



The Lincoln National Life Insurance Company
 A Stock Company Home Office Location: Fort Wayne, Indiana
 Group Insurance Service Office: 8801 Indian Hills Drive, Omaha, NE 68114-4066
 (800) 423-2765 Online: www.LincolnFinancial.com

CERTIFIES THAT Group Policy Number LIFE-0000016042 has been issued to:
 CSD Insurance Pool, Inc.
 dba CSD Insurance Trust
 (The Group Policyholder)

Certificate of Group Insurance for Plan 1/Class 26

This Certificate, and any amendments which may be attached to it, contains the main provisions of the Policy. You are entitled to the benefits described in this Certificate only if You are eligible, become and remain insured under the provisions of the Policy. If You have enrolled for Dependents Insurance, Your Dependents are insured under this Certificate only if such Dependents are eligible for insurance under the Policy and the required Premium has been paid to keep the insurance in effect. This Certificate replaces any other certificates for the benefits described inside. If a change affecting this insurance is made, an amendment or a new certificate will be issued to describe the change.

PRESIDENT

READ YOUR CERTIFICATE CAREFULLY

Insurance benefits may be subject to certain requirements, reductions, limitations, and exclusions.

The Certificate contains an Accelerated Death Benefit provision. Receipt of an Accelerated Death Benefit will reduce benefits specified in the Certificate. An Accelerated Death Benefit may be taxable. As with all tax matters, You should consult a professional tax advisor before applying for this benefit. Please read the Exclusions section of the Accelerated Death Benefit included in the Certificate.

CERTAIN WAR AND AVIATION RISKS ARE NOT ASSUMED. IN CASE OF ANY DOUBT, WRITE US FOR FURTHER EXPLANATION.

**CERTIFICATE OF GROUP INSURANCE
 PROVIDING
 TERM LIFE INSURANCE
 DEPENDENT LIFE INSURANCE
 ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE
 DEPENDENT ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

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**CSD Insurance Pool, Inc.
dba CSD Insurance Trust
LIFE-0000016042**

SCHEDULE OF BENEFITS

**For
Plan 1 - Voluntary Life and AD&D Class 26 –
All Full-Time Wright City School District Employees**

Group Policy Effective Date: October 1, 2021

Group Policy Number: LIFE-0000016042

Participating Organization:

Affton School District (Effective Date October 1, 2021)
Lift For Life Academy (Effective Date October 1, 2021)
The Arch Community School (Effective Date October 1, 2021)
Spring Bluff R-15 School (Effective Date October 1, 2021)
Crystal City School District (Effective Date October 1, 2021)
Ritenour School District (Effective Date October 1, 2021)
VICC (Effective Date October 1, 2021)
Windsor School District (Effective Date October 1, 2021)
The Biome (Effective Date October 1, 2021)
Silex R1 School District (Effective Date October 1, 2021)
Strain-Japan School District (Effective Date October 1, 2021)
Hancock Place School District (Effective Date October 1, 2021)
Lafayette Preparatory Academy (Effective Date October 1, 2021)
Maplewood-Richmond Heights School District (Effective Date October 1, 2021)
Brentwood School District (Effective Date October 1, 2021)
EducationPlus (Effective Date October 1, 2021)
Franklin County R2 School District (Effective Date October 1, 2021)
CSD Insurance Pool, Inc. (Effective Date October 1, 2021)
Riverview Gardens School District (Effective Date October 1, 2021)
Webster Groves School District (Effective Date October 1, 2021)
Wentzville School District (Effective Date October 1, 2021)
Wright City School District (Effective Date October 1, 2021)
Atlas School District (Effective Date October 1, 2021)
Hazelwood School District (Effective Date October 1, 2021)
Jennings School District (Effective Date October 1, 2021)
Bayless School District (Effective Date October 1, 2021)

Eligible Class: Class 26 - All Full-Time Wright City School District Employees

Insurance Month Period: A period beginning on the first Day of any calendar month and ending on the last Day of the same calendar month.

Eligibility Waiting Period: (For Date insurance begins, refer to "Effective Dates" section.)

- (1) Voluntary Life Insurance:
None

Annual Enrollment Period: 31 Days (See Your Employer for the Dates of the Enrollment Period)

Minimum Full-Time Hours: 30 hours per week

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**SCHEDULE OF BENEFITS
(Continued)**

**For
Plan 1 - Voluntary Life and AD&D Class 26 –
All Full-Time Wright City School District Employees**

Dependent Child Age: To 26 years; and to 26 years for Students.
Refer to the Eligibility and Effective Dates for Dependent Life and AD&D Insurance provision for more information.

Facility of Payment Amount: \$2,000

Prior Insurance Credit: Included
Refer to the Prior Insurance Credit provision for more information.

Conversion Privilege:
Conversion Amount: Not more than the amount of insurance which is terminating.
Conversion Amount for Policy Amendment or Termination: \$10,000
Refer to the Conversion provision for more information.

Accelerated Death Benefit:
Terminal Condition Period: 12 months
Minimum Amount: 10% or \$10,000 (whichever is greater)
Maximum Amount: 80% or \$500,000 (whichever is less)
Increments Available for Amount: \$1,000
Refer to the Accelerated Death Benefit provision for more information.

Waiver of Premium:
Maximum Qualifying Age: 60 years
Qualifying Period: 180 Days
Maximum Waiver of Premium Duration: To Age 65
Refer to the Waiver of Premium provision for more information.

Continuation Rights Included:
Disability: 12 Calendar Months
Other Leave of Absence: three Calendar Months
Lay Off: three Calendar Months
Refer to the Continuation Rights provision for more information.

Portability:
Portability for You
Request Period: 31 Days
Maximum Amount: Your Combined Life Insurance and Dependent Life Insurance Amounts or \$500,000 (whichever is less)
Maximum Portability Duration: To SSNRA
Refer to the Portability provision for more information.

Transportation of Remains:
Transportation of Remains Amount: Transportation expenses incurred, subject to a maximum of \$5,000.
Refer to the Transportation of Remains provision for more information.

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**SCHEDULE OF BENEFITS
(Continued)**

**For
Plan 1 - Voluntary Life and AD&D Class 26 –
All Full-Time Wright City School District Employees**

Social Security Normal Retirement Age (“SSNRA”) Table for Portability: The following table applies when Portability terminates at SSRNA.

<u>Year of Birth</u>	<u>Normal Retirement Age</u>
1937 and prior	65
1938	65 and 2 months
1939	65 and 4 months
1940	65 and 6 months
1941	65 and 8 months
1942	65 and 10 months
1943 – 1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
1960 and later	67

Note: Persons born on January 1 of any year should refer to the Normal Retirement Age for the previous year.

Basic Annual Earnings is Your annual base salary or annualized hourly pay from the Employer before taxes on the Determination Date. The "**Determination Date**" is the last day worked just prior to the loss.

It does **not** include commissions, bonuses, overtime pay, taxable fringe benefits, commissions in excess of the target incentive sales amount or any other extra compensation. It does **not** include income from a source other than the Employer. It will not exceed the amount shown in the Employer’s financial records or the amount for which Premium has been paid, whichever is less.

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**SCHEDULE OF BENEFITS
(Continued)**

**For
Plan 1 Class 26 –
All Full-Time Wright City School District Employees**

LIFE INSURANCE

Effect of Exercising the Conversion Privilege or the Accelerated Death Benefit. The amount of Your and Your Dependent's Voluntary Life Insurance under this Certificate will be reduced by:

- (1) the amount of any Life Insurance in effect as a result of exercising the Conversion Privilege;
and
- (2) any amount received as a result of exercising the Accelerated Death Benefit.

Contributions. You are required to contribute to the cost of:

- (1) Voluntary Life Insurance;
- (2) Voluntary Spouse and Child Life Insurance.

See Employer or Summary Plan Description for contribution (levels or amounts).

Enrollment Requirements. You must be enrolled for:

- (1) Voluntary Life Insurance to elect Voluntary Spouse Life Insurance; and
- (2) Voluntary Life Insurance to elect Voluntary Child Life Insurance.

Benefit Amounts

Maximum Amounts. Dependent Life Insurance may not exceed 100% of Your amount of Voluntary Life Insurance under the Certificate.

Your Life Insurance:

Voluntary Insurance Amount:

Salary Multiple Options	Benefit Amount
Option 1:	One times Basic Annual Earnings, rounded up to the nearest \$1,000; subject to a minimum of \$10,000 and an overall maximum of \$500,000.
Option 2:	Two times Basic Annual Earnings, rounded up to the nearest \$1,000; subject to a minimum of \$10,000 and an overall maximum of \$500,000.
Option 3:	Three times Basic Annual Earnings, rounded up to the nearest \$1,000; subject to a minimum of \$10,000 and an overall maximum of \$500,000.
Option 4:	Four times Basic Annual Earnings, rounded up to the nearest \$1,000; subject to a minimum of \$10,000 and an overall maximum of \$500,000.
Option 5:	Five times Basic Annual Earnings, rounded up to the nearest \$1,000; subject to a minimum of \$10,000 and an overall maximum of \$500,000.

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**SCHEDULE OF BENEFITS
(Continued)**

**For
Plan 1 Class 26 –
All Full-Time Wright City School District Employees**

Your Dependent Insurance:

Spouse

Voluntary Insurance Amount: You may elect Spouse Life Insurance in any \$10,000 increment. Insurance is subject to a minimum of \$10,000 and an overall maximum of \$50,000, not to exceed 100% of Your insured amount.

Child

Voluntary Insurance Amount:

Flat Dollar Options

Benefit Amount

Option 1:

5,000, not to exceed 100% of Your insured amount.

Option 2:

10,000, not to exceed 100% of Your insured amount.

Guaranteed Issue Amounts:

Voluntary Insurance Amount for You:

Guaranteed Issue Initial Amount: \$300,000

Voluntary Insurance Amount for Your Spouse:

Guaranteed Issue Initial Amount: \$50,000

Reductions. Your Voluntary Life Insurance will be reduced to a percentage of its original amount when You reach specific ages. The amount will be reduced to:

- (1) 65% at age 65;
- (2) 45% at age 70;
- (3) 30% at age 75; and
- (4) 20% at age 80.

Your reduced amount will be rounded to the next higher \$1.

Your Spouse Voluntary Life Insurance is reduced to a percentage of its original amount based on Your age. The amount will be reduced to:

- (1) 65% at age 65;
- (2) 45% at age 70;
- (3) 30% at age 75; and
- (4) 20% at age 80.

Your Spouse reduced amount will be rounded to the next higher \$1.

Enrolling for Life Insurance for the first time at age 65 or older will result in any age reductions being applied to the maximum amount of insurance shown in the Schedule of Benefits.

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**SCHEDULE OF BENEFITS
(Continued)**

**For
Plan 1 Class 26 –
All Full-Time Wright City School District Employees**

Evidence of Insurability

Evidence of Insurability for Life Insurance. Evidence of Insurability must be submitted to Us as described in this section. Insurance that requires Evidence of Insurability will not be effective until We approve it in writing. Refer to the Eligibility and Effective Dates provision for more information.

Your Insurability. You must submit Evidence of Insurability to Us for approval when:

- (1) Your Voluntary Insurance Amount exceeds the Guaranteed Issue Amount (shown in the Schedule of Benefits) at initial enrollment;
- (2) Your Voluntary Insurance Amount increases after the initial enrollment, subject to the Automatic Increases exception;
- (3) You enroll for any Insurance Amount more than 31 Days after becoming eligible; and
- (4) any amount of insurance has been previously declined or is pending underwriting review.

Your Spouse's Insurability. Your Spouse must submit Evidence of Insurability to Us for approval when:

- (1) the Voluntary Spouse Insurance Amount exceeds the Guaranteed Issue Amount (shown in the Schedule of Benefits) at initial enrollment;
- (2) the Voluntary Spouse Insurance Amount increases after the initial enrollment;
- (3) You enroll for any Spouse Insurance Amount more than 31 Days after becoming eligible; and
- (4) any amount of insurance has been previously declined or is pending underwriting review.

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**SCHEDULE OF BENEFITS
(Continued)**

**For
Plan 1 Class 26 –
All Full-Time Wright City School District Employees**

AD&D INSURANCE

Occupational Insurance. Occupational AD&D Losses are covered by this Certificate.

Contributions. You are required to contribute to the cost of:

- (1) Voluntary AD&D Insurance; and
- (2) Voluntary Spouse AD&D Insurance.

Enrollment Requirements. You must be enrolled for Voluntary AD&D Insurance to elect Voluntary Spouse AD&D Insurance.

Principal Sum

Maximum Amounts. Your Dependent AD&D Insurance may not exceed 100% of Your amount of AD&D Insurance under this Certificate.

Your AD&D Insurance:

Voluntary Insurance Amount:

Salary Multiple Options

Benefit Amount

Option 1:	One times Basic Annual Earnings, rounded up to the nearest \$1,000; subject to a minimum of \$10,000, and an overall maximum of \$500,000.
Option 2:	Two times Basic Annual Earnings, rounded up to the nearest \$1,000; subject to a minimum of \$10,000, and an overall maximum of \$500,000.
Option 3:	Three times Basic Annual Earnings, rounded up to the nearest \$1,000; subject to a minimum of \$10,000, and an overall maximum of \$500,000.
Option 4:	Four times Basic Annual Earnings, rounded up to the nearest \$1,000; subject to a minimum of \$10,000, and an overall maximum of \$500,000.
Option 5:	Five times Basic Annual Earnings, rounded up to the nearest \$1,000; subject to a minimum of \$10,000, and an overall maximum of \$500,000.

Your Dependent AD&D Insurance:

Spouse

Voluntary Insurance Amount: You may elect Spouse AD&D Insurance in any \$10,000 increment, subject to a maximum of two and one half times Your Basic Annual Earnings. Insurance is subject to a minimum of \$10,000, and an overall maximum of \$50,000, not to exceed 100% of Your insured amount.

Reductions. Your Voluntary AD&D Insurance will be reduced to a percentage of its original amount when You reach specific ages. The amount will be reduced to:

- (1) 65% at age 65;

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**SCHEDULE OF BENEFITS
(Continued)**

**For
Plan 1 Class 26 –
All Full-Time Wright City School District Employees**

- (2) 45% at age 70;
- (3) 30% at age 75; and
- (4) 20% at age 80.

Your reduced amount will be rounded to the next higher \$1.

Your Spouse Voluntary AD&D Insurance is reduced to a percentage of its original amount based on Your age. The amount will be reduced to:

- (1) 65% at age 65;
- (2) 45% at age 70;
- (3) 30% at age 75; and
- (4) 20% at age 80.

Your Spouse reduced amount will be rounded to the next higher \$1.

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**SCHEDULE OF BENEFITS
(Continued)**

**For
Plan 1 Class 26 –
All Full-Time Wright City School District Employees**

AD&D INSURANCE BENEFIT AMOUNTS

Voluntary Standard Benefits and Benefit Amounts

Scheduled Losses

Loss of Life 100% of the Principal Sum

Severe Dismemberment

Loss of Sight in Both Eyes	100% of the Principal Sum
Loss of Hearing in Both Ears	100% of the Principal Sum
Loss of Speech	100% of the Principal Sum
Loss of Both Arms and Both Legs	100% of the Principal Sum
Loss of Both Arms	100% of the Principal Sum
Loss of Both Legs	100% of the Principal Sum
Loss of Arm and Leg	100% of the Principal Sum

Dismemberment

Loss of Hand	50% of the Principal Sum
Loss of Foot	50% of the Principal Sum
Loss of Arm	50% of the Principal Sum
Loss of Leg	50% of the Principal Sum
Loss of Sight in One Eye	50% of the Principal Sum
Loss of Hearing in One Ear	50% of the Principal Sum
Loss of any Finger	25% of the Principal Sum
Loss of any Thumb	25% of the Principal Sum
Loss of any Toe	25% of the Principal Sum

Paralysis

Quadriplegia	100% of the Principal Sum
Triplegia	75% of the Principal Sum
Paraplegia	75% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Uniplegia	25% of the Principal Sum

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**SCHEDULE OF BENEFITS
(Continued)**

**For
Plan 1 Class 26 –
All Full-Time Wright City School District Employees**

Voluntary Enhanced Benefits and Benefit Amounts

Safety Benefits

Safe Driver Benefit
Seat Belt

\$10,000 or 10% of Your or Your Insured
Dependent's Principal Sum, whichever is less.

Air Bag

\$10,000 or 10% of Your or Your Insured
Dependent's Principal Sum, whichever is less.

Safe Rider Benefit

\$2,500 or 5% of Your or Your Insured
Dependent's Principal Sum, whichever is less.

ELIGIBILITY AND EFFECTIVE DATES

For Your Life and AD&D Insurance

ELIGIBLE CLASSES. The classes eligible for insurance are shown in the Schedule of Benefits. We have the right to review and terminate any and all eligible classes if any class ceases to be insured by the Policy.

ELIGIBILITY. You become eligible for insurance provided by the Policy on the latest of:

- (1) the Group Policy's Effective Date;
- (2) the Date Your organization becomes a Participating Organization; or
- (3) the Date You complete the Eligibility Waiting Period shown in the Schedule of Benefits.

Prior Service Credit Towards Eligibility Waiting Period. Prior service in an Eligible Class will apply toward the Eligibility Waiting Period on return:

- (1) from an approved Family or Medical Leave within:
 - (a) the period required by federal law; or
 - (b) any longer period required by a similar state law; or
- (2) from a Military Leave within the period required by federal USERRA law.

ENROLLMENT. You may enroll for Life and AD&D Insurance:

- (1) within 31 Days of the Date You are first eligible; or
- (2) within 31 Days following a qualifying Change In Family Status.

Refer to the Schedule of Benefits for Evidence of Insurability requirements.

EFFECTIVE DATES. Life and AD&D Insurance becomes effective on the latest of:

- (1) the first Day of the Insurance Month following the Date You become eligible for the insurance;
- (2) the Date You resume Active Work, if not Actively at Work on the Day You become eligible;
- (3) the Date You enroll for Life and AD&D Insurance, and if the Insured contributes to the cost of the Life and AD&D Insurance, You sign:
 - (a) payroll deduction order; or
 - (b) an order to pay Premiums from Your Section 125 Plan; and the required Premium is paid to Us; or
- (4) the Date We approve Your Evidence of Insurability, if required. (Refer to the Schedule of Benefits for more information.)

For purposes of this section, You are deemed Actively at Work if:

- (1) You are not totally disabled, Hospital or health care facility confined on the Date Your insurance would otherwise become effective; and
- (2) You were Actively at Work on the Day prior to the Date Your insurance would otherwise become effective.

Effective Date of Increases. Any increase in insurance or benefits becomes effective at 12:01 a.m. on the latest of:

- (1) the first day of the insurance month following the date on which You become eligible for the increase, if Actively at Work on that Day;
- (2) the first day of the insurance month following the date a qualifying Change in Family Status, if Actively at Work on that Day;
- (3) the Day You resume Active Work, if not Actively at Work on the Day the increase would otherwise take effect; or
- (4) the date We approve any required Evidence of Insurability. (Refer to the Schedule of Benefits for more information.)

Effective Date of Decreases. Any decrease will take effect on the date of the change, whether or not You are Actively at Work.

ELIGIBILITY AND EFFECTIVE DATES
For
Your Life and AD&D Insurance
(Continued)

Effective Date for Change in Eligible Class. You may become a member of a different Eligible Class. Except as stated in the Effective Date provision for increases or decreases, insurance under the different Eligible Class will be effective on the first day of the insurance month coinciding with or next following the date of the change.

ELIGIBILITY AND EFFECTIVE DATES
For
Dependent Life and AD&D Insurance

ELIGIBILITY. You must be insured for Life and AD&D Insurance to insure Your Dependents. You become eligible for Dependent Insurance on the later of:

- (1) the Date You become eligible for Life and AD&D Insurance;
- (2) the Group Policy Effective Date; or
- (3) the Date You first acquire a Dependent.

ENROLLMENT. Dependents to be insured by this Certificate must be enrolled in the same plan of benefits as You. You may enroll for Dependent Life and AD&D Insurance:

- (1) when You are first eligible for Dependent Life and AD&D Insurance; or
- (2) within 31 Days following a qualifying Change in Family Status.

Refer to the Schedule of Benefits for Evidence of Insurability requirements.

EFFECTIVE DATES. Your Dependent Life and AD&D Insurance will become effective on the later of:

- (1) the first Day of the Insurance Month following the Date You become eligible for Dependent Life and AD&D Insurance; or
- (2) the Date You enroll for Dependent Life and AD&D Insurance, and if You contribute to the cost of the Dependent Life and AD&D Insurance, You sign:
 - (a) a payroll deduction order; or
 - (b) an order to pay Premiums from Your Section 125 Plan and the additional Premium is paid to Us; or
- (3) the Date We approve any Evidence of Insurability for all of Your Dependents, if required. (Refer to the Schedule of Benefits for more information.)

New Dependents. If additional Premium is required to add a new Dependent, insurance for the new Dependent will become effective on the Date the Dependent is acquired, provided:

- (1) You complete a written application; and
- (2) a payroll deduction order or Section 125 Plan election is made, and the additional Premium is paid to Us;

within 31 Days of the Date the Dependent is acquired.

If additional Premium is not required, coverage for a new Dependent will become effective on the Date the Dependent is acquired.

Delayed Effective Date. The Effective Date for a Dependent will be delayed if, on the Date his or her insurance would otherwise become effective, he or she is:

- (1) hospitalized;
- (2) under a Physician's care, and is:
 - (a) unable to independently perform the normal and customary activities of a person of like age, in good health; or
 - (b) confined to a home or other residence; or
- (3) receiving or applying to receive disability benefits from any source.

The insurance will take effect when the Dependent:

- (1) is no longer hospitalized, under a Physician's care, or receiving or applying for disability benefits; and
- (2) resumes all the normal and customary activities of a person of like age, in good health, for at least 14 consecutive Days.

ELIGIBILITY AND EFFECTIVE DATES
For
Dependent Life and AD&D Insurance
(Continued)

The Delayed Effective Date will not apply to:

- (1) a disabled Child who satisfies the definition of a Dependent Child;
- (2) a newborn Child; or
- (3) a Dependent that was covered by a Prior Plan, unless there is an increase in the amount of the Dependent's insurance.

EXCEPTIONS. The following exceptions apply to the Eligibility and Effective Dates for Your Dependent Life and AD&D Insurance.

Disabled Children. Your Child may be insured after the maximum Dependent Child Age shown in the Schedule of Benefits if he or she is continuously unable to earn a living because of a physical or mental disability, and is chiefly dependent on You for support and maintenance. The Child must be insured by this Certificate on the Day before insurance would otherwise end due to his or her age. Proof of the total disability must be sent to Us:

- (1) within 31 Days of the Day insurance would otherwise end due to age; and
- (2) thereafter, when We request (but not more than once every two years).

Court Ordered Insurance. If Life and AD&D Insurance is provided to a Child based on a court order which requires You to provide Life and AD&D Insurance benefits for the Child, the insurance will become effective on the Date stated in the court order, subject to:

- (1) any eligibility and Evidence of Insurability requirements set forth in the Policy; and
- (2) payment of any additional Premium.

Newborn Children. If You acquire a newborn Dependent child, the child will be insured automatically for the first 31 Days following birth. If You have no other Children enrolled for Dependent Insurance under the Certificate, and You do not elect to enroll the newborn child and pay any additional Premium within 31 Days following birth, the newborn child's insurance will terminate.

Newly Adopted Children. If You adopt a child, the child will be insured automatically for the first 31 Days following the earliest of:

- (1) the Date of birth, if the adoption petition is filed within 31 Days of the child's birth;
- (2) the Date of placement, if the adoption petition is filed more than 31 Days from the child's birth;
- (3) the Date of entry of an order granting You custody of the child; or
- (4) the effective Date of adoption.

If You have no other Children enrolled for Dependent Insurance under this Certificate, and You do not elect to enroll the adopted child and pay any additional Premium within 31 Days after his or her insurance begins, the adopted child's insurance will terminate.

REINSTATEMENT OF DEPENDENT INSURANCE. If You Reinstate Your Insurance in accordance with the Reinstatement Rights section of the Eligibility and Effective Dates for Your Life and AD&D Insurance provision, You may also Reinstate Dependent Insurance at the same time.

PRIOR INSURANCE CREDIT
For
Group Life and AD&D Insurance

PRIOR INSURANCE CREDIT. This Prior Insurance Credit provision prevents loss of any Qualifying Insurance that could otherwise occur solely because of a transition between insurance carriers. The following Prior Insurance Credit will apply and provide continuity of coverage when the Policy replaces a Prior Plan.

Actively at Work on the Replacement Date. Subject to payment of Premiums, this Certificate will provide insurance for a person who:

- (1) was insured under the Prior Plan on its termination Date; and
- (2) is Actively at Work in an eligible class on the Replacement Date.

The person will be insured under this Certificate as an Insured on the Replacement Date for the amount of group insurance as described in the Schedule of Benefits.

Not Actively at Work on the Replacement Date. Subject to payment of Premiums, this Certificate will provide insurance for a person who:

- (1) was insured under the Prior Plan on its termination Date;
- (2) is otherwise a member of an eligible class, but is not Actively at Work due to Sickness or Injury on the Replacement Date; and
- (3) is not entitled to or has not qualified for any extension of insurance under the Prior Plan.

The person will be insured under this Certificate as an Insured on the Replacement Date for the lesser of:

- (1) the amount of group insurance for which the person was insured under the Prior Plan on its termination Date; or
- (2) the amount of group insurance available to the person under this Certificate if the person were Actively at Work.

The amount of group insurance may not be increased.

Qualifying Insurance. For purposes of the Prior Insurance Credit, Qualifying Insurance is:

- (1) Your Life and AD&D Insurance; and
- (2) Dependent Life and AD&D Insurance.

EFFECTIVE DATE. Insurance for a person who is eligible for Prior Insurance Credit will become effective on the Effective Date of the Policy or the Date Your organization becomes effective as a Participating Organization under the Policy.

TERMINATION OF PRIOR INSURANCE CREDIT. The insurance under the Prior Insurance Credit provision will remain in effect until the earliest of:

- (1) the Date You return to Active at Work in an eligible class;
- (2) the Date group insurance would otherwise end under this Certificate;
- (3) the Date Your group insurance under the Prior Plan would have terminated for any reason other than the replacement of the Prior Plan;
- (4) the Date You are approved for an extension of group insurance without Premium payment under the terms of the Prior Plan; or
- (5) if the Prior Plan provided for extension of group insurance without Premium payment and You were not approved for the benefit, the last Day of the 12 month period following the Replacement Date.

An Insured whose coverage under this provision terminates may be eligible for the Conversion Privilege under this Certificate.

LIFE INSURANCE BENEFIT

LIFE INSURANCE BENEFIT. We will pay a Life Insurance benefit if You or Your Insured Dependent dies while insured under this Certificate, and We receive satisfactory proof of Your or Your Insured Dependent's death. The Life Insurance benefit will be paid in a lump sum.

AMOUNT OF THE BENEFIT. The amount of the Life Insurance benefit is shown in the Schedule of Benefits. This benefit will be paid in addition to all other benefits payable under this Certificate.

LIMITATIONS AND EXCLUSIONS. Life Insurance benefits will not be payable for any death excluded under the Limitations and Exclusions for Life Insurance.

CONVERSION PRIVILEGE
For Class 26/Plan 1

CONVERSION PRIVILEGE. The Conversion Privilege allows You to purchase an individual insurance policy to replace Qualifying Insurance which is ending or reducing under the Policy. This individual insurance is known as a conversion policy. Evidence of Insurability is not required to purchase a conversion policy.

Purchasing a Conversion Policy. You may purchase a conversion policy for You or Your Dependents when all or any part of any Qualifying Insurance shown below ends or reduces for any reason other than Your request for:

- (1) termination of insurance; or
- (2) cancellation of Your payroll deduction order.

If Qualifying Insurance ends or reduces due to amendment or termination of the Policy, a conversion policy may be purchased only if You or Your Insured Dependent has been insured continuously for at least five years under the Policy. For purposes of establishing continuous insurance, We will also consider time You and Your Dependent were insured under any Prior Plan.

Your Insured Dependent may purchase a conversion policy for him or herself when the Dependent Qualifying Insurance ends due to:

- (1) Your death or divorce; or
- (2) ceasing to be a Dependent Child.

Qualifying Insurance. For purposes of the Conversion Privilege, Qualifying Insurance is:

- (1) Your Life Insurance; and
- (2) Dependent Life Insurance.

AMOUNT OF THE BENEFIT. The amount of the conversion policy the Conversion Privilege allows for is determined as follows.

Your Amounts. The amount of the conversion policy available to You may not exceed the Conversion Amount shown in the Schedule of Benefits. If conversion becomes available due to amendment or termination of the Policy, the amount available may not exceed the lesser of:

- (1) the Conversion Amount for Policy Amendment or Termination shown in the Schedule of Benefits; or
- (2) the amount of insurance which ends, less the amount of any group life insurance for which the person becomes eligible within 31 Days after the termination.

Dependent Amount. The amount of the conversion policy available for a Dependent to purchase when his or her Qualifying Insurance terminates may not exceed the amount of the insurance which ended.

PREMIUM AND APPLYING FOR THE BENEFIT. To purchase a conversion policy, application must be made to Us within 31 Days after insurance ends.

Payment of the first Premium must be made to Us within 31 Days of the Date it becomes due. Premiums for the conversion policy will be based on Your or Your Dependent's class of risk when insurance ends or is reduced.

TYPE OF CONVERSION POLICY. The conversion policy will be:

- (1) on any form We customarily offer for the purpose of conversion at the time of conversion, and at the age and amount applied for, other than individual term life insurance;
- (2) issued at the person's age at nearest birthday; and
- (3) issued without disability or other supplemental benefits.

CONVERSION PRIVILEGE

(Continued)

For Class 26/Plan 1

NOTICE OF RIGHT TO CONVERT. When insurance ends, the Group Policyholder will provide You written notice of the right to convert.

If written notice is not given to You at least 15 Days before the end of the 31 Day conversion period, an additional period in which to convert will be granted. Any extension of the conversion period will expire on the earliest of:

- (1) 15 Days after You are given the written notice; or
- (2) 60 Days after the end of the 31 Day conversion period, even if You are never given such notice.

EFFECTIVE DATE. The conversion policy will take effect on the later of:

- (1) its issue Date; or
- (2) 31 Days after the Date the insurance being converted ended.

DEATH DURING THE CONVERSION PERIOD. If You or Your Insured Dependent are entitled to purchase a conversion policy and death occurs during the 31 Day conversion period, We will pay the insurance that could have been converted even if no one applied for the conversion policy. If the first Premium was paid for the conversion policy, the amount of the Premium will be refunded and the conversion policy will be void.

No death benefit will be payable under the Policy after the 31 Day conversion period has expired even though the right to convert may be extended.

ACCELERATED DEATH BENEFIT
For Class 26/Plan 1

NOTE: THIS IS NOT A LONG-TERM CARE POLICY. RECEIVING THIS ACCELERATED DEATH BENEFIT WILL REDUCE THE BENEFIT PAYABLE AT DEATH. RECEIPT OF AN ACCELERATED DEATH BENEFIT PAYMENT MAY BE TAXABLE INCOME, SO YOU SHOULD CONSULT A TAX ADVISOR BEFORE APPLYING FOR THIS BENEFIT.

ACCELERATED DEATH BENEFIT. This benefit allows You to receive an advance lump sum payment of all or any part of the Claimant's Qualifying Insurance shown below, while living. The Accelerated Death Benefit is payable following a diagnosis by a Physician that the Claimant has a terminal condition which, despite appropriate medical treatment, is reasonably expected to result in death within the period shown in the Schedule of Benefits.

You are eligible for the Accelerated Death Benefit if You have been insured under the Policy for at least 12 months, and satisfy the Active Work requirement. For purposes of establishing continuous insurance, We will also consider time You were insured under any Prior Plan. You must have at least \$2,000 of Qualifying Insurance under the Policy on the Day before the Accelerated Death Benefit is paid.

Your Insured Dependent is eligible for the Accelerated Death Benefit if he or she has been insured under the Policy for at least 12 months, and satisfies the Policy's Delayed Effective Date requirements. For purposes of establishing continuous insurance, We will also consider time Your Insured Dependent was insured under any Prior Plan. The Dependent Claimant must have at least \$2,000 of Qualifying Insurance under the Policy on the Day before the Accelerated Death Benefit is paid.

Qualifying Insurance. For purposes of the Accelerated Death Benefit, Qualifying Insurance is:

- (1) Your Life Insurance; and
- (2) Dependent Life Insurance.

AMOUNT OF THE BENEFIT. The Accelerated Death Benefit is payable once during the Claimant's lifetime. The amount of the Accelerated Death Benefit, is the lesser of the Claimant's amount of Qualifying Insurance which:

- (1) is in force on the Day before the Accelerated Death Benefit is paid; or
- (2) would be in force 12 months after that Date, if the coverage is scheduled to reduce, due to age, within 12 months after the Accelerated Death Benefit is paid.

The amount of insurance You may elect to receive is subject to the minimum and maximum amounts shown in the Schedule of Benefits.

PREMIUM. There is no additional charge for the Accelerated Death Benefit. Continuation of the Remaining Life Insurance is subject to timely payment of the Premium for the reduced amount, unless You qualify for Waiver of Premium, if included.

NOTIFYING US AND CONSENT.

Proof of Terminal Condition. You (or Your legal representative) must send Us:

- (1) written election of the Accelerated Death Benefit, on forms We supply; and
- (2) satisfactory proof that the Claimant has been diagnosed with a terminal condition, including a Physician's written statement.

We reserve the right to decide whether such proof is satisfactory.

Consent to Accelerate. Before paying an Accelerated Death Benefit, We must also receive the written consent of any interested irrevocable beneficiary, assignee, or bankruptcy court. We must receive Your written consent before paying an Accelerated Death Benefit for a Spouse or Dependent Child. (See Exclusions 3, 4, 5, and 6.)

ACCELERATED DEATH BENEFIT

(Continued)

For Class 26/Plan 1

TIME OF PAYMENT. We will pay the Accelerated Death Benefit immediately when We receive all due written proof.

ADMINISTRATIVE CHARGE. There is no administrative charge for this benefit.

FEE. There is no fee for this benefit.

EFFECT ON OTHER INSURANCE.

Life Insurance. Receiving the Accelerated Death Benefit will reduce the Remaining Life Insurance and the Life Insurance Benefit payable at death. When the Claimant dies after an Accelerated Death Benefit is paid, the amount of Remaining Life Insurance in force on the Date of death will be paid as a Life Insurance Benefit.

Payment of the Life Insurance Benefit is subject to the provisions of the Policy, including the Beneficiary and Claim Procedures provisions. If the Claimant dies after applying for an Accelerated Death Benefit, but before We make payment, the request will be void and no Accelerated Death Benefit will be paid.

Accidental Death and Dismemberment Insurance. The Accidental Death and Dismemberment Principal Sum will not be affected by the payment of an Accelerated Death Benefit.

Conversion Privilege. If the Claimant exercises the Conversion Privilege after an Accelerated Death Benefit is paid, the amount of the conversion policy will not exceed the amount of his or her Remaining Life Insurance.

EFFECT ON TAXES AND GOVERNMENT BENEFITS. Any Accelerated Death Benefit amount paid may be taxable income to You. Receiving the Accelerated Death Benefit may also affect the Claimant's eligibility for Medicaid, Supplemental Security Income, and other government benefits. The Claimant should consult his or her own tax and legal advisor before applying for an Accelerated Death Benefit. We are not responsible for any tax owed or government benefit denied as a result of the Accelerated Death Benefit payment.

LIMITATIONS AND EXCLUSIONS. No Accelerated Death Benefit will be paid:

- (1) if any required Premium is due and unpaid, subject to the Policy's Grace Period;
- (2) on any conversion policy purchased in accordance with the Conversion Privilege;
- (3) without the written approval of the bankruptcy court, if You have filed for bankruptcy;
- (4) without the written consent of the beneficiary, if You have named an irrevocable beneficiary;
- (5) without Your written consent, if the Claimant is Your Spouse or Dependent Child;
- (6) without the written consent of the assignee, if You have assigned Your rights under the Policy;
- (7) if any part of the Life Insurance must be paid to Your child, spouse or former spouse, pursuant to a legal separation agreement, divorce decree, child support order or other court order;
- (8) if the Claimant has been diagnosed with a terminal condition due to a suicide attempt, while sane, or due to an intentionally self-inflicted injury;
- (9) if a government agency requires You or the Claimant to use the Accelerated Death Benefit to apply for, receive or continue a government benefit or entitlement; or
- (10) if an Accelerated Death Benefit has been previously paid for the Claimant under the Policy.

WAIVER OF PREMIUM BENEFIT
For Class 26/Plan 1

WAIVER OF PREMIUM BENEFIT. This benefit allows You to continue insurance **without payment of Premiums** in the event of Your Total Disability. We will waive the Premium from the first Premium due Date following the satisfaction of the Qualifying Period shown in the Schedule of Benefits until the Date of Termination for this benefit. To be eligible for the Waiver of Premium benefit, You must:

- (1) become Totally Disabled before exceeding the Maximum Qualifying Age shown in the Schedule of Benefits;
- (2) remain Totally Disabled for at least the Qualifying Period shown in the Schedule of Benefits; and
- (3) submit proof of Your Total Disability to Us.

Qualifying Insurance. For purposes of the Waiver of Premium benefit, Qualifying Insurance is:

- (1) Your Life and AD&D Insurance; and
- (2) Dependent Life and AD&D Insurance.

AMOUNT OF THE BENEFIT. The amount of the Waiver of Premium benefit equals the amount of any Qualifying Insurance in effect on the Day Your Total Disability begins. The amount of Qualifying Insurance will continue to be adjusted after that Day, in accordance with the Certificate provisions that were in effect on the Date Your Total Disability began. This includes adjustments based on:

- (1) any reductions scheduled to occur when You or Your Insured Spouse reach a specified age;
- (2) any Accelerated Death Benefit You, Your Spouse, or Dependent Child received; and
- (3) You or Your Insured Dependent exercising any available Conversion Privilege provided by the Certificate.

PREMIUM. Continued payment of Premium allows You to avoid any loss of insurance under this Certificate while qualifying for the Waiver of Premium benefit. You or the Group Policyholder must make the required Premium payments to Us until the Day You are approved or declined for the benefit. If We do not receive the required Premium payments during the Qualifying Period, insurance under this Certificate will terminate.

You may also be eligible for the Conversion Privilege while in a Qualifying Period for the Waiver of Premium benefit. If You elect to exercise the Conversion Privilege, then Premium payments must be received until:

- (1) You convert all Your insurance; or
- (2) You qualify for the Waiver of Premium benefit, for any portion of insurance that is not converted.

When You provide satisfactory proof of Your Total Disability to Us, We will refund up to 12 months of Premium that was paid for the Qualifying Insurance. The refund period begins on the 1st Day of Your Total Disability.

REQUIRED PROOF

Proof of Total Disability. Proof of Your Total Disability must be submitted to Us:

- (1) within 12 months of the Date the Total Disability began, or as soon as reasonably possible after that; and
- (2) in no event more than 24 months after the Date the Total Disability began, unless You lack legal capacity.

As often as reasonably necessary, We may require:

- (1) proof of Your continued Total Disability; and
- (2) an examination by a Physician of Our choice.

After the first two years of Total Disability, We will not request proof or an exam more than once a year. Any such exam will be at Our expense.

WAIVER OF PREMIUM BENEFIT

(Continued)

For Class 26/Plan 1

Proof of Death. If You die:

- (1) **before submitting** initial proof of Your Total Disability; and
- (2) within 12 months after Total Disability begins;

Your Life Insurance Benefit will be paid under the terms of this Certificate. We must first receive satisfactory proof of Your continuous Total Disability from the last Day of Active Work until the Date of Your death.

If You die **after submitting** initial proof of Your Total Disability, additional proof must be submitted to Us showing that You remained continuously and Totally Disabled until Your death.

NOTICE OF APPROVAL. We will send You written notice advising whether You are approved for Waiver of Premium, and the amount of the benefit for which the Premium is being waived.

TERMINATION

Individual Termination. Any Qualifying Insurance extended under this provision will terminate automatically on the earliest of:

- (1) the Date You die;
- (2) the Date You are no longer Totally Disabled;
- (3) the Date You fail to take a required medical examination;
- (4) the 45th Day after We mail a request for additional proof, if it is not given;
- (5) the effective Date of Your individual conversion policy, with respect to any amount insurance converted in accordance with the Conversion Privilege;
- (6) the Date You reside outside the United States for purposes other than employment with the Employer; or
- (7) the end of the Maximum Waiver of Premium Duration shown in the Schedule of Benefits.

Dependent Insurance extended under this provision will terminate automatically on the earliest of:

- (1) the Date Your insurance extended under this provision terminates; or
- (2) the Date Your Dependent ceases to be eligible under this Certificate.

EFFECT OF POLICY TERMINATION. If the Policy or Your Participating Organization's participation terminates **before** You complete the Qualifying Period shown in the Schedule of Benefits to become eligible for Waiver of Premium, or during Your recovery period under the Recurrent Disability section, Your insurance will terminate. You will not become eligible for Waiver of Premium, but You may be eligible to exercise the Conversion Privilege. If such termination occurs **after** You become eligible for Waiver of Premium, Your Waiver of Premium benefit will not be affected.

RIGHTS FOLLOWING RECOVERY

Ceasing Insurance. If Your Total Disability ends and You **do not return** to a class eligible for insurance under the Policy, then You may be eligible to exercise the Conversion Privilege.

Resuming Insurance. If Your Total Disability ends and You **do return** to an eligible class, then Your insurance under the Policy will resume when Premium payments are resumed. If You have exercised the Conversion Privilege under this Certificate, any conversion policy must be surrendered to Us prior to resuming insurance. No claim may be made under the conversion policy except for a refund of any unearned Premium less any dividends and policy loans.

WAIVER OF PREMIUM BENEFIT

(Continued)

For Class 26/Plan 1

Recurrent Disability. If Your Total Disability ends and You return to an eligible class, and then again become Totally Disabled:

(1) within 15 Days of recovering; and

(2) by the same cause of Your prior Total Disability;

the disability will be treated as part of the preceding Total Disability. You will not be required to complete a new Qualifying Period before resuming the Waiver of Premium benefit. The required Premium payments must be received from You or the Group Policyholder during Your recovery period.

TRANSPORTATION OF REMAINS BENEFIT
For Class 26/Plan 1

TRANSPORTATION OF REMAINS BENEFIT. The Transportation of Remains benefit reimburses expenses incurred for the preparation and transportation of Your or Your Insured Dependent's bodily remains or ashes to a mortuary. We will pay a Transportation of Remains benefit if You or Your Insured Dependent dies at least 100 miles from Your or Your Insured Dependent's principal place of residence, and the bodily remains or ashes are returned:

- (1) by a company that provides mortuary transport services; and
- (2) to a mortuary or funeral home within 30 miles of the deceased's principal place of residence.

AMOUNT OF THE BENEFIT. The amount of the Transportation of Remains Benefit is shown in the Schedule of Benefits. This benefit will be paid in addition to all other benefits payable under this Certificate.

LIMITATIONS AND EXCLUSIONS. The Transportation of Remains benefit will not be payable for any death excluded under the Limitations and Exclusions for Life Insurance.

ACCIDENTAL DEATH AND DISMEMBERMENT (“AD&D”) INSURANCE

AD&D INSURANCE. AD&D Insurance benefits are payable in the event that You or Your Insured Dependent sustains an Accidental Injury while insured under this Certificate, subject to the conditions established below and within the AD&D Insurance Benefits provision.

AMOUNT OF THE BENEFITS. All AD&D Insurance benefit amounts are shown in the Schedule of Benefits. Benefit amounts are determined by Your or Your Insured Dependent’s Principal Sum.

LIMITATIONS AND EXCLUSIONS. AD&D Insurance benefits will not be payable for any loss that is excluded under the Limitations and Exclusions for AD&D Insurance.

Maximum Benefit Per Person. All AD&D Insurance benefits are payable once per person per Accident.

If You or Your Spouse sustains more than one Loss resulting from the same Accident, the benefit:

- (1) will be the one largest amount listed;
- (2) will not exceed the Principal Sum for all of that person’s combined Losses resulting from any other Accident for which benefits are payable.

AD&D INSURANCE BENEFITS
For Class 26/Plan 1

STANDARD AD&D INSURANCE BENEFITS.

Scheduled Loss Benefits. We will pay a Scheduled Loss benefit when You or Your Insured Dependent sustains a Scheduled Loss as a result of an Accidental Injury. The Accident must cause the Scheduled Loss to occur within 180 Days of the Injury. If a Severe Dismemberment benefit is paid, no other AD&D Insurance Scheduled Loss benefit will be paid for the same or an attached body part.

ENHANCED AD&D INSURANCE BENEFITS. Enhanced AD&D Insurance benefits supplement Your Standard AD&D Insurance, and are paid in addition to all other benefits payable under this Certificate. All benefit amounts are shown in the Schedule of Benefits.

SAFETY BENEFITS

Safe Driver Benefit. We will pay a Safe Driver benefit if You or Your Insured Dependent dies in a Motor Vehicle Accident while wearing a properly fastened seat belt. An additional benefit is payable if the Motor Vehicle was equipped by the manufacturer with driver and passenger air bags. Your or Your Insured Dependent's death must occur within 180 Days of the Accident.

Safe Rider Benefit. We will pay a Safe Rider benefit, if You or Your Insured Dependent dies as a result of an Accidental Injury while wearing a Helmet and:

- (1) operating or riding as a passenger on a Motorcycle (on or off road); or
- (2) operating a Moped, Scooter, or Non-Motorized Bicycle (on or off road).

Your or Your Insured Dependent's death must occur within 180 Days of the Accident. The Helmet Benefit is not payable if You or Your Insured Dependent was operating the Motorcycle, Moped, or Scooter without a valid license and the appropriate endorsement as required by state statute.

EXCLUSIONS
For Group Term Life Insurance
For Class 26/Plan 1

Only deaths that occur while the insurance under this Certificate is in force are covered.

EXCLUSIONS FOR LIFE INSURANCE

Suicide. Voluntary Life Insurance benefits under this Certificate will not be payable for any death that results from suicide, while sane or insane, that occurs within two years of the effective Date of Your or Your Insured Dependent's:

- (1) Voluntary Life Insurance; or
- (2) increased amount of Voluntary Life Insurance that was issued, subject to Evidence of Insurability, under this Certificate or any prior group life insurance policy that the Policy replaced within 1 Day of the prior plan's termination Date.

If the suicide occurs within one year from the Effective Date of an increase in Life Insurance (other than a scheduled or automatic increase), We will pay Your Beneficiary the amount of insurance that was in effect before the increase.

If Voluntary Life Insurance benefits under this Certificate are excluded due to suicide, any Premium paid for the excluded insurance will be returned to:

- (1) You or Your Beneficiary, if You paid the Premium; or
- (2) the Group Policyholder, if the Group Policyholder paid the Premium.

EXCLUSIONS
For Group Accidental Death & Dismemberment Insurance
For Class 26/Plan 1

Only accidental injuries that occur while the insurance under this Certificate is in force are covered.

EXCLUSIONS FOR AD&D INSURANCE. AD&D Insurance benefits will not be payable for any loss caused or contributed to by:

- (1) physical or mental infirmity, Sickness, pregnancy, or medical or surgical treatment of these;
- (2) infection, except when the infection is due to an Accidental cut or wound;
- (3) suicide, attempted suicide, or any intentionally self-inflicted injury, that occurs while sane or insane, within one year of the Effective Date of Your or Your Insured Dependent's:
 - (a) AD&D Insurance; or
 - (b) increased amount of AD&D Insurance;
- (4) voluntary intake or use by any means of any drugs, poison, gas, or fumes, except when:
 - (a) prescribed or administered by a Physician; and
 - (b) taken in accordance with the Physician's instructions;
- (5) alcohol when used in combination with any drug, medication, or sedative;
- (6) committing or attempting to commit a felony;
- (7) war or any act of war, declared or undeclared, or an act of Terrorism;
- (8) participation in a riot, insurrection, or rebellion of any kind;
- (9) military duty, including the Reserves or National Guard;
- (10) travel or flight in or on any Aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight;
- (11) driving while Intoxicated;
- (12) cosmetic or elective surgery;
- (13) being incarcerated in any type of penal or detention facility;
- (14) participating in, practicing for, or officiating any semi-professional or professional sport;
- (15) riding in or driving in any motor driven vehicle for race, stunt show, or speed test;
- (16) scuba diving;
- (17) bungee cord jumping, mountaineering, or base jumping;
- (18) skydiving, parachuting, or jumping from any Aircraft for recreational purposes; or
- (19) a loss sustained while residing outside the United States.

CLAIM PROCEDURES
For
Group Life and AD&D Insurance

NOTE: This Certificate includes a Waiver of Premium Benefit and an Accelerated Death Benefit. Please refer to that provision for any special claim procedures.

FILING A CLAIM.

Notice of Claim. A claimant must provide Us notice of a claim at Our Group Insurance Service Office. Notice of an accidental death or dismemberment claim must be provided within 20 Days after a claim is incurred. The notice should include:

- (1) the Group Policyholder's name and Group Policy Number (shown on the Schedule of Benefits);
- (2) Your name, address, and Certificate number, if available; and
- (3) the claimant's name and relationship to You.

Claim Forms. When We receive notice of a claim, We will send forms for filing proof of claim. We will include instructions for completing and submitting the forms. If We do not send the forms within 15 Days, the claimant may send Us written proof of claim in a letter. The letter should state the nature, Date and cause of the claim.

Proof of Claim. Written proof of a claim must be provided at the claimant's own expense within 90 Days after the Date of the loss. We will review proof of a claim when it is complete. It must include:

- (1) the nature, Date, and cause of the claim;
- (2) a certified copy of the death certificate, for proof of death;
- (3) an official accident report, police report, medical records, work incident report, or any other similar documents, for proof of accidental death or dismemberment; and
- (4) a signed authorization for Us to obtain more information.

Within 15 Days after receiving the first proof of claim, We may send a written acknowledgment requesting any missing information, and any other items We reasonably require in support of the claim.

If a claim is for periodic benefits, We may request proof of continued eligibility for such benefits. Proof must be supplied within 45 Days of Our request. If it is not, benefits may be denied or suspended.

Additional Proof by Exam or Autopsy. While a claim is pending, We may have the person who incurred the claim examined:

- (1) by a Physician of Our choice;
- (2) as often as is reasonably required.

If the person fails to cooperate with an examiner or fails to take an exam, We may deny benefits until the exam is completed. In case of death, We may have an autopsy done, where it is not forbidden by law.

Any such exam or autopsy will be at Our expense.

Exception. Failure to give notice or provide proof of a claim within the required time period will not invalidate or reduce the claim, if it is shown that it was done:

- (1) as soon as reasonably possible; and
- (2) in no event more than one year after it was required.

These time limits will not apply while the claimant lacks legal capacity.

PAYMENT OF CLAIMS.

CLAIM PROCEDURES
For
Group Life and AD&D Insurance
(Continued)

Time of Payment. Benefits payable under this Certificate will be paid:

- (1) immediately after We confirm liability; and
- (2) in no event more than 30 Days after We receive acceptable proof of claim.

To Whom Payable. Life and AD&D benefits payable for Your death will be paid in accordance with the Beneficiary provision, and the Facility of Payment and Payment Options provided below. Benefits payable for an Insured Dependent's death will be paid to:

- (1) You, if You survive that Dependent; or
- (2) Your Beneficiary or in accordance with the Facility of Payment section, if You do not survive that Dependent.

Any other AD&D Benefits payable under this Certificate will be paid to You, unless an overpayment has been made and We are entitled to reduce future benefits.

Facility of Payment. If any benefit under this Certificate becomes payable to Your estate, a minor, or any person who We consider not competent to give a valid release, We may make payment to any one or more of the following:

- (1) a person who has assumed the care and support of You or Your Beneficiary;
- (2) a person who has incurred expense as a result of Your last illness or death;
- (3) the personal representative of Your estate; or
- (4) any person related by blood or marriage to You.

No payment made under this section may exceed the Facility of Payment amount shown in the Schedule of Benefits. Any payment made in good faith under this section will fully discharge Us to the extent of the payment. Any remaining amount will be paid as shown in the Beneficiary section.

Payment Options. Benefits will be paid in a lump sum to a SecureLine© interest-bearing checking account. However, You or Your Beneficiary may direct Us to pay the benefit:

- (1) by direct deposit electronic funds transfer;
- (2) by check; or
- (3) in installments.

Any election must be made in writing to Us, and comply with Our practices at the time it is made.

NOTICE OF OUR CLAIM DECISION. We will send the claimant a written notice of Our claim decision. If We deny any part of the claim, the written notice will explain:

- (1) the reason for the denial;
- (2) how the claimant may request a review of Our decision; and
- (3) whether more information is needed to support the claim.

Time Limits for Our Decision. Notice of Our decision will be sent within 15 Days after resolving the claim. If We need more than 15 Days to process a claim, an extension will be permitted.

We will send the claimant a written delay notice explaining the special circumstances which require the delay, and when a decision can be expected:

- (1) by the 15th Day after We receive the first proof of claim; and
- (2) every 30 Days after that, until the claim is resolved.

CLAIM PROCEDURES
For
Group Life and AD&D Insurance
(Continued)

If reasonably possible, this review period will not exceed:

- (1) 90 Days from the Date We receive the first proof of a death or dismemberment claim; or
- (2) 45 Days from the Date We receive first proof of a claim for any Waiver of Premium Benefit or Accelerated Death Benefit available under the Certificate.

In any event, the notice of Our decision will be sent within:

- (1) 180 Days after We receive the first proof of a death or dismemberment claim; or
- (2) 105 Days after We receive the first proof of a claim for any Waiver of Premium Benefit or Accelerated Death Benefit available under the Certificate.

If We fail to do so, there is a right to an immediate review as if the claim was denied.

Exception. If We need more information from the claimant to process a claim, it must be supplied within 45 Days after We request it. The resulting delay will not count toward the above time limits for claim processing.

REVIEW OF OUR CLAIM DECISION. If any part of a claim is denied, the claimant may request a review of Our decision.

Claim Review Request (Appeal). To begin a review, the claimant must send Us:

- (1) a written request; and
- (2) any written comments or other items to support the claim.

The claimant may review certain non-privileged information relating to the request for review.

Time Limits for Claimant to Request a Claim Review (Appeal). The claimant must request a claim review within:

- (1) 60 Days after receiving a claim denial notice for death or dismemberment; or
- (2) 180 Days after receiving a claim denial notice for any Waiver of Premium Benefit or Accelerated Death Benefit available under the Certificate.

Notice of Review Decision. We will review the claim and send the claimant a written notice of Our decision. The notice will explain the reasons for Our decision. If We uphold the denial of all or part of the claim, We will also describe:

- (1) any further appeal procedures available under the Policy;
- (2) the right to access relevant claim information; and
- (3) the right to request a state insurance department review, or to bring legal action.

Time Limits for Our Review Decision. For a death or dismemberment claim, the notice will be sent within:

- (1) 60 Days after We receive the request for review; or
- (2) 120 Days, if a special case requires more time.

For a claim for any Waiver of Premium Benefit or Accelerated Death Benefit available under the Certificate, the notice will be sent within:

- (1) 45 Days after We receive the request for review; or
- (2) within 90 Days, if a special case requires more time.

If We need more time to process an appeal in a special case, We will send the claimant a written delay notice by the 30th Day after receiving the request for review. The notice will explain:

- (1) the special circumstances which require the delay;
- (2) whether more information is needed to review the claim; and
- (3) when a decision can be expected.

CLAIM PROCEDURES
For
Group Life and AD&D Insurance
(Continued)

Exception: If We need more information from the claimant to process an appeal, it must be supplied within 45 Days after We request it. The resulting delay will not count toward the above time limits for appeal processing.

RIGHT OF RECOVERY. If benefits have been overpaid on any claim, We must be repaid within 60 Days. If You do not repay an overpayment, We have the right to:

- (1) reduce future benefits payable to You, Your Beneficiary, or Your estate under this Certificate or any other group insurance policy We issue until full reimbursement is made; and
- (2) recover overpayments from You, Your Beneficiary, or Your estate.

Repayment is required whether the overpayment is due to fraud, Our error in processing a claim, or any other reason.

LEGAL ACTIONS. A claimant may not bring a legal action to recover any benefits until 60 Days after the required written proof of claim has been given. No such legal action may be brought more than three years after the Date written proof of claim is required.

ASSIGNMENTS
For
Group Life and AD&D Insurance

ASSIGNMENTS. An assignment transfers certain rights provided by this Certificate to another named person. You assume all responsibility for the validity and effect of an assignment, and should consult with Your legal advisor before assigning Your rights. Your Life Insurance and AD&D Insurance Benefits may be assigned using absolute or funeral home assignments. Your Dependent Life Insurance and AD&D Insurance Benefits may not be assigned. An assignment will have no effect on a prior irrevocable beneficiary designation.

No assignment will be binding on Us unless and until:

- (1) it is made on a form We provide;
- (2) We receive the original assignment request at Our Group Insurance Service Office; and
- (3) We approve the request.

Absolute Assignments. If You have legal and mental capacity, You may assign Your Life Insurance and AD&D Insurance as a gift (with no consideration). This type of assignment is known as an absolute assignment. Once We record Your absolute assignment, You can no longer exercise the rights You have assigned. Only the person You name can exercise the rights You transfer. You may use an absolute assignment to transfer Your rights to:

- (1) make any contributions required to keep the insurance in force;
- (2) exercise the Conversion Privilege; and
- (3) name and change a Beneficiary.

An absolute assignment cannot be used as a collateral assignment. An absolute assignment may be made to:

- (1) a trust;
- (2) one or more of Your Relatives or their estates; or
- (3) a trustee of a trust under which one of the Relatives is a beneficiary.

Funeral Home Assignments. If You die, Your Beneficiary may assign Your Life Insurance and Accidental Death Insurance Benefits to a funeral home for payment of burial expenses. After payment has been made for the burial expenses to the assigned funeral home, the remaining Life Insurance and Accidental Death Insurance Benefits are then paid in accordance with the Beneficiary and Payment Options sections of the Policy.

BENEFICIARY
For
Group Life and AD&D Insurance

PAYMENTS TO BENEFICIARY. Any amount payable as a result of Your death will be paid to the named Beneficiary who survives You.

NAMING THE BENEFICIARY. Your Beneficiary will be as shown on Your Beneficiary designation for this insurance. If the Policy replaced a group policy providing similar insurance, Your Beneficiary named under the prior policy will be the Beneficiary under Our Policy, until changed.

Multiple Beneficiaries. You may name one or more Beneficiaries, and control the order and share of payment made to each named Beneficiary. Any person You choose to receive Your benefits first is known as a primary Beneficiary. You may also choose contingent Beneficiaries. If there are no surviving primary Beneficiaries when You die, benefits will be paid to Your contingent Beneficiaries.

If more than one Beneficiary is named and You do not designate the order or share of payment, benefits will be paid equally to Your Beneficiaries. If a named Beneficiary dies and You do not otherwise designate how that Beneficiary's share will be paid, then:

- (1) that share will be divided and paid equally to Your surviving Beneficiaries; and
- (2) the entire Life Insurance and AD&D Insurance Benefit will be paid to a single Beneficiary, if only one survives.

No Beneficiary Named or Surviving. If You have not named a Beneficiary, or if no named Beneficiaries survive You, payment will be made to Your:

- (1) Spouse; or, if none
- (2) surviving child or children in equal shares; or, if none
- (3) surviving grandchild or grandchildren in equal shares; or, if none
- (4) surviving parent or parents in equal shares; or, if none
- (5) surviving sibling or siblings in equal shares; or, if none
- (6) estate.

In determining who is to receive payment, We may rely on an affidavit by a member of the class to receive payment. Unless We receive written notice at Our Group Insurance Service Office of a valid claim by some other person before paying the proceeds, We will make payment based on the affidavit We have received. Such payment will release Us from any further obligation for the Life Insurance and AD&D Insurance Benefit.

The amount payable to anyone shown above will be reduced by any amount paid in accordance with the Facility of Payment section described in the Claim Procedures.

If the person who would otherwise receive payment dies:

- (1) within 15 Days of Your death; and
- (2) before We receive satisfactory proof of Your death;

payment will be made as if You had survived that person, unless other provisions have been made.

CHANGING THE BENEFICIARY. Only You or Your absolute assignee may change a Beneficiary. Beneficiaries may be named or changed at any time. A new Beneficiary may be named by submitting a Beneficiary designation change to the Group Policyholder prior to Your death. Subject to any action We take before receiving notice, any change to Your Beneficiary will be effective:

- (1) the Date it was completed; or
- (2) for written notice, the Date it was signed and delivered to the Group Policyholder.

**TERMINATION
For
Your Insurance**

DATE OF TERMINATION. Your insurance will terminate at 12:00 midnight on the earliest of:

- (1) the Date the Policy terminates or the Participating Organization's participation terminates (but without prejudice to any claim incurred prior to termination.);
- (2) the Date Your Class is no longer eligible for insurance;
- (3) the Date You cease to be a member of the Eligible Class, retire, or die;
- (4) the last Day of the Insurance Month in which You request termination;
- (5) the last Day of the last Insurance Month for which Premium payment is made on Your behalf;
- (6) the end of the period for which the last required Premium has been paid;
- (7) with respect to any particular insurance benefit, the Date that benefit terminates;
- (8) the Last Day of the calendar month following the Date Your employment with the Group Policyholder terminates; or
- (9) the Date You enter armed services of any state or country on active duty, except for duty of 30 Days or less for training in the Reserves or National Guard (if You send proof of military service, We will refund any unearned Premium);

unless insurance is continued as provided in the Continuation Rights or Portability provisions.

If insurance is not continued beyond the Date of termination, it may be possible to purchase an individual life insurance policy in accordance with the Conversion Privilege provision of the Policy.

EFFECT OF TERMINATION ON YOUR BENEFITS. Termination will have no effect on benefits payable for a claim incurred while You were insured under the Policy.

**TERMINATION
For
Your Dependent Insurance**

DATE OF TERMINATION. Dependent Insurance will terminate as follows.

Termination for Spouse. Dependent Insurance for Your Spouse will cease on the earliest of:

- (1) the Date he or she ceases to be an eligible Spouse;
- (2) the Date You attain age ;
- (3) the Date he or she becomes insured under the Policy as an Employee for the Group Policyholder; or
- (4) the Date he or she enters the armed forces of any state or country on active duty, except for duty of 30 Days or less for training in the Reserves or National Guard (if You send proof of military service, We will refund any unearned premium).

Termination for Child. Dependent Insurance for Your Child will cease on the earliest of:

- (1) the Date he or she ceases to be an eligible Dependent Child;
- (2) the Date he or she becomes insured under the Policy as an Employee for the Group Policyholder; or
- (3) the Date he or she enters the armed forces of any state or country on active duty, except for duty of 30 Days or less for training in the Reserves or National Guard (if You send proof of military service, We will refund any unearned premium).

Termination for All Dependents. Dependent Insurance for all of Your Insured Dependents will cease on the earliest of:

- (1) the Date Your Life and AD&D Insurance terminates;
- (2) the Date Dependent Life and AD&D Insurance is discontinued;
- (3) the Date You cease to be in a class eligible for Dependent Life and AD&D Insurance;
- (4) the Date You request that Your Dependent Life and AD&D Insurance be terminated;
- (5) with respect to a benefit or a specific type of benefit, the Date the portion of the Policy providing that type of benefit terminates; or
- (6) the Date through which Premium has been paid on behalf of Your Insured Dependents.

If insurance is not continued beyond the Date of termination, it may be possible to purchase an individual life insurance policy in accordance with the Conversion Privilege provision of the Policy.

EFFECT OF TERMINATION ON YOUR DEPENDENT BENEFITS. Termination will have no effect on benefits payable for claims incurred by Your Insured Dependent while he or she was insured under the Policy.

**CONTINUATION RIGHTS
For
You and Your Dependents**

CONTINUATION RIGHTS FOR YOU. Ceasing Active Work results in termination of Your eligibility for insurance, but insurance may be continued as follows.

Disability. If You are disabled as a result of Sickness or Injury, then insurance may be continued after the disability begins until the earlier of:

- (1) the end of the period shown in the Schedule of Benefits;
- (2) the Date You are no longer disabled; or
- (3) the Date You qualify for Waiver of Premium.

The required Premium payments must be received from the Group Policyholder, throughout the period of continued insurance.

Other Leave of Absence. When You cease work due to an approved leave of absence (other than an approved Family or Medical Leave or Military Leave), insurance may be continued after the leave of absence begins until the end of the period shown in the Schedule of Benefits. The required Premiums must be received from the Group Policyholder throughout the period of continued insurance.

Lay Off. When You cease work due to a temporary lay off, insurance may be continued after the lay off begins until the end of the period shown in the Schedule of Benefits. The required Premiums must be received from the Group Policyholder throughout the period of continued insurance.

Conditions for Your Continuation Rights. In administering the above continuations, the Group Policyholder must not act so as to discriminate unfairly among Employees in similar situations. Insurance may not be continued when You Cease Active Work due to a labor dispute, strike, work slowdown or lockout.

Portability and Conversion Following Your Continuation Rights. When Your Continuation Rights end, You may be entitled to:

- (1) continue insurance as provided in the Portability provision; or
- (2) purchase an individual policy in accordance with the Conversion Privilege provision.

CONTINUATION RIGHTS FOR YOUR DEPENDENTS. Your Dependents may continue Dependent Insurance as follows.

Conversion Following Continuation Rights. When Your Dependent's Continuation Rights end, he or she may be entitled to purchase an individual policy in accordance with the Conversion Privilege provision.

PORTABILITY
For
You and Your Dependents

PORTABILITY FOR YOU. If Your Qualifying Insurance ends, You may be eligible for Portability. Portability allows continuation of Your Qualifying Insurance under this Certificate. Portability follows any Continuation Rights. Portability is available when Your Qualifying Insurance ends because:

- (1) Your employment with the Group Policyholder terminates;
- (2) You retire before reaching the SSNRA shown in the Schedule of Benefits; or
- (3) Your Qualifying Insurance ends solely due to a reduction in hours.

To continue insurance under the Portability provision, You must:

- (1) notify Us and pay the applicable Premium within 31 Days of the Date the Qualifying Insurance would otherwise end; and
- (2) have been insured under the Certificate, or any Prior Plan that contains substantially similar benefits, for at least 12 consecutive Months just prior to the Date the Qualifying Insurance ends.

Maximum Duration. Subject to Termination of Portability, the Maximum Duration You may continue any Qualifying Insurance under this provision is shown in the Schedule of Benefits.

Limitations on Portability. Portability is not available when insurance ends because of:

- (1) Sickness or Injury;
- (2) nonpayment of Premiums;
- (3) Policy termination;
- (4) retiring after on or after reaching the SSNRA shown in the Schedule of Benefits;
- (5) entering armed services of any state or country on active duty;
- (6) any scheduled age-based reductions shown in the Schedule of Benefits;
- (7) Your organization ceasing to be a Participating Organization; or
- (8) Your Spouse or Child ceasing to be an eligible Dependent.

Portability is not available to Your Spouse or Child if You do not continue Your Qualifying Insurance under this provision.

Qualifying Insurance. For purposes of the Portability for You section of Portability, Qualifying Insurance is:

- (1) Your Voluntary Life Insurance; and
- (2) Voluntary Dependent Life Insurance.

Premium. You are required to pay Us Premium to continue insurance under the Portability provision. We will send You a billing statement on or before each Premium due Date. You must pay Premium directly to Us on or before each due Date, throughout the period of continued insurance. The required Premium will equal:

- (1) the rate based on the amount of insurance and attained age as shown in the premium information provided with the application; plus
- (2) a direct billing fee based on the Premium frequency You choose.

You may request to change the Premium frequency if You notify Us in advance at any time the insurance is in force, except during a Grace Period.

Amount of Insurance. Portability is only available for amounts of insurance for which no application has been made under the Policy's Conversion Privilege. The amount of insurance continued under this provision may not exceed the maximum amount shown in the Schedule of Benefits. During the continuation period:

- (1) continued insurance may not be increased; and
- (2) additional dependents may not be enrolled for Dependent Insurance.

Continued insurance will be subject to any reductions on account of Your, or Your Spouse's age, as shown in the Schedule of Benefits.

PORTABILITY
For
You and Your Dependents
(Continued)

You may decrease the amount of continued insurance at any time during the continuation period by completing a request form supplied by Us. The decrease will take effect on the first day of the Insurance Month after We receive the request. The decreased amount of insurance cannot be less than the lowest amount available to Your class under the Certificate. There is no minimum amount for Dependent Life Insurance that is continued under this provision.

Termination of Your Portability. Insurance continued under this section ends on the earliest of:

- (1) the Date We receive a written request from You to terminate the insurance;
- (2) the last Day of the period for which You paid Premiums;
- (3) the Date You die;
- (4) the Date the Maximum Portability Duration shown in the Schedule of Benefits ends;
- (5) the Date You return to an eligible class under the Policy; or
- (6) the Date insurance would otherwise end had You remained an Employee.

Dependent Insurance extended under this provision will terminate automatically on the earliest of:

- (1) the day Your insurance extended under this provision terminates; or
- (2) the day Your Dependent ceases to be eligible under this Certificate.

Conversion Following Portability. When Portability ends, You or Your Insured Dependent may be entitled to purchase an individual policy in accordance with the Conversion Privilege provision of the Policy. If conversion is available following Portability, application must be made to Us within 31 Days after insurance continued under this provision ends.

DEPENDENT PORTABILITY. If Your Insured Spouse's Qualifying Insurance ends, he or she may be eligible for Dependent Portability. Dependent Portability allows continuation of Your Insured Spouse's Qualifying Insurance under this Certificate. Dependent Portability is available when Your Dependent's Qualifying Insurance terminates because You die.

To continue insurance under the Dependent Portability provision, Your Insured Spouse must:

- (1) notify Us and pay the applicable Premium within 31 Days of the Date the insurance would otherwise end; and
- (2) have been insured under this Certificate, or any prior group term life that contains substantially similar benefits the Policy replaces, for at least 12 consecutive Months just prior to the Date You died or divorced.

Your Insured Spouse may also continue Your Dependent Child's insurance under the Dependent Portability provision, provided:

- (1) the Dependent Child was insured at the time of Your death; and
- (2) You are not continuing Dependent's Insurance for Your Child.

Maximum Dependent Portability Duration. Subject to Termination of Dependent Portability, the Maximum Duration Your Insured Spouse may continue his or her insurance under this provision is shown in the Schedule of Benefits.

Insurance provided under this provision for a Dependent Child will cease on the earliest of the Date he or she ceases to be an eligible Dependent Child or the end of the period shown in the Schedule of Benefits.

Qualifying Insurance. For purposes of the Dependent Portability section of Portability, Qualifying Insurance is Your Voluntary Dependent Life Insurance.

PORTABILITY
For
You and Your Dependents
(Continued)

Premium. Your Insured Spouse is required to pay Us Premium to continue insurance under the Dependent Portability provision. We will send Your Insured Spouse a billing statement on or before each Premium due Date. He or she must pay Premium directly to Us on or before each due Date, throughout the period of continued insurance. The required Premium will equal:

- (1) the rate based on the amount of insurance and attained age as shown in the premium information provided with the application; plus
- (2) a direct billing fee based on the Premium frequency Your Insured Spouse chooses.

Your Insured Spouse may request to change Premium frequency by notifying Us in advance at any time the insurance is in force, except during a Grace Period.

Amount of Insurance. Portability is only available for amounts of insurance for which no application has been made under the Policy's Conversion Privilege. The amount of insurance continued under this provision may not exceed the amount in force when You die. During the continuation period:

- (1) continued insurance may not be increased; and
- (2) additional dependents may not be enrolled for Dependent Insurance.

Continued insurance will be subject to any reduction on account of Your, or Your Spouse's age, as shown in the Schedule of Benefits.

Your Spouse may decrease the amount of continued insurance at any time during the continuation period by completing a request form supplied by Us. The decrease will take effect on the first day of the Insurance Month after We receive the request. The decreased amount of insurance cannot be less than the lowest amount available to Your Dependent's class under the Certificate.

Termination of Dependent Portability. Insurance continued under this section ends on the earliest of:

- (1) the Date We receive a written request from Your Insured Spouse to terminate the insurance;
- (2) the last Day of the period for which Your Insured Spouse paid Premiums;
- (3) the Date Your Insured Spouse dies;
- (4) the Date the Child ceases to be an eligible Dependent; or
- (5) the Date the Maximum Duration ends.

We may terminate the Dependent Insurance continued under this provision for any reason by providing 31 Days notice.

Your Dependent Conversion Following Portability. When Portability ends, Your Insured Dependent may be entitled to purchase an individual policy in accordance with the Conversion Privilege provision of the Policy. If conversion is available following Portability, application must be made to Us within 31 Days after insurance continued under this provision ends.

GENERAL PROVISIONS
For
You and Your Dependents

ENTIRE CONTRACT. The entire contract with the Group Policyholder includes:

- (1) the Policy and any amendments to it;
- (2) the Group Policyholder's application, if any;
- (3) any Participating Organization's application or Participation Agreement;
- (4) any individual applications for You or Your Insured Dependent; and
- (5) the Certificate for each insured class and any amendments to it.

AUTHORITY TO MAKE OR AMEND CONTRACT. Only a Company Officer located in Our Group Insurance Service Office has the authority to:

- (1) determine the insurability of a group or any individual within a group;
- (2) make a contract in Our name;
- (3) amend or waive any provision of the Policy; or
- (4) extend the time for payment of any Premium.

No change in the Policy will be valid, unless it is made in writing, agreed to by an underwriting officer, and signed by a Company officer as described above.

INCONTESTABILITY. Except for the non-payment of Premiums or fraud, We may not contest the validity of the Policy after it has been in force for two years from its Date of issue, and as to You or Your Insured Dependent, after the insurance has been in force for two years during Your or Your Insured Dependent's lifetime. This section does not preclude, at any time, the assertion of defenses based on:

- (1) this Certificate's eligibility requirements, exclusions and limitations; and
- (2) other Certificate provisions unrelated to the validity of insurance.

In the absence of fraud, all statements made by You or Your Insured Dependents are representations and not warranties. No statement made by You or Your Insured Dependent will be used to contest the insurance provided by the Policy, unless:

- (1) it is contained in a written statement signed by You or Your Insured Dependent; and
- (2) a copy of the statement has been furnished to You or Your Insured Dependent, or to Your Beneficiary or personal representative.

RESCISSION. We have the right to rescind (cancel insurance back to its effective Date) any insurance for which Evidence of Insurability was required, if:

- (1) You or Your Insured Dependent incur(s) a claim during the first two years of insurance; and
- (2) We discover that You or Your Insured Dependent made an incomplete or untrue statement on an application that caused Us to issue insurance that We would have disapproved, had We known the truth.

We will refund all Premium paid for any rescinded insurance, less any benefits paid for Your or Your Insured Dependent's claims. We reserve the right to recover any claims paid in excess of such Premiums.

GROUP POLICYHOLDER'S AGENCY. For all purposes of the Policy, the Group Policyholder acts on its own behalf or as Your agent. Under no circumstances will the Group Policyholder be deemed Our agent.

CURRENCY. In administering this Certificate all Premium and benefit amounts must be paid in U.S. dollars.

WORKERS' COMPENSATION OR STATE DISABILITY INSURANCE. The Policy does not replace or provide benefits required by:

- (1) Workers' Compensation laws; or
- (2) any state temporary disability insurance plan laws.

GENERAL PROVISIONS
For
You and Your Dependents
(Continued)

MISSTATEMENT OF AGE. If Your or Your Insured Dependent's age has been misstated, the correct age will be used to determine if insurance is in effect and adjust benefits, as appropriate.

ASSIGNMENT. The rights and benefits under this Certificate may be assigned only as described in the Assignments provision.

GENERAL DEFINITIONS
For
You and Your Dependents

ACTIVE, ACTIVE WORK, or ACTIVELY AT WORK means Your performance, for at least the Minimum Hours shown in the Schedule of Benefits, of all customary duties of Your occupation at:

- (1) the Group Policyholder's place of business; or
- (2) any other business location designated by the Group Policyholder.

Unless disabled on the prior workday or on the Day of absence, You will be considered Actively at Work on the following Days:

- (1) a non-scheduled workday or holiday;
- (2) a paid vacation Day, or other scheduled or unscheduled non-workday; or
- (3) a non-medical leave of absence of 12 weeks or less, whether taken with the Group Policyholder's prior approval or on an emergency basis.

ANNUAL ENROLLMENT PERIOD means the calendar year period designated by the Group Policyholder, and approved by Us, during which You may be eligible to purchase or make changes to Your:

- (1) Life and AD&D Insurance; and
- (2) Dependent Life and AD&D Insurance.

Participation in an Annual Enrollment Period does not change Policy provisions related to the Eligibility Waiting Period. Evidence of Insurability may also be required. Refer to the Schedule of Benefits for more information.

BENEFICIARY means the person(s) to whom We will pay insurance benefits in accordance with the Beneficiary provision of the Certificate.

CERTIFICATE means the Group Certificate which contains the main provisions of the Policy. The Certificate includes any amendments which may be attached to it.

CHANGE IN FAMILY STATUS means a marriage, divorce, birth, adoption, death, or change of employment or eligibility status or other event that qualifies under the requirements of Section 125 of the Internal Revenue Code of 1986, as amended. Change in Family Status also means involuntary loss of comparable insurance under a Spouse benefit plan.

Change in Family Status **does not** include a change in employment or eligibility status due solely to a disability.

CHILD or CHILDREN means:

- (1) Your natural child, legally adopted child, or stepchild;
- (2) a child placed with You for the purpose of adoption;
- (3) a child for whom You are required by court order to provide insurance;
- (4) Your grandchild; or
- (5) a foster child for whom You have assumed full parental responsibility and control.

COMPANY means The Lincoln National Life Insurance Company, an Indiana corporation. Its Group Insurance Service Office address is 8801 Indian Hills Drive , Omaha, NE 68114-4066.

DAY OR DATE means the period of time that begins at 12:01 a.m. and ends at 12:00 midnight when used with regard to eligibility dates and effective dates. When used with regard to termination dates, it means 12:00 midnight. Day or Date is based on the time at the Group Policyholder's place of business.

DEPENDENT means Your Spouse, or Dependent Child.

GENERAL DEFINITIONS
For
You and Your Dependents
(Continued)

DEPENDENT CHILD means Your Child who meets the age requirements shown in the Schedule of Benefits.

DEPENDENT INSURANCE means the insurance provided by the Policy for eligible Dependents.

ELIGIBILITY WAITING PERIOD means the period of time You must be in an eligible class with the Group Policyholder, before You become eligible to enroll for insurance under the Policy.

The period of service must be continuous, except as explained in the Eligibility section captioned Prior Service Credit Towards Waiting Period. The Eligibility Waiting Period may be waived if You qualify under the Reinstatement Rights.

EMPLOYEE means a person:

- (1) whose employment with the Group Policyholder is the person's main occupation;
- (2) whose employment is for regular wage or salary;
- (3) who is Actively at Work;
- (4) who is a member of an eligible class under the Policy;
- (5) who is not a temporary or seasonal employee; and
- (6) who is a citizen of the United States or legally works in the United States.

It also includes a former Employee who has elected Portability.

EMPLOYER means the Group Policyholder. It includes any division, subsidiary or affiliated company named in the Application or Participation Agreement.

FAMILY OR MEDICAL LEAVE means an approved leave of absence that:

- (1) is subject to the federal FMLA law (the Family and Medical Leave Act of 1993 and any amendments to it) or a similar state law;
- (2) is taken in accordance with the Group Policyholder's leave policy and the law which applies; and
- (3) does not exceed the period approved by the Group Policyholder and required by that law.

The leave period may:

- (1) consist of consecutive or intermittent work Days; or
- (2) be granted on a part-time equivalency basis.

If You are entitled to a leave under both the federal FMLA law and a similar state law, the leave period that is more favorable to You will apply. If You are on an FMLA leave due to Your own health condition on the Group Policy Effective Date, You are not considered Actively at Work.

GROUP POLICYHOLDER means the person, partnership, corporation, trust, or other organization, as shown on the Face Page of this Certificate.

INJURY OR INJURED means bodily harm that occurs independently of Sickness, infirmity, or any other cause.

INSURANCE MONTH means that period of time shown on the Schedule of Benefits:

- (1) beginning at 12:01 a.m.; and
- (2) ending at 12:00 midnight;

at the Group Policyholder's primary place of business.

INSURED DEPENDENT means a Dependent for whom insurance under this Certificate is in effect.

GENERAL DEFINITIONS
For
You and Your Dependents
(Continued)

INSURED DEPENDENT CHILD means a Dependent Child for whom insurance under this Certificate is in effect.

INSURED SPOUSE means Your Spouse for whom insurance under this Certificate is in effect.

MILITARY LEAVE means a leave of absence that:

- (1) is subject to the federal USERRA law (the Uniformed Services Employment and Reemployment Rights Act of 1994 and any amendments to it);
- (2) is taken in accordance with the Group Policyholder's leave policy and the federal USERRA law; and
- (3) does not exceed the period required by that law.

PARTICIPATING ORGANIZATION means an organization that We have approved for participation in the insurance provided by the Policy.

PAYROLL PERIOD means that period of time established by the Group Policyholder for payment of employee wages.

PERSON means an Employee of the Group Policyholder:

- (1) who is a member of a class that is eligible for insurance under the Policy; and
- (2) who has enrolled for insurance.

PHYSICIAN means:

- (1) a legally qualified medical doctor who is licensed to practice medicine, to prescribe and administer drugs, or to perform surgery; or
- (2) any other duly licensed medical practitioner who is deemed by state law to be the same as a legally qualified medical doctor.

The medical doctor or other medical practitioner must be acting within the scope of his or her license.

Physician does **not** include You or Your Relatives.

POLICY means the Group Insurance policy issued by Us to the Group Policyholder.

PREMIUM means the amount charged for the insurance provided by the Policy.

PRIOR PLAN means a group or individual life and accidental death and dismemberment insurance policy, sponsored by the Group Policyholder, which the Policy replaced within 1 day of the prior plan's termination Date. It does not include any coverage under the prior plan that was continued under a portability or other coverage continuation provision.

REINSTATEMENT or TO REINSTATE means to enroll or re-enroll for the Policy's insurance, without completing a new Eligibility Waiting Period or providing Evidence of Insurability.

RELATIVE means a person connected to You by blood, marriage, or affinity. Relatives include, but are not limited to, Your:

- (1) Spouse, siblings, parents, Children and grandparents; and
- (2) Spouse's relatives of like degree.

GENERAL DEFINITIONS
For
You and Your Dependents
(Continued)

REPLACEMENT DATE means the Effective Date of Your Group Life and AD&D Insurance Policy underwritten by The Lincoln National Life Insurance Company.

SECURELINE© means an interest bearing account established at an intermediary bank in the name of Your Beneficiary, as owner.

SICKNESS means illness or disease.

SPOUSE means the person lawfully married to You, as recognized by any state, possession, or territory of the United States.

STUDENT means Your Child who is attending an accredited educational institution for the minimum number of hours required to maintain full-time status there.

TOTAL DISABILITY or TOTALLY DISABLED as used in the Waiver of Premium Benefit, means You are unable, due to Sickness or Injury, to engage full-time in any employment or occupation for which You are or become qualified by reason of education, training, or experience.

WE, OUR, or US refer to The Lincoln National Life Insurance Company, an Indiana corporation. Its Group Insurance Service Office address is 8801 Indian Hills Drive, Omaha, Nebraska 68114-4066.

YOU, YOUR, and YOURS means the Person for whom Policy insurance is in effect.

YOUR INSURANCE means any insurance provided by the Policy for You or Your Insured Dependent.

LIFE INSURANCE DEFINITIONS
For
You and Your Dependents

CLAIMANT as used in the Accelerated Death Benefit provision, means the person whose Life Insurance is the subject of a request for the Accelerated Death Benefit.

DEPENDENT LIFE INSURANCE means the life insurance provided by the Policy for eligible Dependents.

EVIDENCE OF INSURABILITY means a statement of proof of an Employee's or Spouse's medical history. We use this to determine acceptance for insurance or an increased amount of insurance. We will pay the cost for obtaining medical records required to provide Us with Evidence of Insurability.

LIFE INSURANCE means any life insurance provided by the Policy for You.

REMAINING LIFE INSURANCE as used in the Accelerated Death Benefit provision, means the amount of Life Insurance which remains in force on the Claimant's life after an Accelerated Death Benefit is paid. The Remaining Life Insurance will equal:

- (1) the Claimant's amount of Life Insurance which was used to determine the Accelerated Death Benefit (refer to the Amount of the Benefit section of the Accelerated Death Benefit provision); minus
- (2) any percentage by which the Claimant's coverage is scheduled to reduce, due to age; if the reduction occurs more than 12 months after the Accelerated Death Benefit is paid, and while he or she is still living; minus
- (3) the amount of the Accelerated Death Benefit withdrawn.

RESCIND means to cancel insurance back to its effective Date. In that event, We will refund all Premium paid for the Rescinded insurance, less any benefits paid for the Insured's claims.

SPOUSE LIFE INSURANCE means any life insurance provided by the Policy for eligible Spouses.

AD&D INSURANCE DEFINITIONS
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ACCIDENT OR ACCIDENTAL means an event or occurrence that:

- (1) was not reasonably foreseeable, or that could not have been reasonably expected or anticipated;
and
- (2) is sustained while insured under the Policy.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE means AD&D Insurance provided by the Policy for the Insured.

AIRCRAFT means any device used for aerial navigation, including but not limited to, airplanes, helicopters, balloons, gliders, parachutes, hang gliders and parasails.

DEPENDENT AD&D INSURANCE any AD&D insurance provided by the Policy for eligible Dependents.

Felonious Assault does not include acts inflicted by a fellow Employee, or a member of Your family or household.

HELMET means a protective head covering made of a hard material to resist impact and which meets or exceeds the standards established in the United States Department of Transportation's Federal Motor Vehicle Safety Standard (FMVSS), or any similar standard required by the state where the Accident occurred.

HOSPITAL means a general hospital which:

- (1) is a legally constituted institution (or an institution which operates pursuant to law);
- (2) is operated to treat sick and injured people on an Inpatient or resident patient basis;
- (3) has 24-hour nursing service by registered nurses on duty or call; and
- (4) has organized facilities for diagnosis and surgery under the supervision of a staff of one or more licensed Physicians.

It does not include a place that:

- (1) is specialized solely in dentistry, mental illness or substance abuse;
- (2) is a rest home, home for the aged, convalescent home or nursing home; or
- (3) extended care or skilled nursing facility.

INTOXICATED means the minimum blood alcohol level required for a person to be considered driving under the influence of alcohol in the jurisdiction where the accident occurred. Exclusions for driving while Intoxicated apply whether or not the driver is charged or convicted.

LEGALLY OPERATED means being driven by a person:

- (1) with a valid driver's license; and
- (2) within the legal speed limit in the jurisdiction in which the Accident occurred.

LOSSES includes the following:

- (1) **Loss of Arm**, which means complete and permanent severance at or above the elbow;
- (2) **Loss of Foot**, which means complete and permanent severance through or above the ankle but below the knee;
- (3) **Loss of Hand**, which means complete and permanent severance through or above the wrist but below the elbow;
- (4) **Loss of Hearing**, which means complete and permanent deafness in an ear that cannot be corrected to any functional degree by any aid or device;
- (5) **Loss of Finger**, which means complete and permanent severance of the finger, through or above the joint proximal to the metacarpal joint;

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- (6) **Loss of Toe**, which means complete and permanent severance of the toe, through or above the joint proximal to the metatarsal joint;
- (7) **Loss of Leg**, which means complete and permanent severance at or above the knee;
- (8) **Loss of Life**, which means death, as evidenced by a certified copy of a death certificate;
- (9) **Loss of Sight**, which means uncorrectable and permanent reduction of visual acuity to 20/200 or worse, or reduction in field of vision to less than 20 degrees;
- (10) **Loss of Speech**, which means complete and permanent loss of audible communication;
- (11) **Loss of Thumb and Index Finger**, which means complete and permanent severance of the thumb and index finger of the same hand, through or above the joint proximal to the metatarsal joint;
- (12) **Hemiplegia**, which means Paralysis of the upper and lower limbs on one side of the body;
- (13) **Paraplegia**, which means Paralysis of both lower limbs;
- (14) **Quadriplegia**, which means Paralysis of both upper and lower limbs;
- (15) **Tripelgia**, which means Paralysis of three limbs; and
- (16) **Uniplegia**, which means Paralysis of one limb.

MOTOR VEHICLE means any vehicle driven or drawn by an internal combustion engine, an electric motor, or by some combination of the two, that may be registered for use on public streets, roads, and highways. Motor Vehicle excludes tractors and scooters. It includes a car owned or leased by the Group Policyholder.

MOTOR VEHICLE ACCIDENT means Your or Your Insured Dependent's unintentional collision, while driving or riding in a Legally Operated Motor Vehicle, with:

- (1) another vehicle;
- (2) an object; or
- (3) a person or animal.

The Motor Vehicle Accident must occur while You and the Insured Dependent are insured for the Safe Driver benefit.

MOTORCYCLE means a motor-driven vehicle with no more than three wheels and a seat or saddle for the driver. This also includes sidecars. An operator of a Motorcycle must have appropriate licensing to operate the vehicle. It does not include all-terrain vehicles.

MOPED means a motor-driven vehicle with two wheels and an engine size of not more than 50 cubic centimeters.

NON-MOTORIZED BICYCLE means a single-track, human-powered vehicle with no more than three wheels which adheres to the International Organization for Standardization (ISO) 4210 safety requirements.

PARALYSIS means total and permanent loss or use of a limb, without severance.

SCHEDULED LOSS means a Loss that is shown in this Certificate's Schedule of Benefits.

SCOOTER means a motorized vehicle that has a step-through frame, and a platform or integrated footrests.

SEAT BELT means a properly installed:

- (1) seat belt or lap and shoulder restraint; or
- (2) other restraint approved by the National Highway Traffic Safety Administration.

AD&D INSURANCE DEFINITIONS
For
You and Your Dependents
(Continued)

SPOUSE AD&D INSURANCE means any AD&D Insurance provided by the Policy for eligible Spouses.

TERRORISM means activities against persons, organizations or property of any nature if such activities involve the following or preparation for the following:

- (1) use or threat of force or violence;
- (2) commission or threat of a dangerous act; or
- (3) commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and

when one or both of the following applies:

- (1) the effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
- (2) it appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or to express opposition to) a philosophy or ideology.

**NOTICE OF PROTECTION PROVIDED BY
MISSOURI LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION**

This notice provides a *brief summary* of the Missouri Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Missouri law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, annuity, or health insurance company becomes financially unable to meet its obligations and is taken over by its insurance department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Missouri law, with funding from assessments paid by other insurance companies. (For the purposes of this notice, the terms "insurance company" and "insurer" include health maintenance organizations (HMOs).)

The basic protections provided by the Association are as follows:

- Life Insurance
 - \$300,000 in death benefits, but not more than \$100,000 in net cash surrender and net cash withdrawal values.
- Health Insurance
 - \$500,000 for health benefit plans
 - \$300,000 in disability insurance benefits
 - \$300,000 in long-term care insurance benefits
 - \$100,000 in other types of health insurance benefits
- Annuities
 - \$250,000 in the present value of annuity benefits, including net cash surrender and net cash withdrawal values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is as follows:

- \$300,000 in aggregate for all types of coverage listed above, with the exception of health benefit plans
- \$500,000 in aggregate for health benefit plans
- \$5,000,000 to one policy owner of multiple non-group policies of life insurance, whether the policy owner is an individual, firm, corporation, or other person, and whether the persons insured are officers, managers, employees, or other persons

"Health benefit plan" is defined in section 376.718, RSMo.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract.

There are also various residency requirements and other limitations under Missouri law.

Benefits provided by a long-term care (LTC) rider to a life insurance policy or annuity contract shall be considered the same type of benefits as the basic life insurance policy or annuity contract to which it relates.

To learn more about the above protections, as well as protections relating to group contracts or retirement plans, please visit the Association's website at www.mo-iga.org, or contact:

Missouri Life and Health
Insurance Guaranty Association
2210 Missouri Boulevard
Jefferson City, Missouri 65109
Ph.: 573-634-8455

Missouri Department of Commerce and Insurance
301 West High Street, Room 530
Jefferson City, Missouri 65101
Ph.: 573-522-6115

Fax: 573-634-8488

Insurance companies and agents are not allowed by Missouri law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance, or HMO coverage. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Missouri law, then Missouri law will control.