

New York Life Insurance and Annuity Corporation
51 Madison Avenue
New York, New York 10010

Premium Rate Notification

Policyholder Name: NATIONAL GROUP BENEFITS
INSURANCE TRUST
Product Name: Group Hospital Indemnity
Policy Effective Date: 01/01/2026
Rate Guarantee Period: 01/01/2026 - 12/31/2028

Subscriber Group ID: 430828
Subscriber Name: Franklin Square Holdings, LP
Policy Number: GHI0100383

New York Life Group Benefit Solutions products and services are provided by New York Life Insurance and Annuity Corporation, subsidiary of New York Life Insurance Company.

Class 1: All active, full-time Employees of the Employer regularly scheduled to work a minimum of 30 hours per week in the United States, who are citizens or permanent resident aliens of the United States.

Monthly Premiums	
Coverage Tier	Medium
Employee Rate	\$12.18
Employee + Spouse Rate	\$35.28
Employee + Child Rate	\$24.87
Employee + Family Rate	\$51.07