicaid</th>
<th>SOUTH CAROLINA – Medicaid</th>
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<tr>
<td>Website: <a href="http://dhhs.ne.gov/Children_Family_Services/accessnebra">http://dhhs.ne.gov/Children_Family_Services/accessnebra</a> ska/Page/accessnebraska_medicaid.aspx</td>
<td>Website: <a href="http://www.dhhs.sc.gov/">http://www.dhhs.sc.gov/</a></td>
</tr>
<tr>
<td>Phone: 1-888-632-7633</td>
<td>Phone: 1-888-549-8020</td>
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<tr>
<th>NEVADA – Medicaid</th>
<th>UTAH – Medicaid</th>
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<tbody>
<tr>
<td>Website: <a href="http://www.dhhs.gov/nv">http://www.dhhs.gov/nv</a></td>
<td>Website: <a href="http://www.utah.gov/">http://www.utah.gov/</a></td>
</tr>
<tr>
<td>Medicaid Phone: 1-800-992-0900</td>
<td></td>
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</table>

| OHIO – Medicaid | \n|----------------|
| Website: http://www.medicaid.ohio.gov/ | |
| Medicaid Phone: 1-866-888-0000 | |
To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

- Call FS Benefits at 855.895.4333
- Visit www.federalhealthcare.com/coverageppp

For more information about group health plans and related issues, please contact the Employee Benefits Security Administration (1-866-444-EBSA) or the Health Care Financing Administration (1-877-267-2323).

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at FS Benefits, 855.895.4333, and we will work with you (and if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

**Women’s Health and Cancer Rights Act Notice**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Benefits and deductible descriptions are included in your 2017 Benefits Open Enrollment Guide. Additional copies will be provided upon request.

**Newborns’ and Mothers’ Health Protection Act Notice**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

**Notice of Availability of Reasonable Alternative Standard**

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at FS Benefits, 855.895.4333, and we will work with you (and if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

**Physician Screening Form**

**SECTION I: TO BE COMPLETED BY YOU (PLEASE PRINT)**

Name: ___________________________ Employee ID #: ___________________ Gender: M / F

Address: ___________________________ City: ___________________________ State: ______ Zip: ______

Work Phone Number: (___) _______________ DOB: _________________

Email: ____________________________

I, the undersigned understand that my employer is the Plan Sponsor of my Group Health Plan and may receive a list of my participation for administrative purposes, including but not limited to, billing and attendance. I understand that my Group Health Plan may be administered and/or insured by my Employer or an insurance company such as BCBS, one of these entities or their selected vendor may have access to my individually identifiable information for condition management purposes, or to appropriately operate or administer my Group Health Plan. The organizations involved in this wellness activity recognize the importance of safeguarding individually identifiable health information and are obligated to take reasonable steps to protect such information.

Signature: __________________________ Date: _______________________

**SECTION II: TO BE COMPLETED BY YOUR PHYSICIAN**

Examination and Blood Work Date: ___________________________

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<tr>
<th>Height: __________ feet __________ inches</th>
<th>Weight: __________ pounds</th>
<th>Waist Circumference: __________ inches</th>
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</thead>
<tbody>
<tr>
<td>Total Cholesterol: __________ mg/dl</td>
<td>HDL: __________ Ratio Total/HDL: __________</td>
<td></td>
</tr>
<tr>
<td>Glucose Level: __________ mg/dl</td>
<td>Triglycerides: __________</td>
<td>LDL: __________ Cholesterol: __________</td>
</tr>
<tr>
<td>Blood Pressure: __________ / __________ mm/Hg</td>
<td></td>
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</tbody>
</table>

Physician’s Signature: __________________________ Date: _______________________

Physician’s Name (please print): __________________________

Physician’s Address: __________________________

**Physicians and blood work must be completed for physician form credit.**

**Return this form by one of the following means:**

- e-mail (offsiteforms@interactivehealthinc.com)
- fax (410-356-6205)
- mail (Interactive Health, Attn: Alternative Means, 11409 Cronhill Drive, Suite M, Owings Mills, MD 21117)

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY TO RECEIVE YOUR INCENTIVE CREDIT.

Interactive Health is the Blue Cross Blue Shield partner company for processing biometric data.
Spouse/Domestic Partner Medical Plan Eligibility Certification

Spouse/Domestic Partner Eligibility Rules (Select one option below)

- **Option A:** If your spouse or domestic partner is not employed or employed but not eligible for medical coverage, and you choose to enroll them in a Federal Signal medical plan, you will pay the regular premium for coverage.
- **Option B:** If your spouse or domestic partner is enrolled in his or her employer’s medical plan, and you choose to enroll them in a Federal Signal medical plan, you will pay the regular premium for coverage; however the Federal Signal medical plan will be treated as secondary coverage for purposes of coordination of benefits.
- **Option C:** If your spouse or domestic partner is eligible for coverage through his or her employer, but does not enroll for that coverage and you enroll them in a Federal Signal medical plan as primary. A $200 monthly premium will apply in addition to the regular premium.

If you selected option A or B please answer the questions below:

1. Is your spouse or domestic partner employed?
   - No — Stop, sign below and return this form to your Human Resources department by December 1, 2016. Your spouse or domestic partner may be enrolled in an FSC medical plan as their primary coverage.
   - Yes — Answer question #2

2. Is your spouse or domestic partner eligible for medical coverage through their employer?
   - No — You must have the certification located on the reverse of this page completed by your spouse or domestic partner’s employer and return it to Human Resources by December 1, 2016. If your spouse or domestic partner is to be enrolled in an FSC medical plan.
   - Yes — Answer question #3

3. Will your spouse or domestic partner be covered on their employer’s medical plan in 2016?
   - No — Your spouse or domestic partner may be enrolled in a FSC medical plan. An additional $200 monthly premium will apply.
   - Yes — You must have the certification located on the reverse of this page completed by your spouse or domestic partner’s employer and return it to Human Resources. Your spouse or domestic partner may be enrolled in an FSC medical plan as secondary coverage only.

You are required to certify your spouse or domestic partner’s eligibility each year. Failure to provide certification will result in termination of coverage for your spouse or domestic partner retroactively to January 1 of the plan year.

If the employment status of your spouse or domestic partner changes during the year, their eligibility for coverage under a Federal Signal medical plan may change. You must notify your Human Resources Representative within 31 days of any change in employment status.

I certify that the above information is correct. I understand any misrepresentations constitute fraud and could result in disciplinary action up to and including termination of employment.

________________________________________     ____________________________________     _____________________
Employee Signature      Print Name                                    Work Location

________________________________________
Date

Return completed form to your Human Resources Representative
Employer Medical Plan
Eligibility Certification

Spouse/Domestic Partners Authorization

Spouse/Domestic Partners Name (print): ______________________________________________________

I authorize ____________________________ to release to Federal Signal Corporation the information requested on this form.

Employer

Spouse/Domestic Partner’s Signature: ___________________________________ Date: ________________

Employer Certification

Completed form must be returned to your employee.

Dear Employer:

The Federal Signal Medical Plan requires that a determination be made concerning the eligibility of your employee listed above. The information you provide below will help Federal Signal make this determination. We appreciate your time and assistance.

Please complete the following information as it applies to your employee listed above:

☐ We do not offer medical insurance.

☐ We do offer medical insurance, but this employee is not eligible for the following reason: ________________________________

☐ This employee is enrolled in our company’s medical insurance as of: _______/_______/_________

☐ This employee is currently eligible to enroll in a medical plan, but is not enrolled for coverage.

Name of person completing this form: _______________________________ Title: _______________________________

Contact Phone: ___________________________ Contact email: ________________________________

Signature: _______________________________ Date: ___________________

Federal Signal Corporation • 1415 W. 22nd Street, Suite 1100, Oak Brook, Illinois 60523 • 630-954-2000