

# Benefits Overview

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## Corporate Salary

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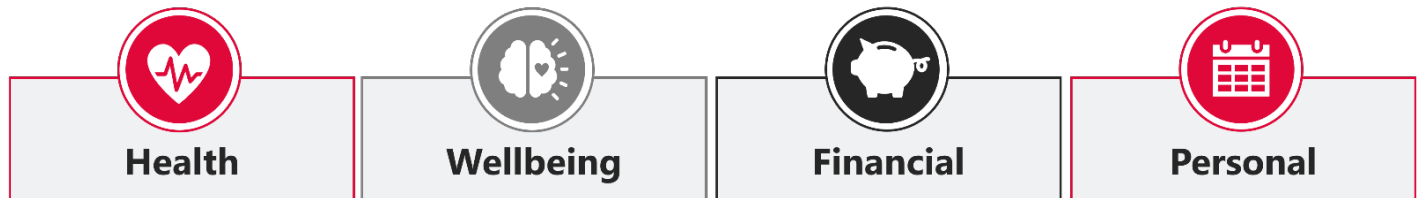
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# Benefits Overview

## Corporate Salary

Last Updated May 2025



## Health Insurance

*Comprehensive Major Medical Benefit Plan | UMR*

We offer medical insurance and mental health resources to you and your dependents through UMR with three different plan options. You can enroll in any plan as an Individual, Individual + Spouse, Individual + Child/Children, or as a Family.

### **High Deductible Health Plan (HDHP)**

This plan allows you to choose from either an in-network or non-network provider; however, an in-network provider offers you a greater level of benefits. Signature offers the HDHP with the option of an HSA. Preventive care is covered at 100% of allowable charges before you meet your deductible on this plan.

An HSA account allows you to pay for eligible expenses with pre-tax dollars. The account is interest bearing and funds rollover every year. You manage the funds in this account. Signature will contribute \$1,500.00 to your HSA on an annual basis.

### **Co-Pay Plan**

These plans act like a traditional health insurance plan with the addition of co-pays (a fixed-amount payment paid on the spot for services or prescriptions) and a deductible for other covered services. Co-pay plans are not eligible for an HSA. You may choose from in-network or non-network providers. Preventive care is covered at 100% of allowable charges before you meet your deductible on this plan.

### High-Deductible Health Plan

Election	Monthly Total	Employer contribution	Employee Contribution	Pay Period for Associates
Employee	\$707.86	\$707.86	\$0.00	\$0.00
Employee + Spouse	\$1,486.53	\$1,055.44	\$431.09	\$198.96
Employee + Children	\$1,344.96	\$981.83	\$363.13	\$167.60
Employee + Family	\$2,088.21	\$1,482.64	\$605.57	\$279.49

### Co-Pay \$5,000

Election	Monthly Total	Employer contribution	Employee Contribution	Pay Period for Associates
Employee	\$891.86	\$842.81	\$49.05	\$22.64
Employee + Spouse	\$1,872.93	\$1,065.70	\$807.23	\$372.57
Employee + Children	\$1,694.57	\$994.71	\$699.86	\$323.01
Employee + Family	\$2,631.05	\$1,494.44	\$1,136.61	\$524.59

### Co-Pay \$2,500

Election	Monthly Total	Employer contribution	Employee Contribution	Pay Period for Associates
Employee	\$977.92	\$924.14	\$53.78	\$24.82
Employee + Spouse	\$2,053.65	\$1,168.53	\$885.12	\$408.52
Employee + Children	\$1,858.08	\$1,090.70	\$767.38	\$354.18
Employee + Family	\$2,884.92	\$1,638.63	\$1,246.29	\$575.21

## Health Insurance Benefit Details

Plan Name	HDHP	Co-Pay Plan \$5,000	Co-Pay Plan \$2,500
<b>PLAN DESIGN*</b>			
<b>In-Network Benefits</b>			
<b>Calendar Year (CY) Deductible (Individual / Family)</b>	\$5,000 / \$10,000 ((\$5,000 Maximum amount that any one person will satisfy toward the annual family deductible))	\$5,000 / \$10,000	\$2,500 / \$5,000
<b>CY Out-of-Pocket Max (Individual / Family)</b>	\$6,350 / \$12,700 ((\$6,350 Maximum amount that any one person will satisfy toward the annual family deductible))	\$9,450 / \$18,900	\$7,150 / \$14,300
<b>Coinsurance (member pays after deductible)</b>	15%	30%	20%
<b>Preventive Care</b>	Covered 100%	Covered 100%	Covered 100%
<b>Primary Care Visit</b>	15% after deductible	\$10 Copay	To age 19: Covered 100%; From age 19: \$15 Copay

<b>Specialist Visit</b>	15% after deductible	Premium Designation: \$75 Copay; Non-premium Designation: \$100 Copay	Premium Designation: \$50 Copay; Non-premium Designation: \$100 Copay
<b>Urgent Care</b>	15% after deductible	\$100 Copay	\$25 Copay
<b>Emergency Room</b>	15% after deductible	\$500 Copay then 20% after deductible	\$300 Copay then 20% after deductible
<b>Inpatient Hospital</b>	15% after deductible	30% after deductible	20% after deductible
<b>Outpatient Surgery</b>	15% after deductible	30% after deductible	20% after deductible
<b>Chiropractic (visit limits may apply)</b>	Covered	Covered	Covered
<b>Phys/Occ/Speech Therapy</b>	15% after deductible No visit limit	\$20 Copay No visit limit	\$15 Copay No visit limit
<b>Diagnostic Test (X-ray, blood work)</b>	15% after deductible	To age 19: Covered 100%; PCP From age 19: \$15 Copay; Specialist: Premium Designation: \$50 Copay; Non- premium Designation: \$100 Copay; Outpatient setting: 20% after deductible	To age 19: Covered 100%; PCP From age 19: \$15 Copay; Specialist: Premium Designation: \$50 Copay; Non- premium Designation: \$100 Copay; Outpatient setting: 20% after deductible
<b>Imaging (CT/PET scan, MRI)</b>	15% after deductible	30% after deductible	20% after deductible
<b>Prescription Drug Benefit</b>			
<b>Retail</b> Generics / Preferred Brands / Non Preferred Brands	30 Days \$10 / \$35 / \$60 after deductible	30 Days \$5 / \$20 / \$200	30 Days \$15 / \$35 / \$90
<b>Specialty</b> <i>*Specialty not covered under HDHP</i>	\$10 / \$35 / \$60 after deductible	\$250 Copay	\$300 Copay
<b>Mail Order</b> Generics / Preferred Brands / Non Preferred Brands	90 Days \$30 / \$105 / \$180 after deductible	90 Days \$30 / \$105 / \$210	90 Days \$30 / \$105 / \$300
<b>Out-of-Network Benefits</b>			
<b>CY Deductible (Individual / Family)</b>	\$5,000 / \$10,000 (\$5,000 Maximum amount that any one person will satisfy toward the annual family deductible)	\$10,000 / \$20,000	\$10,000 / \$20,000
<b>CY Out-of-Pocket Max (Individual / Family)</b>	\$10,000 / \$20,000 (\$10,000 Maximum amount that any one person will satisfy toward the annual family deductible)	\$20,000 / \$40,000	\$20,000 / \$40,000
<b>Coinsurance (member pays after deductible)</b>	60%	60%	60%

## Cancer Care

The CancerCARE Program is a free, fully integrated cancer solution included in YOUR health plan that supports you from the first day of your diagnosis well into the stages of aftercare. CancerCARE coordinates care and benefits for patients with new or existing cancers. Our expert medical team advocates for the best possible care in your community or at a leading national Centers of Excellence location.

Contact Information:

1.877.640.96.10

cancermanagement@cancerprogram.com

cancercareprogram.com

## HealthiestYou

If you are not enrolling in traditional health insurance, HealthiestYou may be an option for you. It is a virtual platform with a network of physicians ready to diagnose, treat and prescribe right over the phone 24/7/365. The cost for Signature Performance associates is \$17 per month and is payroll deducted.

Speak to a licensed doctor by phone or video 24/7 from anywhere for \$0. Confidential counseling is available with a licensed therapist 7 days a week from wherever you are for \$95 per therapy session. The initial evaluation is \$235. Speak to a Dermatologist and receive a treatment plan within two business days at \$85 per consult.

## Dental Insurance

*Standard and High Dental Option Plans | Ameritas*

Signature offers you and your dependents two different plan options for Dental Insurance. The Standard Dental Plan covers services up to as much as 90% of the cost. The High Dental Plan covers services up to as much as 100% of the cost and includes orthodontia coverage. You can enroll in either plan as an Individual, Individual + Spouse, Individual + Child/Children, or as a Family.

Classic Dental Option	
Election	Employee Cost Per Pay Period
Single Employee	\$3.36
Employee + Spouse	\$16.67
Employee + Child/Children	\$19.59
Employee + Family	\$32.06
Premium Dental Option	
Election	Employee Cost Per Pay Period
Single Employee	\$7.04
Employee + Spouse	\$23.70
Employee + Child/Children	\$33.54
Employee + Family	\$54.87

## Dental Benefit Details

	Classic Plan	Premium Plan
Calendar Year Deductible	\$0	\$0
Calendar Year Benefit Maximum	\$2,000	\$2,500
<b>Type 1 Services:</b> Routine Exam, x-ray, routine cleanings	10%	0%
<b>Type 2 Services:</b> Fillings, Root Canals, Simple Extractions	30%	20%
<b>Type 3 Services:</b> Crowns, Bridges, Dentures, Complex Extractions	40%	50%
Orthodontia Services (Children and Adult)	Not Covered	50% up to \$2,000 lifetime limit

## Vision Insurance

### *Dual Choice Vision Plan | Ameritas*

You and your dependents are eligible for vision coverage with the choice of the EyeMed Insight network or the VSP Choice. Both plans have the same monthly premium cost paid by you. Giving you the choice of two different plans allows you to assess what you need from the plan and find the best fit for your lifestyle. With only a \$10 copay, our vision plan offers comprehensive coverage that includes a \$200 frame allowance or \$200 contact lens allowance every 12 months. You can enroll in either plan as an Individual, Individual + Spouse, Individual + Child/Children, or as a Family.

Vision Insurance	
Election	Employee Cost Per Pay Period
Single Employee	\$3.90
Employee + Spouse	\$7.37
Employee + Child/Children	\$7.75
Employee + Family	\$11.41

## Vision Benefit Details

	EyeMed Insight Network	VSP Choice Network + Affiliates
<b>Eye Exam – Once Every 12 Months</b>	\$10.00 Copay	\$10.00 Copay
<b>Lenses – Once Every 12 Months</b>		
<b>Single Vision Lenses</b>	\$25.00 Copay	\$25.00 Copay
<b>Lined Bifocal Lenses</b>	\$25.00 Copay	\$25.00 Copay
<b>Lined Trifocal Lenses</b>	\$25.00 Copay	\$25.00 Copay
<b>Standard Progressive Lenses</b>	\$65 - \$110 based on tier	Reimbursed up to \$50
<b>Frames – Once Every 12 Months</b>	\$200.00 Allowance	\$200.00 Allowance
<b>Contact Lenses - Once Every 12 Months if you Elect Contacts Instead of Lenses/Frames</b>	Elective - \$200.00 Allowance Medically Necessary – Covered in Full	Elective - \$200.00 Allowance Medically Necessary – Covered in Full



## Flexible Spending Account (FSA)

Flexible spending accounts are a tax-advantaged way to pay for qualified expenses for you and your dependents. This benefit allows you to pay your expenses with pre-tax dollars, lowering your taxable income as these accounts let you set aside money from your pay before taxes are withheld. The FSA plan year runs from June 1 – May 31. Any unused funds at the end of the plan year are forfeited. However, Signature Performance offers an annual carry over opportunity for both types of medical FSAs. For 2025 you can carry over \$660 into the next plan year (beginning June 1).

### **Medical FSA – 2 Options**

Full Medical FSA – Cannot be enrolled in a High-Deductible Health Plan. Funds can be used for qualified medical, dental, and vision expenses. The maximum pre-tax contribution for 2025 is \$3,300.

Limited Medical FSA – Only used when enrolled in a High-Deductible Health Plan. Funds can only be used for qualified dental and vision expenses. Maximum pre-tax contribution for 2025 is \$3,300.

### **Dependent Care FSA**

If you claim dependents on your tax return, you may also participate in a dependent care FSA that can be used to pay for licensed childcare providers or adult daycare for adult dependents. Maximum pre-tax contribution is \$5,000 per family.

## Health Savings Account (HSA)

If covered under the HDHP, you may be eligible to contribute to an HSA. An HSA is a tax-advantaged account that can be used to pay for qualified medical, dental, and vision expenses. The account is owned by you with no risk of any fund forfeiture. In addition to being covered through the HDHP, to qualify for an HSA, you must have no other health coverage, you aren't enrolled in Medicare, you haven't been the recipient of Veterans Affairs benefits for at least three months, and you can't be claimed as a dependent on someone else's 2024 tax return.

Signature Performance will contribute \$1,500 to your HSA at the beginning of the plan year, which begins June 1. Employee contributions are optional and can be paid via Payroll Deposit. Signature partners with Access Bank for HSAs. The HSA contribution limits for 2025 are \$4,300 for self-only coverage and \$8,550 for family coverage. Those 55 and older can contribute an additional \$1,000 as a catch-up contribution.

## Supplemental Insurance

You and your dependents are eligible for supplemental insurance plans through Aflac. These plans offer peace of mind and cash benefits for life's unexpected emergencies, regardless of any other insurance benefits. You can enroll in either plan as an Individual, Individual + Spouse, Individual + Child/Children, or as a Family.

## **Aflac Accident Insurance**

Group Accident Insurance helps pay for costs that arise from covered accidents such as initial treatment, x-ray, physical therapy, major diagnostic testing, fractures, dislocations, lacerations, inpatient/outpatient surgery and anesthesia, and many more. This plan also includes a \$100 Health Screening Benefit, payable once per calendar year to each covered employee, spouse and dependent child.

	Employee Cost Per Pay Period
Single Employee	\$7.98
Employee + Spouse	\$13.57
Employee + Child/Children	\$16.98
Employee + Family	\$22.58

## **Critical Illness Insurance**

Group Critical Illness Insurance helps pay the expected and unexpected expenses that arise from diagnosis of a covered critical illness such as cancer (internal or invasive), heart attack, stroke, end-stage renal failure or a major organ transplant and many more. This plan also includes a \$50 Health Screening Benefit, payable once per calendar year to each covered employee, spouse and dependent child.

Critical Illness (Employee)	\$10,000.00	\$20,000.00	\$30,000.00
	Employee Cost Per Pay Period		
18-25	\$1.98	\$3.95	\$5.93
26-30	\$2.58	\$5.15	\$7.73
31-35	\$3.22	\$6.43	\$9.65
36-40	\$4.07	\$8.15	\$12.22
41-45	\$5.22	\$10.45	\$15.67
46-50	\$6.77	\$13.54	\$20.32
51-55	\$10.38	\$20.77	\$31.15
56-60	\$12.44	\$24.87	\$37.31
61-65	\$20.05	\$40.11	\$60.16
66+	\$31.80	\$63.60	\$95.40

Critical Illness (Spouse)	\$5,000.00	\$10,000.00	\$15,000.00
	Employee Cost Per Pay Period		
18-25	\$0.99	\$1.98	\$2.96
26-30	\$1.29	\$2.58	\$3.86
31-35	\$1.61	\$3.22	\$4.83
36-40	\$2.04	\$4.07	\$6.11
41-45	\$2.61	\$5.22	\$7.84
46-50	\$3.39	\$6.77	\$10.16
51-55	\$5.19	\$10.38	\$15.58
56-60	\$6.22	\$12.44	\$18.65
61-65	\$10.03	\$20.05	\$30.08
66+	\$15.90	\$31.80	\$47.70

### **Group Hospital Indemnity Insurance**

Group Hospital Indemnity Insurance helps pay the costs associated with a covered hospital stay, including benefits for hospital admission, hospital confinement, hospital intensive care, and intermediate intensive care step-down unit to enjoy these benefits, with even greater offerings.

Employee Cost Per Pay Period	
Single Employee	\$11.90
Employee + Spouse	\$24.26
Employee + Child/Children	\$18.50
Employee + Family	\$30.86

The Aflac supplemental plans are coordinated through Vesta. Should you have questions about your existing Aflac plan or would like to learn more about Aflac supplemental benefits then please schedule time to visit with a Vesta team member by clicking this link:

<https://calendly.com/vestaenroll/my-aflac-benefits-at-signature-performance>

## **Life and Disability Insurance**

### **Basic Life Insurance**

Signature provides a life insurance and accidental death and dismemberment for 1x your annual salary/earnings up to \$200,000 to the designated beneficiary upon the death of the insured Associate. There is no cash value associated with this product. You are automatically enrolled in this benefit.

### **Voluntary Life Insurance**

You can elect additional life insurance for yourself or for your spouse and/or children. You can elect up to \$500,000 or 5x your annual earnings in additional life insurance. You can elect up to \$130,000 without any health questions. You can also elect up to \$250,000, not to exceed 50% of your coverage amount, for your spouse. You are able to elect up to \$30,000 for your spouse with no health questions. There is also an option to elect up to \$10,000, not to exceed 50% of your coverage, of supplemental life insurance per child. Should you wish to enroll in voluntary life insurance, you can find additional pricing information when enrolling.

### **Short-Term Disability (STD)**

If you are unable to work due to injury or illness, the short-term disability plan offers income replacement. After a 14-day elimination period, the plans pays 60% of your pre-disability base salary to a maximum of \$1,000 per week. Benefits are payable beginning on day 15 and lasts for up to 11 weeks. You are automatically enrolled in this benefit.

### **Long-Term Disability (LTD)**

If after the completion of short-term disability, you are still unable to work, our long-term disability plan would apply. After the 90-day elimination period, the plan pays 66 2/3% to a monthly maximum of \$9000. Benefits kick in the day after the elimination period is completed. You are automatically enrolled in this benefit.

## **Parental Leave**

From August 1, 2023 onward, Signature Associates who are welcoming a new child into their family (birth, adoption, foster, surrogacy, etc.) will receive 6 weeks of 100% paid parental leave, in addition to other medical leave they will be taking for birthing a child. Eligibility for this benefit is the same as FMLA Eligibility. Parental Leave is submitted and approved with Talent Operations.

## **401(k) Retirement Plan**

Signature partners with Transamerica to provide retirement savings programs to qualifying Associates through Traditional or Roth 401(k) Plans. Effective January 1, 2023, with the Safe Harbor Plan, Signature will match 100% of your salary deferrals if you defer 1% of your salary to your 401(k), plus 50% of your salary deferrals that exceed 1% of your compensation, but do not exceed 6% of your compensation. Please view the chart (below) for a Contribution and Matching Table. Associates are 100% vested after 2 years on contributions made after January 1, 2023. Associates who qualify for a 401(k) are eligible to enroll and/or elect changes during our quarterly 401(k) enrollment periods. New Associates, once eligible, will be automatically enrolled in a 401(k) plan with an Associate's contribution at 3%, or they can make plan adjustments accordingly. Full plan details and notices are explained in the below Summary Plan Description and Automatic Enrollment Notice.

Matching Rates Under the Safe Harbor Plan	
Employee's Contribution to 401(k)	Signature's Match to 401(k)
1%	1%
2%	1.5%
3%	2%
4%	2.5%
5%	3%
6%+	3.5%

## **Identity Theft**

We offer you the peace of mind that your personal and legal information is secure through ID Shield Identity Theft Insurance Plans. You can elect ID Shield or ID Shield + Legal for a small monthly cost. You can enroll in either plan as an Individual or as a Family.

ID Shield Standard	
Election	Employee Cost Per Pay Period
Employee	\$4.13
Family	\$8.75
ID Shield Plus Legal	
Election	Employee Cost Per Pay Period
Employee	\$11.95
Family	\$15.65

## Personalized Leave Policy

This policy applies to all full-time exempt-level Signature Associates after they have successfully completed ninety (90) consecutive calendar days of continuous service in their current full-time exempt position. Here at Signature Performance, we hire exceptional, professional, world-class Associates to perform a wide variety of important functions that contribute to the success of our Firm. It is our intent to provide our Associates the freedom they require to balance the responsibilities of both their work and home lives. Eligible Associates will have the ability to take personalized paid time off (i.e. paid leave) with advance manager approval and without the need to adhere to an accrued bank. Personalize Leave is to be taken for paid time off in addition to the Company-issued standard 11 Holidays.

### **Bereavement and Funeral Leave**

Signature Performance makes available three days' paid leave (8 hours each day, up to 24 hours total) to attend the funeral of any immediate family member. Immediate family is defined as your spouse, you, and your spouse's: children, parents, siblings, grandparents, and grandchildren; this includes stepfamily. One day (8 hours) of paid leave is available for attending the funeral of relatives other than immediate family members such as aunts, uncles, nieces, nephews, and cousins. Please arrange time off with your supervisor/manager. You may be requested to provide evidence of familial relationships when you return to work.

## Employee Assistance Program (EAP)

Signature prioritizes you and your families' mental health and wellbeing. We put an emphasis on mental health with extensive company-provided resources. Signature provides you access to EAP professionals via unlimited telephone phone calls, 24/7; 5 live sessions with a counselor per household per year; legal assistance; and financial services.

Visit <http://www.mutualofomaha.com/eap> or call 800-316-2796 for more information.

## The Worklab Program

The Greater Omaha Worklab program, formerly known as GrOW, is a no-cost-to-you resource available to help you maneuver any of life's challenges, including managing stress, financial budgets, home buying, personal matters, and much more. We work with our on-site life coach in a professional and confidential manner.

### Worklab Contact Information:

Krista Crosby

402.983.3099 | [kcrosby@theworklab.us](mailto:kcrosby@theworklab.us)

Amanda Dahila

402.983.3006 | [adahlia@theworklab.us](mailto:adahlia@theworklab.us)

## Tuition Reimbursement

### **Bellevue University Partnership**

Signature's Tuition Assistance & Education program in partnership with Bellevue University includes generous educational assistance, allowing Associates and their families to never stop learning.

The Tuition Assistance program with Bellevue University offers up to \$4,500 per year for full-time and part-time Associates to apply towards a college degree at Bellevue University.

We're proud of our Signature Performance team and want to give those who are motivated to learn more opportunities to do so. Your family members are also eligible.

We know that going back to college can involve your family. In fact, you may have others in your family who are interested in pursuing a degree, too. That's why immediate family members are eligible for \$2,500 in annual educational assistance with this program. Additional financial support may be available.

Because Bellevue University is a nationally accredited university, they participate in all major federal and state grant and loan programs to pay any direct education costs remaining, such as tuition, books, and supplies.

Here are types of federal financial aid you may qualify for:

- Pell Grants – Awards of up to \$7,395 for the 2024-25 school year if you can demonstrate exceptional financial need. This is a grant program set aside by the federal government for individuals who meet financial aid guidelines. Because it is a grant, it does not need to be repaid.
- Veterans Education Benefits – Bellevue University welcomes Education benefits and has VA-approved experts who will work with you to access and use the education funding you're entitled to.

Visit <https://go.corporatelearning.com/signatureperformance> where you can explore which degree is best for you, learn more about the Tuition Assistance program and other financial aid, and enroll to start learning.

### **Signature Performance Tuition Reimbursement**

Signature offers full and part-time Associates tuition reimbursement to encourage personal, educational, and professional development. We provide reimbursement for 100% of the eligible fees up to \$1,000 per calendar year. To apply for tuition reimbursement, visit the Associate Resources tab on the Intranet and complete the Education Development Plan.

## Family Scholarship Program

Signature offers your children/dependents financial assistance as they pursue their college journeys. We award selected recipients with a scholarship amounting to as much as \$3,000 per year they are eligible to apply. For more information, please visit, [www.signatureperformance.com/scholarship](http://www.signatureperformance.com/scholarship).

## Childcare Discounts

Signature partners with KinderCare Childcare services to offer you a 10% discount on tuition rates. KinderCare has numerous childcare locations throughout the Omaha Metro – several especially close to our Signature campuses!

## Dependent Care Placement Program

Signature Partners with Assisted Living Locators to provide a no-cost-to-you program that matches your family members with assisted living and memory care services. Their Eldercare Advisor who will help with this referral service is Dementia Care Certified and prepared to help navigate this type of sensitive, important transition for you and your family.

### Contact Information:

Nikki Wulff

(402)926-9505

[nikkiw@assistedlivinglocators.com](mailto:nikkiw@assistedlivinglocators.com)