HENDRY COUNTY SCHOOL DISTRICT

Request for Proposals

RFP 25-00032

EMPLOYEE ANCILLARY AND SUPPLEMENTAL INSURANCE PRODUCTS

ADDENDUM 1

1. Question: What is the submission process for the RFP?
   Answer: Please submit your best and final electronically to Elizabeth Penfield at elizabeth.penfield@acentria.com, and copy Kimberly Jordan at jordank@hendryschools.net.

2. Question: Please provide certificates of coverage.
   Answer: Certificates of coverage are attached.

3. Question: Please confirm the due date.
   Answer: The due date is Monday, August 19 at 2:00 pm EDT.

GROUP DENTAL PLAN

HENDRY COUNTY SCHOOL DISTRICT

Plan Number: 10-301388

Administered by:

Ameritas

Ameritas Life Insurance Corp.

Non-Insurance Products/Services

From time to time we may arrange, at no additional cost to you or your group, for third- party service providers to provide you access to discounted goods and/or services, such as purchase of eye wear or prescription drugs. These discounted goods or services are not insurance. While we have arranged these discounts, we are not responsible for delivery, failure or negligence issues associated with these goods and services. The third-party service providers would be liable.

To access details about non-insurance discounts and third-party service providers, you may contact our customer connections team or your plan administrator.

These non-insurance goods and services will discontinue upon termination of your coverage or the termination of our arrangements with the providers, whichever comes first.

Dental procedures not covered under your plan may also be subject to a discounted fee in accordance with a participating provider's contract and subject to state law.

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SCHEDULE OF BENEFITS
OUTLINE OF COVERAGE

The Coverage for each Member and each Covered Dependent will be based on the Member's class shown in this Schedule of Benefits.

Benefit Class	Class Description
Class 1	All Eligible Employees

DENTAL EXPENSE BENEFITS

When you select a Participating Provider, a discounted fee schedule is used which is intended to provide you, the Member, reduced out of pocket costs.

Deductible Amount:

Type 1 Procedures	$0
Combined Type 2 and Type 3 Procedures - Each Benefit Period	$75

On the date that the members of one family have satisfied the Maximum Family Deductible shown below, no covered Expenses incurred after that date by any other family member will be applied toward the satisfaction of any Deductible Amount for the rest of that Benefit Period.

Maximum Family Deductible	$ 150

Benefit Percentage:	
Type 1 Procedures	100%
Type 2 Procedures	80%
Type 3 Procedures	50%

Maximum Amount - Each Benefit Period	$1,250

ORTHODONTIC EXPENSE BENEFITS

Deductible Amount - Once per lifetime	$0
Benefit Percentage	50%
Maximum Benefit During Lifetime	$1,000

DEFINITIONS

COMPANY refers to Ameritas Life Insurance Corp. The words "we", "us" and "our" refer to Company. Our Home Office address is 5900 "O" Street, Lincoln, Nebraska 68510.

PLANHOLDER refers to the Planholder stated on the face page of this document.

MEMBER refers to a person:

a. who is a Member of the eligible class; and

b. who has qualified for coverage by completing the eligibility period, if any; and

c. for whom the coverage has become effective.

CHILD. Child refers to the child of the Member or a child of the Member's spouse, if they otherwise meet the definition of Dependent.

DEPENDENT refers to:

a. a Member's spouse.

b. each child through the end of the year in which they turn age 26, for whom the Member or the Member's spouse is legally responsible, or is eligible under the federal laws identified below, including:

   i. natural born children;

   ii. adopted children, eligible from the date of placement for adoption;

   iii. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.

Spouses of Dependents and children of Dependents may not be enrolled under this plan. Additionally, if the Planholder's separate medical plans are considered to have "grandfathered status" as defined in the federal Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act, Dependents may not be eligible Dependents under such medical plans if they are eligible to enroll in an eligible employer-sponsored health plan other than a group health plan of a parent for plan years beginning before January 1, 2014. Dependents that are ineligible under the Planholder's separate medical plans will be ineligible under this Plan as well.

c. each child age 26 or older who:

   i. is Totally Disabled as defined below; and

   ii. becomes Totally Disabled while covered as a dependent under b. above.

Coverage of such child will not cease if proof of dependency and disability is given within 31 days of attaining the limiting age and subsequently as may be required by us but not more frequently than annually after the initial two-year period following the child's attaining the limiting age. Any costs for providing continuing proof will be at our expense.

TOTAL DISABILITY describes the Member's Dependent as:

1. Continuously incapable of self-sustaining employment because of mental retardation or physical handicap; and

2. Chiefly dependent upon the Member for support and maintenance.

DEPENDENT UNIT refers to all of the people who are covered as the dependents of any one Member.

PROVIDER refers to any person who is licensed by the law of the state in which treatment is provided within the scope of the license.

PARTICIPATING AND NON-PARTICIPATING PROVIDERS. A Participating Provider is a Provider who has a contract with Us to provide services to Members at a discount. A Participating Provider is also referred to as a "Network Provider." The terms and conditions of the agreement with our network providers are available upon request. Members are required to pay the difference between the plan payment and the Participating Provider's contracted fees for covered services. A Non-Participating Provider is any other provider and may also be referred to as an "Out-of-Network Provider." Members are required to pay the difference between the plan payment and the provider's actual fee for covered services. Therefore, the out-of-pocket expenses may be lower if services are provided by a Participating Provider.

LATE ENTRANT refers to any person:

a. whose Effective Date of coverage is more than 31 days from the date the person becomes eligible for coverage; or

b. who has elected to become covered again after canceling a fee contribution agreement.

PLAN EFFECTIVE DATE refers to the date coverage under the plan becomes effective. The Plan Effective Date for the Planholder is January 1, 2014. The effective date of coverage for a Member is shown in the Planholder's records.

All coverage will begin at 12:01 A.M. on the Effective Date. It will end after 11:59 P.M. on the Termination Date. All times are stated as Standard Time of the residence of the Member.

CONDITIONS FOR COVERAGE

ELIGIBILITY

ELIGIBLE CLASS FOR MEMBERS. The members of the eligible class(es) are shown on the Schedule of Benefits. Each member of the eligible class (referred to as "Member") will qualify for such coverage on the day he or she completes the required eligibility period, if any. Members choosing to elect coverage will hereinafter be referred to as "Member."

If employment is the basis for membership, a member of the Eligible Class for Coverage is any full time active employee working at least 20 hours per week. If membership is by reason other than employment, then a member of the Eligible Class for Coverage is as defined by the Planholder.

Retirees are included in the Eligible Class for Coverage as defined by the Planholder.

If both spouses are Members and if either of them covers their dependent children, then the spouse, whoever elects, will be considered the dependent of the other. As a dependent, the person will not be considered a Member of the Eligible Class, but will be eligible for coverage as a dependent.

ELIGIBLE CLASS FOR DEPENDENT COVERAGE. Each Member of the eligible class(es) for dependent coverage is eligible for the Dependent Coverage under the plan and will qualify for this Dependent Coverage on the latest of:

1. the day he or she qualifies for coverage as a Member;

2. the day he or she first becomes a Member; or

3. the day he or she first has a dependent. For dependent children, a newborn child will be considered an eligible dependent upon reaching their 2nd birthday. The child may be added at birth or within 31 days of the 2nd birthday.

A Member must be covered to also cover his or her dependents.

If employment is the basis for membership, a member of the Eligible Class for Dependent Coverage is any person who is a full time active employee working at least 20 hours per week and has eligible dependents. If membership is by reason other than employment, then a member of the Eligible Class for Coverage is as defined by the Planholder.

Retirees are included in the Eligible Class for Dependent Coverage as defined by the Planholder.

Any spouse who elects to be a dependent rather than a member of the Eligible Class for Personal Coverage, as explained above, is not a member of the Eligible Class for Dependent Coverage.

When a member of the Eligible Class for Dependent Coverage dies and, if at the date of death, has dependents covered, the Planholder has the option of offering the dependents of the deceased employee continued coverage. If elected by the Planholder and the affected dependents, the name of such deceased member will continue to be listed as a member of the Eligible Class for Dependent Coverage.

CONTRIBUTION REQUIREMENTS. Member Coverage: A Member is not required to contribute to the payment of his or her coverage fees.

Dependent Coverage: A Member is required to contribute to the payment of coverage fees for his or her dependents.

SECTION 125. (Dependents Only) This plan is provided as part of the Planholder's Section 125 Plan. Each Member has the option under the Section 125 Plan of participating or not participating in this plan.

If a Member does not elect to participate when initially eligible, the Member may elect to participate at a subsequent Election Period. This Election Period will be held each year and those who elect to participate in this plan at that time will have their coverage become effective on January 1. A Member who elects to participate during an Election Period who did not elect to participate when initially eligible will be a Late Entrant and subject to Limitation No. 1 on 9219. (There is NO "open enrollment" under this plan.)

Members may change their election option only during an Election Period, except for a change in family status. Such events would be marriage, divorce, birth of a child, death of a spouse or child, or termination of employment of a spouse.

ELIGIBILITY PERIOD. For Members on the Plan Effective Date of the plan, qualification will occur after an eligibility period defined by the Planholder is satisfied. The same eligibility period will be applied to all members.

For persons who become Members after the Plan Effective Date of the plan, qualification will occur after an eligibility period defined by the Planholder is satisfied. The same eligibility period will be applied to all members.

If employment is the basis for membership in the Eligible Class for Members, a Member whose eligibility terminates and is established again, may or may not have to complete a new eligibility period before he or she can again qualify for coverage.

ELIMINATION PERIOD. Certain covered expenses may be subject to an elimination period, please refer to the TABLE OF DENTAL PROCEDURES, DENTAL EXPENSE BENEFITS, and if applicable, the ORTHODONTIC EXPENSE BENEFITS pages for details.

EFFECTIVE DATE. Each Member has the option of being covered and covering his or her Dependents. To elect coverage, he or she must agree in writing to contribute to the payment of the coverage fees. The Effective Date for each Member and his or her Dependents, will be the:

1. the date on which the Member qualifies for coverage, if the Member agrees to contribute on or before that date.

2. the date on which the Member agrees to contribute, if that date is within 31 days after the date he or she qualifies for coverage.

3. the date we accept the Member and/or Dependent for coverage when the Member and/or Dependent is a Late Entrant. The Member and/or Dependent will be subject to any limitation concerning Late Entrants.

EXCEPTIONS. If employment is the basis for membership, a Member must be in active service on the date the coverage, or any increase in coverage, is to take effect. If not, the coverage will not take effect until the day he or she returns to active service. Active service refers to the performance in the customary manner by an employee of all the regular duties of his or her employment with his or her employer on a full time basis at one of the employer's business establishments or at some location to which the employer's business requires the employee to travel.

A Member will be in active service on any regular non-working day if he or she is not totally disabled on that day and if he or she was in active service on the regular working day before that day.

If membership is by reason other than employment, a Member must not be totally disabled on the date the coverage, or any increase in coverage, is to take effect. The coverage will not take effect until the day after he or she ceases to be totally disabled.

TERMINATION DATES

MEMBERS. The coverage for any Member, will automatically terminate on the **earliest of:**

1. the date the Member ceases to be a Member;
2. the last day of the period for which the Member has contributed, if required, to the payment of coverage fees; or
3. the date the plan is terminated.

DEPENDENTS. The coverage for all of a Member's dependents will automatically terminate on the **earliest of:**

1. the date on which the Member's coverage terminates;
2. the date on which the Member ceases to be a Member;
3. the last day of the period for which the Member has contributed, if required, to the payment of coverage fees; or
4. the date all Dependent Coverage under the plan is terminated.

The coverage for any Dependent will automatically terminate on the day before the date on which the dependent no longer meets the definition of a dependent. For those Dependents whose coverage terminates because they no longer meet the definition of a Dependent as a result of a limiting age (See "Definitions"), coverage will continue in force throughout the remainder of that year but will automatically terminate December 31 of the year following the attainment of that limiting age.

CONTINUATION OF COVERAGE. If coverage ceases according to TERMINATION DATE, some or all of the coverages may be continued. Contact your plan administrator for details.

DENTAL EXPENSE BENEFITS

We will determine dental expense benefits according to the terms of the group plan for dental expenses incurred by a Member. A Covered person has the freedom of choice to receive treatment from any Provider.

DETERMINING BENEFITS. The benefits payable will be determined by totaling all of the Covered Expenses submitted into each benefit type as shown in the Table of Dental Procedures. This amount is reduced by the Deductible, if any. The result is then multiplied by the Benefit Percentage(s) shown in the Schedule of Benefits. Benefits are subject to the Maximum Amount, if any, shown in the Schedule of Benefits.

BENEFIT PERIOD. Benefit Period refers to the period shown in the Table of Dental Procedures.

DEDUCTIBLE. The Deductible is shown on the Schedule of Benefits and is a specified amount of Covered Expenses that must be incurred and paid by each Covered person prior to any benefits being paid.

MAXIMUM AMOUNT. The Maximum Amount shown in the Schedule of Benefits is the maximum amount that may be paid for the Covered Expenses incurred by a Member.

COVERED EXPENSES. Covered Expenses include:

1. only those expenses for dental procedures performed by a Provider; and
2. only those expenses for dental procedures listed and outlined on the Table of Dental Procedures.

Covered Expenses are subject to "Limitations." See Limitations and Table of Dental Procedures.

Benefits payable for Covered Expenses also will be based on the lesser of:

1. the actual charge of the Provider.
2. the usual and customary ("U&C") as covered under your plan, if services are provided by a Non Participating Provider.
3. the Maximum Allowable Charge ("MAC") as covered under your plan.

Usual and Customary (“U&C”) describes those dental charges that we have determined to be the usual and customary charge for a given dental procedure within a particular ZIP code area. The U&C is based upon a combination of dental charge information taken from our own database as well as from data received from nationally recognized industry databases. From the array of charges ranked by amount, your Planholder (in most cases your employer) has selected a percentile that will be used to determine the maximum U&C for your plan. The U&C is reviewed and updated periodically. The U&C can differ from the actual fee charged by the provider and is not indicative of the appropriateness of the provider’s fee. Instead, the U&C is simply a plan provision used to determine the extent of benefit coverage purchased by your Planholder.

MAC - The Maximum Allowable Charge is derived from the array of provider charges within a particular ZIP code area. These allowances are the charges accepted by dentists who are Participating Providers. The MAC is reviewed and updated periodically to reflect increasing provider fees within the ZIP code area.

ALTERNATIVE PROCEDURES. If two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care, the amount of the Covered Expense will be equal to the charge for the least expensive procedure. This provision is NOT intended to dictate a course of treatment. Instead, this provision is designed to determine the amount of the plan allowance for a submitted treatment when an adequate and appropriate alternative procedure is available. Accordingly, you may choose to apply the alternate benefit amount determined under this provision toward payment of the submitted treatment.

We may request pre-operative dental radiographic images, periodontal charting and/or additional diagnostic data to determine the plan allowance for the procedures submitted. We strongly encourage pre-treatment estimates so you understand your benefits before any treatment begins. Ask your provider to submit a claim form for this purpose.

EXPENSES INCURRED. An expense is incurred at the time the impression is made for an appliance or change to an appliance. An expense is incurred at the time the tooth or teeth are prepared for a dental prosthesis or prosthetic crown. For root canal therapy, an expense is incurred at the time the pulp chamber is opened. All other expenses are incurred at the time the service is rendered or a supply furnished.

LIMITATIONS. Covered Expenses will not include and benefits will not be payable for expenses incurred:

1. in the first 12 months that a person is covered if the person is a Late Entrant; except for evaluations, prophylaxis (cleanings), and fluoride application.

2. for initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the covered person is covered under this plan. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such dental prosthesis or prosthetic crown must include the replacement of the extracted tooth or teeth.

3. for appliances, restorations, or procedures to:

    a. alter vertical dimension;
    b. restore or maintain occlusion; or
    c. splint or replace tooth structure lost as a result of abrasion or attrition.

4. for any procedure begun after the covered person's coverage under this plan terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Member's coverage under this Plan terminates.

5. to replace lost or stolen appliances.

6. for any treatment which is for cosmetic purposes.

7. for any procedure not shown in the Table of Dental Procedures. (There may be additional frequencies and limitations that apply, please see the Table of Dental Procedures for details.)

8. for orthodontic treatment under this benefit provision. (If orthodontic expense benefits have been included in this plan, please refer to the Schedule of Benefits and Orthodontic Expense Benefits provision found on 9260).

9. for which the Covered person is entitled to benefits under any worker’s compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.

10. for charges which the Covered person is not liable or which would not have been made had no coverage been in force.

11. for services that are not required for necessary care and treatment or are not within the generally accepted parameters of care.

12. because of war or any act of war, declared or not.

TABLE OF DENTAL PROCEDURES

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY FOR YOUR PROCEDURE FREQUENCIES AND PROVISIONS.

The attached is a list of dental procedures for which benefits are payable under this section; and is based upon the Current Dental Terminology © American Dental Association. **No benefits are payable for a procedure that is not listed.**

- Ø Your benefits are based on a Calendar Year. A Calendar Year runs from January 1 through December 31.

- Ø Benefit Period means the period from January 1 of any year through December 31 of the same year. But during the first year a person is covered, a benefit period means the period from his or her effective date through December 31 of that year.

- Ø Covered Procedures are subject to all plan provisions, procedure and frequency limitations, and/or consultant review.

- Ø Reference to "traumatic injury" under this plan is defined as injury caused by external forces (ie. outside the mouth) and specifically excludes injury caused by internal forces such as bruxism (grinding of teeth).

- Ø Benefits for replacement dental prosthesis or prosthetic crown will be based on the prior placement date. Frequencies which reference Benefit Period will be measured forward within the limits defined as the Benefit Period. All other frequencies will be measured forward from the last covered date of service.

- Ø Radiographic images, periodontal charting and supporting diagnostic data may be requested for our review.

- Ø We recommend that a pre-treatment estimate be submitted for all anticipated work that is considered to be expensive by our Member.

- Ø A pre-treatment estimate is not a pre-authorization or guarantee of payment or eligibility; rather it is an indication of the estimated benefits available if the described procedures are performed.

TYPE 1 PROCEDURES

PAYMENT BASIS - NON PARTICIPATING PROVIDERS - Usual and Customary
PAYMENT BASIS - PARTICIPATING PROVIDERS - Maximum Allowable Charge
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

ROUTINE ORAL EVALUATION

D0120 Periodic oral evaluation - established patient.
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver.
D0150 Comprehensive oral evaluation - new or established patient.
D0180 Comprehensive periodontal evaluation - new or established patient.

COMPREHENSIVE EVALUATION: D0150, D0180

- Coverage is limited to 1 of each of these procedures per 1 provider.
- In addition, D0150, D0180 coverage is limited to 1 of any of these procedures per 6 month(s).
- D0120, D0145, also contribute(s) to this limitation.
- If frequency met, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency.

ROUTINE EVALUATION: D0120, D0145

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D0150, D0180, also contribute(s) to this limitation.
- Procedure D0120 will be considered for individuals age 3 and over. Procedure D0145 will be considered for individuals age 2 and under.

COMPLETE SERIES OR PANORAMIC

D0210 Intraoral - complete series of radiographic images.
D0330 Panoramic radiographic image.

COMPLETE SERIES/PANORAMIC: D0210, D0330

- Coverage is limited to 1 of any of these procedures per 3 year(s).

OTHER XRAYS

D0220 Intraoral - periapical first radiographic image.
D0230 Intraoral - periapical each additional radiographic image.
D0240 Intraoral - occlusal radiographic image.
D0250 Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector.
D0260 Extraoral - each additional radiographic image.

PERIAPICAL: D0220, D0230

- The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.

BITEWINGS

D0270 Bitewing - single radiographic image.
D0272 Bitewings - two radiographic images.
D0273 Bitewings - three radiographic images.
D0274 Bitewings - four radiographic images.
D0277 Vertical bitewings - 7 to 8 radiographic images.

BITEWINGS: D0270, D0272, D0273, D0274

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D0277, also contribute(s) to this limitation.
- The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.

VERTICAL BITEWINGS: D0277

- Coverage is limited to 1 of any of these procedures per 3 year(s).
- The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.

PROPHYLAXIS (CLEANING) AND FLUORIDE

D1110 Prophylaxis - adult.

TYPE 1 PROCEDURES

D1120 Prophylaxis - child.
D1206 Topical application of fluoride varnish.
D1208 Topical application of fluoride-excluding varnish.
D9931 Cleaning and inspection of a removable appliance.

FLUORIDE: D1206, D1208

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- Benefits are considered for persons age 14 and under.

PROPHYLAXIS: D1110, D1120, D9931

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D4910, also contribute(s) to this limitation.
- An adult prophylaxis (cleaning) is considered for individuals age 14 and over. A child prophylaxis (cleaning) is considered for individuals age 13 and under. Benefits for prophylaxis (cleaning) are not available when performed on the same date as periodontal procedures.

SEALANT

D1351 Sealant - per tooth.
D1352 Preventive resin restoration in a moderate to high caries risk patient-permanent.
D1353 Sealant repair - per tooth.

SEALANT: D1351, D1352, D1353

- Coverage is limited to 1 of any of these procedures per 3 year(s).
- Benefits are considered for persons age 14 and under.
- Benefits are considered on permanent molars only.
- Coverage is allowed on the occlusal surface only.

APPLIANCE THERAPY

D8210 Removable appliance therapy.
D8220 Fixed appliance therapy.

APPLIANCE THERAPY: D8210, D8220

- Coverage is limited to the correction of thumb-sucking.

TYPE 2 PROCEDURES

PAYMENT BASIS - NON PARTICIPATING PROVIDERS - Usual and Customary
PAYMENT BASIS - PARTICIPATING PROVIDERS - Maximum Allowable Charge
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

LIMITED ORAL EVALUATION
- D0140 Limited oral evaluation - problem focused.
- D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit).

LIMITED ORAL EVALUATION: D0140, D0170
- Coverage is allowed for accidental injury only. If not due to an accident, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency.

ORAL PATHOLOGY/LABORATORY
- D0472 Accession of tissue, gross examination, preparation and transmission of written report.
- D0473 Accession of tissue, gross and microscopic examination, preparation and transmission of written report.
- D0474 Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report.

ORAL PATHOLOGY LABORATORY: D0472, D0473, D0474
- Coverage is limited to 1 of any of these procedures per 12 month(s).
- Coverage is limited to 1 examination per biopsy/excision.

SPACE MAINTAINERS
- D1510 Space maintainer - fixed - unilateral.
- D1515 Space maintainer - fixed - bilateral.
- D1520 Space maintainer - removable - unilateral.
- D1525 Space maintainer - removable - bilateral.
- D1550 Re-cement or re-bond space maintainer.
- D1555 Removal of fixed space maintainer.

SPACE MAINTAINER: D1510, D1515, D1520, D1525
- Benefits are considered for persons age 14 and under.
- Coverage is limited to space maintenance for unerupted teeth, following extraction of primary teeth. Allowances include all adjustments within 6 months of placement date.

AMALGAM RESTORATIONS (FILLINGS)
- D2140 Amalgam - one surface, primary or permanent.
- D2150 Amalgam - two surfaces, primary or permanent.
- D2160 Amalgam - three surfaces, primary or permanent.
- D2161 Amalgam - four or more surfaces, primary or permanent.

AMALGAM RESTORATIONS: D2140, D2150, D2160, D2161
- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2990, D9911, also contribute(s) to this limitation.

RESIN RESTORATIONS (FILLINGS)
- D2330 Resin-based composite - one surface, anterior.
- D2331 Resin-based composite - two surfaces, anterior.
- D2332 Resin-based composite - three surfaces, anterior.
- D2335 Resin-based composite - four or more surfaces or involving incisal angle (anterior).
- D2391 Resin-based composite - one surface, posterior.
- D2392 Resin-based composite - two surfaces, posterior.
- D2393 Resin-based composite - three surfaces, posterior.
- D2394 Resin-based composite - four or more surfaces, posterior.
- D2410 Gold foil - one surface.
- D2420 Gold foil - two surfaces.
- D2430 Gold foil - three surfaces.
- D2990 Resin infiltration of incipient smooth surface lesions.

TYPE 2 PROCEDURES

COMPOSITE RESTORATIONS: D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2990

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D2140, D2150, D2160, D2161, D9911, also contribute(s) to this limitation.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.

GOLD FOIL RESTORATIONS: D2410, D2420, D2430

- Gold foils are considered at an alternate benefit of an amalgam/composite restoration.

STAINLESS STEEL CROWN (PREFABRICATED CROWN)

D2390 Resin-based composite crown, anterior.
D2929 Prefabricated porcelain/ceramic crown - primary tooth.
D2930 Prefabricated stainless steel crown - primary tooth.
D2931 Prefabricated stainless steel crown - permanent tooth.
D2932 Prefabricated resin crown.
D2933 Prefabricated stainless steel crown with resin window.
D2934 Prefabricated esthetic coated stainless steel crown - primary tooth.

STAINLESS STEEL CROWN: D2390, D2929, D2930, D2931, D2932, D2933, D2934

- Replacement is limited to 1 of any of these procedures per 12 month(s).
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

RECEMENT

D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration.
D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core.
D2920 Re-cement or re-bond crown.
D2921 Reattachment of tooth fragment, incisal edge or cusp.
D6092 Re-cement or re-bond implant/abutment supported crown.
D6093 Re-cement or re-bond implant/abutment supported fixed partial denture.
D6930 Re-cement or re-bond fixed partial denture.

SEDATIVE FILLING

D2940 Protective restoration.
D2941 Interim therapeutic restoration - primary dentition.

ENDODONTICS MISCELLANEOUS

D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament.
D3221 Pulpal debridement, primary and permanent teeth.
D3222 Partial Pulpotomy for apexogenesis - permanent tooth with incomplete root development.
D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration).
D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration).
D3333 Internal root repair of perforation defects.
D3351 Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.).
D3352 Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.).
D3353 Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.).
D3357 Pulpal regeneration - completion of treatment.
D3430 Retrograde filling - per root.
D3450 Root amputation - per root.
D3920 Hemisection (including any root removal), not including root canal therapy.

ENDODONTICS MISCELLANEOUS: D3333, D3430, D3450, D3920

- Procedure D3333 is limited to permanent teeth only.

ENDODONTIC THERAPY (ROOT CANALS)

D3310 Endodontic therapy, anterior tooth.
D3320 Endodontic therapy, bicuspid tooth.

TYPE 2 PROCEDURES

D3330 Endodontic therapy, molar.
D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.
D3346 Retreatment of previous root canal therapy - anterior.
D3347 Retreatment of previous root canal therapy - bicuspid.
D3348 Retreatment of previous root canal therapy - molar.

ROOT CANALS: D3310, D3320, D3330, D3332

- Benefits are considered on permanent teeth only.
- Allowances include intraoperative radiographic images and cultures but exclude final restoration.

RETREATMENT OF ROOT CANAL: D3346, D3347, D3348

- Coverage is limited to 1 of any of these procedures per 12 month(s).
- D3310, D3320, D3330, also contribute(s) to this limitation.
- Benefits are considered on permanent teeth only.
- Coverage is limited to service dates more than 12 months after root canal therapy. Allowances include intraoperative radiographic images and cultures but exclude final restoration.

SURGICAL ENDODONTICS

D3355 Pulpal regeneration - initial visit.
D3356 Pulpal regeneration - interim medication replacement.
D3410 Apicoectomy - anterior.
D3421 Apicoectomy - bicuspid (first root).
D3425 Apicoectomy - molar (first root).
D3426 Apicoectomy (each additional root).
D3427 Periradicular surgery without apicoectomy.

SURGICAL PERIODONTICS

D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant.
D4211 Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant.
D4240 Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.
D4241 Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.
D4260 Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant.
D4261 Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant.
D4263 Bone replacement graft - first site in quadrant.
D4264 Bone replacement graft - each additional site in quadrant.
D4265 Biologic materials to aid in soft and osseous tissue regeneration.
D4270 Pedicle soft tissue graft procedure.
D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft.
D4274 Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area).
D4275 Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft.
D4276 Combined connective tissue and double pedicle graft, per tooth.
D4277 Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth or edentulous tooth, implant or edentulous tooth position in graft.
D4278 Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site.

BONE GRAFTS: D4263, D4264, D4265

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).
- Coverage is limited to treatment of periodontal disease.

GINGIVECTOMY: D4210, D4211

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).

- Coverage is limited to treatment of periodontal disease.

OSSEOUS SURGERY: D4240, D4241, D4260, D4261

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).
- Coverage is limited to treatment of periodontal disease.

TISSUE GRAFTS: D4270, D4273, D4275, D4276, D4277, D4278

- Each quadrant is limited to 2 of any of these procedures per 3 year(s).
- Coverage is limited to treatment of periodontal disease.

NON-SURGICAL PERIODONTICS

D4341 Periodontal scaling and root planing - four or more teeth per quadrant.
D4342 Periodontal scaling and root planing - one to three teeth, per quadrant.
D4381 Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report.

CHEMOTHERAPEUTIC AGENTS: D4381

- Each quadrant is limited to 2 of any of these procedures per 2 year(s).

PERIODONTAL SCALING & ROOT PLANING: D4341, D4342

- Each quadrant is limited to 1 of each of these procedures per 2 year(s).

FULL MOUTH DEBRIDEMENT

D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis.

FULL MOUTH DEBRIDEMENT: D4355

- Coverage is limited to 1 of any of these procedures per 5 year(s).

PERIODONTAL MAINTENANCE

D4910 Periodontal maintenance.

PERIODONTAL MAINTENANCE: D4910

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D1110, D1120, also contribute(s) to this limitation.
- Coverage is contingent upon evidence of full mouth active periodontal therapy. Benefits are not available if performed on the same date as any other periodontal procedure.

NON-SURGICAL EXTRACTIONS

D7111 Extraction, coronal remnants - deciduous tooth.
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal).

SURGICAL EXTRACTIONS

D7210 Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.
D7220 Removal of impacted tooth - soft tissue.
D7230 Removal of impacted tooth - partially bony.
D7240 Removal of impacted tooth - completely bony.
D7241 Removal of impacted tooth - completely bony, with unusual surgical complications.
D7250 Surgical removal of residual tooth roots (cutting procedure).
D7251 Coronectomy-intentional partial tooth removal.

OTHER ORAL SURGERY

D7260 Oroantral fistula closure.
D7261 Primary closure of a sinus perforation.
D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.
D7272 Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization).
D7280 Surgical access of an unerupted tooth.
D7282 Mobilization of erupted or malpositioned tooth to aid eruption.
D7283 Placement of device to facilitate eruption of impacted tooth.
D7310 Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.
D7311 Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.
D7320 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.

TYPE 2 PROCEDURES

D7321 Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.
D7340 Vestibuloplasty - ridge extension (secondary epithelialization).
D7350 Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue).
D7410 Excision of benign lesion up to 1.25 cm.
D7411 Excision of benign lesion greater than 1.25 cm.
D7412 Excision of benign lesion, complicated.
D7413 Excision of malignant lesion up to 1.25 cm.
D7414 Excision of malignant lesion greater than 1.25 cm.
D7415 Excision of malignant lesion, complicated.
D7440 Excision of malignant tumor - lesion diameter up to 1.25 cm.
D7441 Excision of malignant tumor - lesion diameter greater than 1.25 cm.
D7450 Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm.
D7451 Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm.
D7460 Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm.
D7461 Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm.
D7465 Destruction of lesion(s) by physical or chemical method, by report.
D7471 Removal of lateral exostosis (maxilla or mandible).
D7472 Removal of torus palatinus.
D7473 Removal of torus mandibularis.
D7485 Surgical reduction of osseous tuberosity.
D7490 Radical resection of maxilla or mandible.
D7510 Incision and drainage of abscess - intraoral soft tissue.
D7520 Incision and drainage of abscess - extraoral soft tissue.
D7530 Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue.
D7540 Removal of reaction producing foreign bodies, musculoskeletal system.
D7550 Partial ostectomy/sequestrectomy for removal of non-vital bone.
D7560 Maxillary sinusotomy for removal of tooth fragment or foreign body.
D7910 Suture of recent small wounds up to 5 cm.
D7911 Complicated suture - up to 5 cm.
D7912 Complicated suture - greater than 5 cm.
D7960 Frenulectomy-also known as frenectomy or frenotomy-separate procedure not incidental to another procedure.
D7963 Frenuloplasty.
D7970 Excision of hyperplastic tissue - per arch.
D7972 Surgical reduction of fibrous tuberosity.
D7980 Sialolithotomy.
D7983 Closure of salivary fistula.

REMOVAL OF BONE TISSUE: D7471, D7472, D7473

- Coverage is limited to 5 of any of these procedures per 1 lifetime.

BIOPSY OF ORAL TISSUE

D7285 Incisional biopsy of oral tissue - hard (bone, tooth).
D7286 Incisional biopsy of oral tissue - soft.
D7287 Exfoliative cytological sample collection.
D7288 Brush biopsy - transepithelial sample collection.

PALLIATIVE

D9110 Palliative (emergency) treatment of dental pain - minor procedure.

PALLIATIVE TREATMENT: D9110

- Not covered in conjunction with other procedures, except diagnostic x-ray radiographic images.

ANESTHESIA-GENERAL/IV

D9219 Evaluation for deep sedation or general anesthesia.
D9220 Deep sedation/general anesthesia - first 30 minutes.
D9221 Deep sedation/general anesthesia - each additional 15 minutes.
D9241 Intravenous moderate (conscious) sedation/analgesia - first 30 minutes.
D9242 Intravenous moderate (conscious) sedation/analgesia - each additional 15 minutes.

TYPE 2 PROCEDURES

GENERAL ANESTHESIA: D9220, D9221, D9241, D9242

- Coverage is only available with a cutting procedure. Verification of the dentist's anesthesia permit and a copy of the anesthesia report is required. A maximum of two additional units (D9221 or D9242) will be considered.

PROFESSIONAL CONSULT/VISIT/SERVICES

D9310 Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician.
D9430 Office visit for observation (during regularly scheduled hours) - no other services performed.
D9440 Office visit - after regularly scheduled hours.
D9930 Treatment of complications (post-surgical) - unusual circumstances, by report.

CONSULTATION: D9310

- Coverage is limited to 1 of any of these procedures per 1 provider.

OFFICE VISIT: D9430, D9440

- Procedure D9430 is allowed for accidental injury only. Procedure D9440 will be allowed on the basis of services rendered or visit, whichever is greater.

OCCLUSAL ADJUSTMENT

D9951 Occlusal adjustment - limited.
D9952 Occlusal adjustment - complete.

OCCLUSAL ADJUSTMENT: D9951, D9952

- Coverage is considered only when performed in conjunction with periodontal procedures for the treatment of periodontal disease.

MISCELLANEOUS

D0486 Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report.
D2951 Pin retention - per tooth, in addition to restoration.
D9911 Application of desensitizing resin for cervical and/or root surfaces, per tooth.

DESENSITIZATION: D9911

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2990, also contribute(s) to this limitation.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.

TYPE 3 PROCEDURES

PAYMENT BASIS - NON PARTICIPATING PROVIDERS - Usual and Customary
PAYMENT BASIS - PARTICIPATING PROVIDERS - Maximum Allowable Charge
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

INLAY RESTORATIONS

D2510 Inlay - metallic - one surface.
D2520 Inlay - metallic - two surfaces.
D2530 Inlay - metallic - three or more surfaces.
D2610 Inlay - porcelain/ceramic - one surface.
D2620 Inlay - porcelain/ceramic - two surfaces.
D2630 Inlay - porcelain/ceramic - three or more surfaces.
D2650 Inlay - resin-based composite - one surface.
D2651 Inlay - resin-based composite - two surfaces.
D2652 Inlay - resin-based composite - three or more surfaces.

INLAY: D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652

- Inlays will be considered at an alternate benefit of an amalgam/composite restoration and only when resulting from caries (tooth decay) or traumatic injury.

ONLAY RESTORATIONS

D2542 Onlay - metallic - two surfaces.
D2543 Onlay - metallic - three surfaces.
D2544 Onlay - metallic - four or more surfaces.
D2642 Onlay - porcelain/ceramic - two surfaces.
D2643 Onlay - porcelain/ceramic - three surfaces.
D2644 Onlay - porcelain/ceramic - four or more surfaces.
D2662 Onlay - resin-based composite - two surfaces.
D2663 Onlay - resin-based composite - three surfaces.
D2664 Onlay - resin-based composite - four or more surfaces.

ONLAY: D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794, also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury.
- Benefits will not be considered if procedure D2390, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

CROWNS SINGLE RESTORATIONS

D2710 Crown - resin-based composite (indirect).
D2712 Crown - 3/4 resin-based composite (indirect).
D2720 Crown - resin with high noble metal.
D2721 Crown - resin with predominantly base metal.
D2722 Crown - resin with noble metal.
D2740 Crown - porcelain/ceramic substrate.
D2750 Crown - porcelain fused to high noble metal.
D2751 Crown - porcelain fused to predominantly base metal.
D2752 Crown - porcelain fused to noble metal.
D2780 Crown - 3/4 cast high noble metal.
D2781 Crown - 3/4 cast predominantly base metal.
D2782 Crown - 3/4 cast noble metal.

TYPE 3 PROCEDURES

D2783 Crown - 3/4 porcelain/ceramic.
D2790 Crown - full cast high noble metal.
D2791 Crown - full cast predominantly base metal.
D2792 Crown - full cast noble metal.
D2794 Crown - titanium.

CROWN: D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794, also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.
- Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury.
- Benefits will not be considered if procedure D2390, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

CORE BUILD-UP

D2950 Core buildup, including any pins when required.

CORE BUILDUP: D2950

- A pretreatment is strongly suggested for D2950. This is reviewed by our dental consultants and benefits are allowed when diagnostic data indicates significant tooth structure loss.

POST AND CORE

D2952 Post and core in addition to crown, indirectly fabricated.
D2954 Prefabricated post and core in addition to crown.

FIXED CROWN AND PARTIAL DENTURE REPAIR

D2980 Crown repair necessitated by restorative material failure.
D2981 Inlay repair necessitated by restorative material failure.
D2982 Onlay repair necessitated by restorative material failure.
D2983 Veneer repair necessitated by restorative material failure.
D6980 Fixed partial denture repair necessitated by restorative material failure.
D9120 Fixed partial denture sectioning.

CROWN LENGTHENING

D4249 Clinical crown lengthening - hard tissue.

PROSTHODONTICS - FIXED/REMOVABLE (DENTURES)

D5110 Complete denture - maxillary.
D5120 Complete denture - mandibular.
D5130 Immediate denture - maxillary.
D5140 Immediate denture - mandibular.
D5211 Maxillary partial denture - resin base (including any conventional clasps, rests and teeth).
D5212 Mandibular partial denture - resin base (including any conventional clasps, rests and teeth).
D5213 Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).
D5214 Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).
D5225 Maxillary partial denture - flexible base (including any clasps, rests and teeth).
D5226 Mandibular partial denture - flexible base (including any clasps, rests and teeth).
D5281 Removable unilateral partial denture - one piece cast metal (including clasps and teeth).
D5670 Replace all teeth and acrylic on cast metal framework (maxillary).

TYPE 3 PROCEDURES

D5671 Replace all teeth and acrylic on cast metal framework (mandibular).
D5810 Interim complete denture (maxillary).
D5811 Interim complete denture (mandibular).
D5820 Interim partial denture (maxillary).
D5821 Interim partial denture (mandibular).
D5863 Overdenture - complete maxillary.
D5864 Overdenture - partial maxillary.
D5865 Overdenture - complete mandibular.
D5866 Overdenture - partial mandibular.
D6110 Implant/abutment supported removable denture for edentulous arch - maxillary.
D6111 Implant/abutment supported removable denture for edentulous arch - mandibular.
D6112 Implant/abutment supported removable denture for partially edentulous arch - maxillary.
D6113 Implant/abutment supported removable denture for partially edentulous arch - mandibular.
D6114 Implant/abutment supported fixed denture for edentulous arch - maxillary.
D6115 Implant/abutment supported fixed denture for edentulous arch - mandibular.
D6116 Implant/abutment supported fixed denture for partially edentulous arch - maxillary.
D6117 Implant/abutment supported fixed denture for partially edentulous arch - mandibular.

COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5863, D5865, D6110, D6111, D6114, D6115

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- Frequency is waived for accidental injury.
- Allowances include adjustments within 6 months after placement date. Procedures D5863, D5865, D6110, D6111, D6114 and D6115 are considered at an alternate benefit of a D5110/D5120.

PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5225, D5226, D5281, D5670, D5671, D5864, D5866, D6112, D6113, D6116, D6117

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- Frequency is waived for accidental injury.
- Allowances include adjustments within 6 months of placement date. Procedures D5864, D5866, D6112, D6113, D6116 and D6117 are considered at an alternate benefit of a D5213/D5214.

DENTURE ADJUSTMENTS

D5410 Adjust complete denture - maxillary.
D5411 Adjust complete denture - mandibular.
D5421 Adjust partial denture - maxillary.
D5422 Adjust partial denture - mandibular.

DENTURE ADJUSTMENT: D5410, D5411, D5421, D5422

- Coverage is limited to dates of service more than 6 months after placement date.

DENTURE REPAIR

D5510 Repair broken complete denture base.
D5520 Replace missing or broken teeth - complete denture (each tooth).
D5610 Repair resin denture base.
D5620 Repair cast framework.
D5630 Repair or replace broken clasp.
D5640 Replace broken teeth - per tooth.

ADD TOOTH/CLASP TO EXISTING PARTIAL

D5650 Add tooth to existing partial denture.
D5660 Add clasp to existing partial denture.

DENTURE REBASES

D5710 Rebase complete maxillary denture.
D5711 Rebase complete mandibular denture.
D5720 Rebase maxillary partial denture.
D5721 Rebase mandibular partial denture.

DENTURE RELINES

D5730 Reline complete maxillary denture (chairside).

TYPE 3 PROCEDURES

D5731 Reline complete mandibular denture (chairside).
D5740 Reline maxillary partial denture (chairside).
D5741 Reline mandibular partial denture (chairside).
D5750 Reline complete maxillary denture (laboratory).
D5751 Reline complete mandibular denture (laboratory).
D5760 Reline maxillary partial denture (laboratory).
D5761 Reline mandibular partial denture (laboratory).

DENTURE RELINE: D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761

- Coverage is limited to service dates more than 6 months after placement date.

TISSUE CONDITIONING

D5850 Tissue conditioning, maxillary.
D5851 Tissue conditioning, mandibular.

PROSTHODONTICS - FIXED

D6058 Abutment supported porcelain/ceramic crown.
D6059 Abutment supported porcelain fused to metal crown (high noble metal).
D6060 Abutment supported porcelain fused to metal crown (predominantly base metal).
D6061 Abutment supported porcelain fused to metal crown (noble metal).
D6062 Abutment supported cast metal crown (high noble metal).
D6063 Abutment supported cast metal crown (predominantly base metal).
D6064 Abutment supported cast metal crown (noble metal).
D6065 Implant supported porcelain/ceramic crown.
D6066 Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal).
D6067 Implant supported metal crown (titanium, titanium alloy, high noble metal).
D6068 Abutment supported retainer for porcelain/ceramic FPD.
D6069 Abutment supported retainer for porcelain fused to metal FPD (high noble metal).
D6070 Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal).
D6071 Abutment supported retainer for porcelain fused to metal FPD (noble metal).
D6072 Abutment supported retainer for cast metal FPD (high noble metal).
D6073 Abutment supported retainer for cast metal FPD (predominantly base metal).
D6074 Abutment supported retainer for cast metal FPD (noble metal).
D6075 Implant supported retainer for ceramic FPD.
D6076 Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal).
D6077 Implant supported retainer for cast metal FPD (titanium, titanium alloy or high noble metal).
D6094 Abutment supported crown - (titanium).
D6194 Abutment supported retainer crown for FPD - (titanium).
D6205 Pontic - indirect resin based composite.
D6210 Pontic - cast high noble metal.
D6211 Pontic - cast predominantly base metal.
D6212 Pontic - cast noble metal.
D6214 Pontic - titanium.
D6240 Pontic - porcelain fused to high noble metal.
D6241 Pontic - porcelain fused to predominantly base metal.
D6242 Pontic - porcelain fused to noble metal.
D6245 Pontic - porcelain/ceramic.
D6250 Pontic - resin with high noble metal.
D6251 Pontic - resin with predominantly base metal.
D6252 Pontic - resin with noble metal.
D6545 Retainer - cast metal for resin bonded fixed prosthesis.
D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis.
D6549 Resin retainer - for resin bonded fixed prosthesis.
D6600 Retainer inlay - porcelain/ceramic, two surfaces.
D6601 Retainer inlay - porcelain/ceramic, three or more surfaces.
D6602 Retainer inlay - cast high noble metal, two surfaces.
D6603 Retainer inlay - cast high noble metal, three or more surfaces.
D6604 Retainer inlay - cast predominantly base metal, two surfaces.
D6605 Retainer inlay - cast predominantly base metal, three or more surfaces.

TYPE 3 PROCEDURES

D6606 Retainer inlay - cast noble metal, two surfaces.
D6607 Retainer inlay - cast noble metal, three or more surfaces.
D6608 Retainer onlay - porcelain/ceramic, two surfaces.
D6609 Retainer onlay - porcelain/ceramic, three or more surfaces.
D6610 Retainer onlay - cast high noble metal, two surfaces.
D6611 Retainer onlay - cast high noble metal, three or more surfaces.
D6612 Retainer onlay - cast predominantly base metal, two surfaces.
D6613 Retainer onlay - cast predominantly base metal, three or more surfaces.
D6614 Retainer onlay - cast noble metal, two surfaces.
D6615 Retainer onlay - cast noble metal, three or more surfaces.
D6624 Retainer inlay - titanium.
D6634 Retainer onlay - titanium.
D6710 Retainer crown - indirect resin based composite.
D6720 Retainer crown - resin with high noble metal.
D6721 Retainer crown - resin with predominantly base metal.
D6722 Retainer crown - resin with noble metal.
D6740 Retainer crown - porcelain/ceramic.
D6750 Retainer crown - porcelain fused to high noble metal.
D6751 Retainer crown - porcelain fused to predominantly base metal.
D6752 Retainer crown - porcelain fused to noble metal.
D6780 Retainer crown - 3/4 cast high noble metal.
D6781 Retainer crown - 3/4 cast predominantly base metal.
D6782 Retainer crown - 3/4 cast noble metal.
D6783 Retainer crown - 3/4 porcelain/ceramic.
D6790 Retainer crown - full cast high noble metal.
D6791 Retainer crown - full cast predominantly base metal.
D6792 Retainer crown - full cast noble metal.
D6794 Retainer crown - titanium.
D6940 Stress breaker.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.
- Benefits will not be considered if procedure D2390, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794, also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.
- Benefits will not be considered if procedure D2390, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

TYPE 3 PROCEDURES

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794, also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.
- Benefits will not be considered if procedure D2390, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- D5211, D5212, D5213, D5214, D5225, D5226, D5281, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6194, also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6094

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- D5211, D5212, D5213, D5214, D5225, D5226, D5281, D6194, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6194

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- D5211, D5212, D5213, D5214, D5225, D5226, D5281, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

ORTHODONTIC EXPENSE BENEFITS

Orthodontic expense benefits will be determined according to the terms of the plan for orthodontic expenses incurred by a Member.

DETERMINING BENEFITS. The benefits payable will be determined by totaling all of the Covered Expenses submitted. This amount is reduced by the Deductible, if any. The result is then multiplied by the Benefit Percentage shown in the Schedule of Benefits. Benefits are subject to the Maximum Amount shown in the Schedule of Benefits.

DEDUCTIBLE. The Deductible is shown on the Schedule of Benefits and is a specified amount of Covered Expenses that must be incurred and paid by each Covered person prior to any benefits being paid.

MAXIMUM AMOUNT. The Maximum Benefit During Lifetime shown in the Schedule of Benefits is the maximum amount that may be paid for the Covered Expenses incurred by a Member during his or her lifetime.

COVERED EXPENSES. Covered Expenses refer to the usual and customary charges made by a provider for necessary orthodontic treatment rendered while the person is covered under this section. Expenses are limited to the Maximum Amount shown in the Schedule of Benefits and Limitations. All benefits are subject to the definitions, limitations and exclusions and are payable only when we determine they are necessary for the prevention, diagnosis, care or treatment of a covered condition and meet generally accepted dental protocols.

Usual and Customary ("U&C") describes those dental charges that we have determined to be the usual and customary charge for a given dental procedure within a particular ZIP code area. The U&C is based upon a combination of dental charge information taken from our own database as well as from data received from nationally recognized industry databases. From the array of charges ranked by amount, your Planholder (in most cases your employer) has selected a percentile that will be used to determine the maximum U&C for your plan. The U&C is reviewed and updated periodically. The U&C can differ from the actual fee charged by the provider and is not indicative of the appropriateness of the provider's fee. Instead, the U&C is simply a plan provision used to determine the extent of benefit coverage purchased by your Planholder.

ORTHODONTIC TREATMENT. Orthodontic Treatment refers to the movement of teeth by means of active appliances to correct the position of maloccluded or malpositioned teeth.

TREATMENT PROGRAM. Treatment Program ("Program") means an interdependent series of orthodontic services prescribed by a provider to correct a specific dental condition. A Program will start when the bands, brackets, or appliances are placed. A Program will end when the services are done, or after eight calendar quarters starting with the day the appliances were inserted, whichever is earlier.

EXPENSES INCURRED. Benefits will be payable when a Covered Expense is incurred:

a. at the end of every quarter (three-month period) of a Program for a Member who pursues a Program, but not beyond the date the Program ends; or

b. at the time the service is rendered for a Member who incurs Covered Expenses but does not pursue a Program.

The Covered Expenses for a Program are based on the estimated cost of the Member's Program. They are pro-rated by quarter (three-month periods) over the estimated length of the Program, up to a maximum of eight quarters. The last quarterly payment for a Program may be changed if the estimated and actual cost of the Program differ.

LIMITATIONS. Covered Expenses will not include and benefits will not be payable for expenses incurred:

1. for a Program begun before the Member became covered under this section.

2. in the first 12 months that a person is covered if the person is a Late Entrant.

3. in any quarter of a Program if the Member was not covered under this section for the entire quarter.

4. if the Member's coverage under this section terminates.

5. for which the Member is entitled to benefits under any workmen’s compensation or similar law, or for charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.

6. for charges the Member is not legally required to pay or would not have been made had no coverage been in force.

7. for services not required for necessary care and treatment or not within the generally accepted parameters of care.

8. because of war or any act of war, declared or not.

9. to replace lost, missing, or stolen orthodontic appliances.

COORDINATION OF BENEFITS

This section applies if a covered person has dental coverage under more than one Plan definition below. All benefits provided under this plan are subject to this section.

EFFECT ON BENEFITS. The Order of Benefit Determination rules below determine which Plan will pay as the primary Plan. If all or any part of an Allowable Expense under this Plan is an Allowable Expense under any other Plan, then benefits will be reduced so that, when they are added to benefits payable under any other Plan for the same service or supply, the total does not exceed 100% of the total Allowable Expense.

If another Plan is primary and this Plan is considered secondary, the amount by which benefits have been reduced during the Claim Determination Period will be used by us to pay the Allowable Expenses not otherwise paid which were incurred by you in the same Claim Determination Period. We will determine our obligation to pay for Allowable Expenses as each claim is submitted, based on all claims submitted in the current Claim Determination Period.

DEFINITIONS. The following apply only to this provision of the plan.

1. "Plan" refers to the group plan and any of the following plans, whether insured or uninsured, providing benefits for dental services or supplies:

    a. Any group or blanket insurance policy.

    b. Any group Blue Cross, group Blue Shield, or group prepayment arrangement.

    c. Any labor/management, trusteed plan, labor organization, employer organization, or employee organization plan, whether on an insured or uninsured basis.

    d. Any coverage under a governmental plan that allows coordination of benefits, or any coverage required or provided by law. This does **not** include a state plan under Medicaid (Title XVIII and XIX of the Social Security Act as enacted or amended). It also does not include any plan whose benefits by law are excess to those of any private insurance program or other non-governmental program.

2. "Plan" does **not** include the following:

    a. Individual or family benefits provided through insurance contracts, subscriber contracts, coverage through individual HMOs or other prepayment arrangements.

    b. Coverages for school type accidents only, including athletic injuries.

3. "Allowable Expense" refers to any necessary, reasonable and customary item of expense at least a portion of which is covered under at least one of the Plans covering the person for whom that claim is made. When a Plan provides services rather than cash payments, the reasonable cash value of each service will be both an Allowable Expense and a benefit paid. Benefits payable under another Plan include benefits that would have been payable had a claim been made for them.

4. "Claim Determination Period" refers to a Benefit Period, but does not include any time during which a person has no coverage under this Plan.

5. "Custodial Parent" refers to a parent awarded custody of a minor child by a court decree. In the absence of a court decree, it is the parent with whom the child resides more than half of the calendar year without regard to any temporary visitation.

ORDER OF BENEFIT DETERMINATION. When two or more Plans pay benefits, the rules for determining the order of payment are as follows:

1. A Plan that does not have a coordination of benefits provision is always considered primary and will pay benefits first.

2. If a Plan also has a coordination of benefits provision, the first of the following rules that describe which Plan pays its benefits before another Plan is the rule to use:

    a. The benefits of a Plan that covers a person as an employee, member or subscriber are determined before those of a Plan that covers the person as a dependent.

    b. If a Dependent child is covered by more than one Plan, then the primary Plan is the Plan of the parent whose birthday is earlier in the year if:

        i. the parents are married;

        ii. the parents are not separated (whether or not they ever have been married); or

        iii. a court decree awards joint custody without specifying that one party has the responsibility to provide dental coverage.

        If both parents have the same birthday, the Plan that covered either of the parents longer is primary.

    c. If the Dependent child is covered by divorced or separated parents under two or more Plans, benefits for that Dependent child will be determined in the following order:

        i. the Plan of the Custodial Parent;

        ii. the Plan of the spouse of the Custodial Parent;

        iii. the Plan of the non-Custodial Parent; and then

        iv. the Plan of the spouse of the non-Custodial Parent.

        However, if the specific terms of a court decree establish a parent's responsibility for the child's dental expenses and the Plan of that parent has actual knowledge of those terms, that Plan is primary. This rule applies to Claim Determination Periods or Benefit Periods commencing after the Plan is given notice of the court decree.

    d. The benefits of a Plan that cover a person as an employee who is neither laid-off nor retired (or as that employee's dependent) are determined before those of a Plan that covers that person as a laid-off or retired employee (or as that employee's dependent). If the other Plan does not have this rule, and if, as a result, the Plans do not agree on the order of benefits, this rule will be ignored.

    e. If a person whose coverage is provided under a right of continuation provided by a federal or state law also is covered under another Plan, the Plan covering the person as an employee, member, subscriber or retiree (or as that person's dependent) is primary, and the continuation coverage is secondary. If the other Plan does not have this rule, and if, as a result, the Plans do not agree on the order of benefits, this rule will be ignored.

    f. The benefits of a Plan that has covered a person for a longer period will be determined first.

If the preceding rules do not determine the primary Plan, the allowable expenses shall be shared equally between the Plans meeting the definition of Plan under this provision. In addition, this Plan will not pay more than what it would have paid had it been primary.

RIGHT TO RECEIVE AND RELEASE NECESSARY INFORMATION. We may without your consent and notice to you:

1. Release any information with respect to your coverage and benefits under the plan; and

2. Obtain from any other insurance company, organization or person any information with respect to your coverage and benefits under another Plan.

You must provide us with any information necessary to coordinate benefits.

FACILITY OF PAYMENT. When other Plans make payments that should have been made under this Plan according to the above terms, we will, at our discretion, pay to any organizations making these payments any amounts that we decide will satisfy the intent of the above terms. Amounts paid in this way will be benefits paid under this Plan. We will not be liable to the extent of these payments.

RIGHT OF RECOVERY. When we make payments for Allowable Expenses in excess of the amount that will satisfy the intent of the above terms, we will recover these payments, to the extent of the excess, from any persons or organizations to or for whom these payments were made. The amount of the payments made includes the reasonable cash value of any benefits provided in the form of services.

GENERAL PROVISIONS

NOTICE OF CLAIM. Written notice of a claim must be given to us within 30 days after the incurred date of the services provided for which benefits are payable.

Notice must be given to us at our Home Office, or to one of our agents. Notice should include the Planholder's name, Member's name, and plan number. If it was not reasonably possible to give written notice within the 30 day period stated above, we will not reduce or deny a claim for this reason if notice is filed as soon as is reasonably possible.

CLAIM FORMS. When we receive the notice of a claim, we will send the claimant forms for filing proof of loss. If these forms are not furnished within 15 days after the giving of such notice, the claimant will meet our proof of loss requirements by giving us a written statement of the nature and extent of loss within the time limit for filing proofs of loss.

PROOF OF LOSS. Written proof of loss must be given to us within 90 days after the incurred date of the services provided for which benefits are payable. If it is impossible to give written proof within the 90 day period, we will not reduce or deny a claim for this reason if the proof is filed as soon as is reasonably possible.

TIME OF PAYMENT. We will pay all benefits immediately when we receive due proof. Any balance remaining unpaid at the end of any period for which we are liable will be paid at that time.

PAYMENT OF BENEFITS. All benefits will be paid to the Insured unless otherwise agreed upon through your authorization or provider contracts.

FACILITY OF PAYMENT. If a Member or beneficiary is not capable of giving us a valid receipt for any payment or if benefits are payable to the estate of the Member, then we may, at our option, pay the benefit up to an amount not to exceed $5,000 to any relative by blood or connection by marriage of the Member who is considered by us to be equitably entitled to the benefit.

Any equitable payment made in good faith will release us from liability to the extent of payment.

PROVIDER-PATIENT RELATIONSHIP. The Member may choose any Provider who is licensed by the law of the state in which treatment is provided within the scope of their license. We will in no way disturb the provider-patient relationship.

LEGAL PROCEEDINGS. No legal action can be brought against us until 60 days after the Member sends us the required proof of loss. No legal action against us can start more than five years after proof of loss is required.

INCONTESTABILITY. Any statement made by the Planholder to obtain the Plan is a representation and not a warranty. No misrepresentation by the Planholder will be used to deny a claim or to deny the validity of the Plan unless:

1. The Plan would not have been issued if we had known the truth; and

2. We have given the Planholder a copy of a written instrument signed by the Planholder that contains the misrepresentation.

The validity of the Plan will not be contested after it has been in force for one year, except for nonpayment of fees or fraudulent misrepresentations.

WORKER'S COMPENSATION. The coverage provided under the Plan is not a substitute for coverage under a worker's compensation or state disability income benefit law and does not relieve the Planholder of any obligation to provide such coverage.

ONEAMERICA®

American United Life Insurance Company®
P.O. Box 368, Indianapolis, Indiana 46206-0368
www.oneamerica.com

Hendry County School District
(Hereinafter called the Group Policyholder)

Group Policy Number: 00612746-0000-000 Class: 001

Change Effective Date: 11/01/2022

This certificate replaces any and all certificates previously issued to You under the Group Policy indicated above.

American United Life Insurance Company® (AUL) certifies that the Employee whose enrollment form is on file with the Group Policyholder as being eligible for insurance and for whom the required premium has been paid is insured under the above numbered Group Policy for group insurance benefits as designated in the Schedule of Benefits. Benefits are subject to change as described on the Schedule of Benefits page.

This certificate describes the coverage provided in the Group Policy. The Group Policy determines all rights and benefits in this certificate and may be amended, cancelled or discontinued at any time by agreement between AUL and the Group Policyholder without notice to You. The Group Policy may be examined at the main office of the Group Policyholder during the regular office hours.

Richard M. Ellery
Secretary and General Counsel

J. Scott Davison
Chairman, President and Chief Executive Officer

CERTIFICATE OF INSURANCE
GROUP TERM LIFE INSURANCE
WITH AN ACCELERATED LIFE BENEFIT

NOTE: RECEIPT OF THE ACCELERATED LIFE BENEFIT MAY BE TAXABLE. PLEASE SEEK ASSISTANCE FROM A PERSONAL TAX ADVISOR.

THIS CERTIFICATE PROVIDES LIFE INSURANCE FOR THE INSURED EMPLOYEES AND DEPENDENTS, IF APPLICABLE, OF Hendry County School District, 25 E Hickpochee Ave, Labelle, FL UNDER GROUP CONTRACT NUMBER G 00612746. THE INSURED EMPLOYEE SHALL BE GIVEN A COPY OF THE GROUP ENROLLMENT APPLICATION. THE BENEFITS ARE PAYABLE TO THE BENEFICIARIES OF RECORD DESIGNATED BY THE EMPLOYEE.

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SECTION 1 - SCHEDULE OF BENEFITS
BASIC INSURANCE

CLASS 001

CLASSIFICATION:
All Other Eligible Full-Time Employees

LIFE AMOUNT:
One Times The Annual Base Salary, Then Rounded To The Nearest $1,000 With A Minimum Of $10,000 And A Maximum Of $200,000

AD&D PRINCIPAL SUM:
One Times The Annual Base Salary, Then Rounded To The Nearest $1,000 With A Minimum Of $10,000 And A Maximum Of $200,000

ACCELERATED LIFE BENEFIT (ALB): You may request payment of 25%, 50% or 75% of the Life Amount shown above. This benefit is available on a Life Amount of $10,000 or more. The maximum payment is limited to 25%, 50% or 75% of the Life Amount shown above or $175,000, whichever is less. See Section 13.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT: This benefit is included in this certificate. See Section 12.

ADDITIONAL ACCIDENTAL DEATH BENEFITS:

SEAT BELT BENEFIT: This benefit is included in this certificate. See Section 12A.
AIR BAG BENEFIT: This benefit is included in this certificate. See Section 12B.
REPATRIATION BENEFIT: This benefit is included in this certificate. See Section 12C.
CHILD HIGHER EDUCATION EXPENSE BENEFIT: This benefit is included in this certificate. See Section 12D.
CHILD CARE BENEFIT: This benefit is included in this certificate. See Section 12E.

ANNUAL BASE SALARY: Annual Base Salary with no Commissions or Bonuses. Annual Base Salary excludes overtime.

CHANGES IN INSURANCE COVERAGE: First of the Month. See Section 6.

CONTRIBUTIONS: Employee premium contributions are not required. See Section 4.

ELIGIBILITY: First of the Month. See Section 3.

FULL-TIME EMPLOYEE REQUIREMENT: 20 hours or more per week. See Section 2, Definitions - Employee, and Section 3, Eligibility.

SECTION 1 - SCHEDULE OF BENEFITS
BASIC INSURANCE

CLASS 001

GUARANTEED ISSUE AMOUNT: $200,000. Any amount of coverage for which You request greater than the Guaranteed Issue Amount will only be available following written approval by AUL. Approval will be based on Evidence of Insurability and information satisfactory to AUL. If coverage for amounts greater than the Guaranteed Issue Amount is approved, coverage will begin on the date identified in writing by AUL. See Section 4, Individual Effective Date.

INDIVIDUAL EFFECTIVE DATE: First of the Month. See Section 4.

INDIVIDUAL REINSTATEMENTS: First of the Month. See Section 11.

INDIVIDUAL TERMINATIONS: End of the Month. See Section 9.

TERMINATIONS: Terminations are governed by the Individual Terminations Section. See Section 9.

TOTAL DISABILITY: The definition for Total Disability and Totally Disabled included in this certificate is the standard any occupation definition. See Section 2.

WAITING PERIOD for Present Employees hired before the policy effective date: First of the Month following 0 days. See Eligibility Section 3.

WAITING PERIOD for New Employees hired on or after the policy effective date: First of the Month following 30 days. See Eligibility Section 3.

WAIVER OF PREMIUM FOR TOTAL DISABILITY: This benefit is included in this certificate.
Reductions are not applicable to this benefit. See Section 8.

SECTION 2 - DEFINITIONS

ACCIDENTAL BODILY INJURY means an injury occurring, either directly or indirectly, as a result of an accident along with all other related conditions, sustained by You while insured under the policy.

ACTIVE PAY STATUS means You are eligible to and receiving pay from the Group Policyholder, and includes, but is not limited to, vacation leave, sick leave, bereavement leave, administrative leave, compensatory time, holidays, and personal leave.

ACTIVE WORK and ACTIVELY AT WORK mean the use of time, services, and energy by You for the Group Policyholder at the Group Policyholder's regular place of business, an alternate location approved by the Group Policyholder, or an alternate location to which the Group Policyholder requires You to travel. You must be physically and mentally capable of performing each of the material and substantial duties of Your regular position with the Group Policyholder for at least the minimum number of hours listed in the Eligibility Section of the policy. Active Work will include time off for vacation, jury duty, paid holidays, and funeral leave approved by the Group Policyholder when You could have been Actively at Work. When You are in Active Pay Status, You will be considered Actively at Work. Active Work does not include periods of time when You are not Actively at Work following an injury, Accidental Bodily Injury, Sickness, strike, lock-out, or layoff, unless You are in Active Pay Status.

ACTIVITIES OF DAILY LIVING means those activities that define the Dependent's independence in day-to-day functioning. Those activities include bathing, continence, dressing, eating, toileting, and transferring, and they are defined as follows:
BATHING means washing oneself by sponge bath; or in either tub or shower, including the task of getting into or out of the tub or shower.
CONTINENCE means the ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for catheter or colostomy bag.
DRESSING means putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
EATING means feeding oneself by getting food into the body from a receptacle, such as a plate, cup, or table, or by a feeding tube or intravenously.
TOILETING means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
TRANSFERRING means moving into or out of a bed, chair, or wheelchair.

Annual Base Salary with no commission or bonuses
ANNUAL BASE SALARY means Your yearly gross wages received from the Group Policyholder based on a maximum 40 hour workweek. Annual Base Salary is based on the amount last reported in writing to AUL by the Group Policyholder and approved for coverage under the Policy by AUL before the date of death or the events shown in the AD&D provisions if AD&D coverage is included. Annual Base Salary does not include amounts received from commissions, bonuses, overtime or reimbursement for expenses.

BI-WEEKLY means every two weeks or 26 times a year.

CHILD means any minor related by blood, marriage or court order that can be claimed as a dependent for federal income tax purposes, and may include:
1) any of Your natural born child(ren);
2) any of Your legally adopted child(ren) from the time of placement in Your home with the intent to adopt;
3) any stepchild(ren) who live with You;
4) any child(ren) for whom You have legal guardianship; or
5) any child(ren) for whom coverage must be provided in accordance with state law or court order.

CONTRIBUTORY INSURANCE means insurance for which You pay part or all of the premium.

COVERAGE MONTH means that period of time beginning on the first day that the Group Policyholder's coverage is in force and ending on the day before that date of the next month.

DATE OF DISABILITY means the first day You are not Actively at Work due to an Accidental Bodily Injury or Sickness and results in Total Disability.

DEPENDENT means:

1) Your legal spouse under age 70;
2) Your Domestic Partner under age 70 whose relationship with You is recognized by and allowed under applicable state law provided both the Domestic Partner and You:
   a) share the same regular and permanent residence;
   b) have a close personal relationship similar to lawful marriage;
   c) are not married to anyone;
   d) are 18 years of age and older;
   e) are not so closely related by blood to be prohibited under applicable state laws;
   f) were mentally competent to consent to a contract when the domestic partnership began;
   g) are each other's sole domestic partner; and
   h) are responsible for each other's welfare;
3) Your unmarried Child from live birth and under the age of 19, if the Child:
   a) is not eligible under the policy for Personal Insurance;
   b) is not in the military of any country; and
   c) is dependent upon You for principal support and is claimed as a dependent on Your federal income tax return;
4) Your unmarried Child under the age of 25, if the Child:
   a) is registered at and attending an accredited educational institution on a full-time basis as defined by the regulations of the institution, and
   b) is dependent upon You for principal support and is claimed as a dependent on Your federal income tax return; and
5) Your unmarried Child who is disabled and incapable of self-sustaining employment as a result of mental or physical disability. The Child must have been disabled prior to age 19. If the Child is at least age 19 on Your effective date, coverage is subject to AUL's receiving written proof of the disability on that date including but not limited to receipt of Social Security Administration disability benefits. If the Child is not at least age 19, extension of coverage is subject to AUL's receiving written proof of the disability not later than 120 days after the Child attains age 19. Proof of continued disability shall be required not more than once each year thereafter.

If Dependent Insurance is not included in the policy, then references to Dependents and Dependent Insurance are null and void.

DEPENDENT INSURANCE means the insurance provided under the policy covering Your Dependents, Section 20, if included in the policy.

ELIMINATION PERIOD see Waiver of Premium, Section 8, if included in the policy.

EMPLOYEE means any individual who is a full-time, permanent Employee (including owner, member, partner, or shareholder) of the Group Policyholder:

1) who is legally authorized to work and reside in the United States under applicable state and federal laws; and
2) whose employment with the Group Policyholder constitutes his principal occupation; and
3) who regularly works at that occupation at the Group Policyholder's regular place of business a minimum of 20 hours or more per week; and
4) who is not temporarily or seasonally employed by the Group Policyholder; and
5) who is an employee, participant, person, or any member of any employee organization, who is or may become eligible to receive a benefit of any type from the Policyholder's employee welfare benefit plan; and
6) who is not an independent contractor.

EMPLOYER see GROUP POLICYHOLDER. Any references to Employer used in the policy shall include Insured Units.

EVIDENCE OF INSURABILITY means a signed statement of proof acceptable to AUL of an Employee's or Dependent's medical history provided at no expense to AUL, and, if requested by AUL, medical records, tests, and/or examinations at no expense to AUL. Satisfactory Evidence of Insurability must include information and documentation which can be used by AUL to determine if the individual is an acceptable underwriting risk and can be approved for coverage under AUL's guidelines.

GRANDFATHERED RETIREE, see Eligibility, Section 3A, if included in the policy.

GUARANTEED ISSUE AMOUNT means the amount of coverage that does not require Evidence of Insurability. This amount is selected by the Group Policyholder on the Application and later approved in writing by AUL.

GROUP POLICYHOLDER means the entity which applied for and was approved by AUL for coverage. Any references to Group Policyholder used in the policy shall include Insured Units.

MENTAL ILLNESS means a psychiatric or psychological condition classified in the most recent version of the Diagnostic and Statistical Manual of Mental Health Disorders (DSM), published by the American Psychiatric Association as of the date of Total Disability and has been diagnosed by a Physician. Such disorders include, but are not limited to, psychotic, emotional, behavioral disorders, or disorders related to stress or to substance abuse or dependency. If the DSM is discontinued or replaced, Mental Illness will be determined based on the diagnostic manual then published by the American Psychiatric Association on the date of Total Disability.

NON-CONTRIBUTORY INSURANCE means insurance for which You pay no portion of the premium.

PERMANENT AND TOTAL DISABILITY/PERMANENTLY AND TOTALLY DISABLED means Your inability as determined by a Physician to engage, due to Accidental Bodily Injury or Sickness in any occupation for which You are fitted by training, education or experience. Permanent and Total Disability/Permanently and Totally Disabled must occur after You become insured under the Policy and it must be conclusively determined the Permanent And Total Disability will continue for Your lifetime.

PERMANENT AND TOTAL DISABILITY/PERMANENTLY AND TOTALLY DISABLED means Your inability as determined by a Physician to engage, due to Accidental Bodily Injury or Sickness in any occupation for which You are fitted by training, education or experience. Permanent and Total Disability/Permanently and Totally Disability must occur after You become insured under the Policy and it must be conclusively determined the Permanent And Total Disability will continue for Your lifetime.

PERSONAL INSURANCE means the insurance provided under the policy for You.

PHYSICIAN means a qualified, licensed doctor of medicine or osteopathy, and any other licensed health care provider that state law requires to be licensed prior to engaging in the practice of medicine and who is, practicing within the scope of his specialty, license, and applicable law. Physician does not include any medical provider affiliated with the Group Policyholder, or anyone related by blood, marriage, or domestic partnership to an Employee.

REGULAR ATTENDANCE means that You or Your Dependent:

1) are receiving periodic medical treatment and services from a Physician when medically required and according to standard medical protocol to effectively manage and treat Your or Your Dependent's Disability;
2) are receiving the most appropriate treatment and care that will maximize Your medical improvement and aid in Your return to work; and
3) are receiving medical care and services from a Physician whose specialty or practice is related to the Disability.

RETIREE means an individual who, on his last day of Active Work prior to retirement, was an Actively at Work Employee and who is receiving benefits under the Group Policyholder's retirement plan. Retiree does not include an Employee who is receiving benefits under his retirement plan solely due to being Totally Disabled and who otherwise does not meet the Group Policyholder's retirement plan's criteria for receipt of benefits.

SICKNESS means illness, bodily disorder or disease, Mental Illness, normal pregnancy and complications of pregnancy. Complication of Pregnancy is defined as concurrent disease or abnormal conditions significantly affecting the usual medical management of pregnancy.

TEMPORARY LAY-OFF means a period of time during which You are not Actively at Work due to lack of work and are not terminated from employment with the Group Policyholder.

TOTAL DISABILITY AND TOTALLY DISABLED mean that because of Accidental Bodily Injury or Sickness You cannot engage in any occupation for which You are reasonably fitted by training, education, or experience. If You accept any type of employment, other than in a state-approved rehabilitation program or sheltered workshop, You will be considered fitted to that occupation.

WE, OUR, US, and AUL mean American United Life Insurance Company.®

YOU and YOUR means an Employee who meets the requirements of the Eligibility and Individual Effective Date Sections.

SECTION 3 - ELIGIBILITY

DEFINITIONS

NEW EMPLOYEE means an Employee who is employed by the Group Policyholder on or after the Group Policyholder's Effective Date.

PRESENT EMPLOYEE means an Employee who is employed by the Group Policyholder before the Group Policyholder's Effective Date.

WAITING PERIOD means the period of days beginning on the Employee's hire date that an Employee must be continuously Actively at Work prior to becoming eligible for Personal Insurance. Present Employees will be given credit for time insured under the Group Policyholder's prior group life insurance contract if the policy replaces the same coverage available under the prior group life insurance contract. The Waiting Period is stated in the Schedule of Benefits.

On the effective date of the policy, an Employee becomes eligible for Personal Insurance if:

1) the Employee has fulfilled the Waiting Period, if any, and is Actively at Work; or
2) the Employee has fulfilled the Waiting Period, if any, and is not Actively at Work due to being on an Employer-approved leave of absence other than for injury or Sickness; or
3) the Employee has fulfilled the Waiting Period, if any, and is not Actively at Work due to being on Temporary Lay-off.

After the effective date of the policy and while the policy is in force, an Actively at Work Employee becomes eligible for Personal Insurance on:

1) the date the Employee fulfills the Waiting Period, if any, if that date is the first day of the Coverage Month; or
2) the first day of the Coverage Month next following the date the Employee fulfills the Waiting Period, if any, if that date is not the first day of the Coverage Month.

TO REMAIN ELIGIBLE FOR PERSONAL INSURANCE AND DEPENDENT INSURANCE, IF ANY, EMPLOYEES MUST CONTINUOUSLY MEET THE ABOVE REQUIREMENTS.

Refer to Your Basic Schedule of Benefits to determine to which coverage this page applies. When applicable, the Schedule of Benefits will indicate employee premium CONTRIBUTIONS are not required and INDIVIDUAL EFFECTIVE DATE is First of the Month.

SECTION 4 - INDIVIDUAL EFFECTIVE DATE NON-CONTRIBUTORY INSURANCE

The eligible Employee, prior to receiving coverage under the policy must make written election on a form approved by AUL and the Employer must contribute the required amount of premium to AUL on a timely basis.

For amounts of coverage that do not exceed the Guaranteed Issue Amount shown in the Schedule of Benefits, the effective date for an eligible Employee is:

1) the first day of the Coverage Month; or
2) the first day of the next Coverage Month if the Employee applies after the first day of the Coverage Month.

To receive any amount of coverage exceeding the Guaranteed Issue Amount, the eligible Employee must make written request to AUL on a form approved by AUL and undergo medical underwriting. The effective date of insurance for an eligible Employee, subject to the further provisions of this Section, will be after the Employee submits satisfactory Evidence of Insurability to AUL and on the date AUL determines the Employee is approved for coverage. Satisfactory Evidence of Insurability, at no expense to AUL, must be provided prior to receiving any amount of coverage greater than the Guaranteed Issue Amount.

If an eligible Employee desires to decline coverage for which the Employer would pay 100% of the premium, the Employee must first notify the Employer in writing of this decision prior to coverage being declined. Once coverage is declined, the Employer is not responsible for paying premium for that Employee, and the Employee will not be eligible for any coverage under the policy. If an eligible Employee initially declines coverage and later desires to have coverage, the Employee will be required to undergo medical underwriting and submit satisfactory Evidence of Insurability at no expense to AUL prior to receiving any coverage. No coverage shall begin until the date AUL has approved the request for coverage in writing and the required amount of premium is received from the Employer.

Any eligible Employee who converted his insurance under the policy to an individual life insurance policy and if that individual life insurance policy is still in force, the Employee is required prior to becoming insured again under the policy to undergo medical underwriting and submit satisfactory Evidence of Insurability, at no expense to AUL. If the Employee does not wish to undergo medical underwriting and submit satisfactory Evidence of Insurability, the Life Amount under the policy will be reduced by the amount of coverage under the individual life insurance policy. No coverage shall begin until the date AUL has approved the request for coverage in writing and the required amount of premium is received from the Employer.

If an Employee is not Actively at Work on the date coverage would otherwise become effective, the effective date will be:

1) the first day of the Coverage Month, if the Eligible Employee returns to Active Work on the first day of the Coverage Month; or
2) the first day of the Coverage Month following the date the eligible Employee returns to Active Work, if Active Work begins after the first day of the Coverage Month.

Contributions for Basic insurance are not required from Employees for Personal Insurance.

Also see Continuity of Coverage, Section 5, if included in the policy.

SECTION 5 - CONTINUITY OF COVERAGE

This Section applies when coverage under the policy replaces prior group term life insurance issued to the Group Policyholder and the coverage under that policy terminated on the day before the effective date of AUL's policy.

Coverage will be extended under this Section to an Employee who:
1) was insured under the prior carrier's group term life insurance on its termination date; but
2) was not eligible for coverage on the effective date of the policy because:
   a) in the case of an Employee, he was not Actively at Work; or

Coverage may be extended if such Employee:
1) applies to AUL for coverage on or before the effective date of the policy;
2) pays the required amount of premium; and
3) is not eligible to continue coverage under the prior carrier's group term life insurance.

The amount of coverage extended will be the lesser of:
1) the coverage for which the Employee would have been eligible to receive under the policy; or
2) the coverage the Employee received under the prior carrier's group term life insurance policy minus the amount payable under that group term life policy.

The coverage under this Section will terminate on the earliest of the following dates:
1) the date for which any required premium was not received by AUL;
2) the date the Personal Insurance becomes effective under the policy;
3) the date the coverage would have terminated under the Individual Termination Section of the policy if the Personal Insurance had become effective; or
4) the date the Employee becomes eligible for coverage under the prior carrier's group term life insurance policy.

This coverage only includes the Life Amount.

SECTION 6 - CHANGES IN INSURANCE COVERAGE

The amount of coverage for which You are eligible is shown in the Schedule of Benefits.

A change in coverage that does not increase the amount of coverage becomes effective the earlier of:
1) the first day of the Coverage Month following any scheduled reduction; or
2) the first day of the Coverage Month following AUL's written approval of the change.

Prior to a change in coverage that increases coverage, You must be Actively at Work and the required amount of premium must be paid.

A change increasing the amount of coverage equal to or less than Your Guaranteed Issue Amount takes effect on:
1) the first day of the Coverage Month if You become eligible for the change on the first day of the Coverage Month; or
2) the first day of the next Coverage Month following the date You become eligible for the change, if the date is after the first day of the Coverage Month.

A change in coverage increasing the amount of coverage above Your Guaranteed Issue Amount is subject to:
1) satisfactory Evidence of Insurability, at no expense to AUL; and
2) takes effect on the first day of the Coverage Month, following AUL's written approval of the change.

If You are not Actively at Work on the effective date of the approved increase, any increase in the amount of coverage takes effect on:
1) the first day of the Coverage Month, if You return to work on the first day of the Coverage Month; or
2) the first day of the Coverage Month following Your return to Active Work, if the date is after the first day of the Month.

SECTION 7 - CONTINUATION OF INSURANCE

CONTINUATION OF INSURANCE

While the policy is in force and if You have ceased Active Work due to:

1) Sickness or injury, Personal Insurance may be continued until 6 months following cessation of Active Work;
2) Temporary Lay-off, Personal Insurance may be continued until the 90th day following cessation of Active Work;
3) an Employer-approved leave of absence, Personal Insurance may be continued until the 90th day following cessation of Active Work; or
4) an Employer-approved leave of absence allowed under the Family and Medical Leave Act (FMLA) or state law. Personal Insurance may then be continued until the end of the period allowed under FMLA or state law, whichever is longer.

In all the above Continuation of Insurance situations, Personal Insurance will terminate on the earliest of the following:

1) the date You return to Active Work;
2) the date the required premium payments are not received by AUL;
3) the date You die;
4) the date You begin full or part-time employment;
5) the date the policy, or the Group Policyholder's coverage under the policy, terminates;
6) the date You notify the Group Policyholder that You will not be returning to Active Work;
7) the date Your class is no longer offered under the policy;
8) the date You are no longer a member in an eligible class;
9) the date You make written request for termination of coverage but not prior to the date of the request; or
10) the date You enter military service for any country, except for temporary duty not scheduled for more than 30 days.

If the Group Policyholder has approved more than one type of leave of absence during any one period, AUL will consider such leaves to be concurrent for the purpose of determining how long Your coverage may continue under the policy.

If You do not return to Active Work, Personal Insurance terminates at the end of Continuation of Insurance period. At the end of Continuation of Insurance period, You may apply, if eligible, for Waiver of Premium for Total Disability, see Section 8, if available; or may be eligible to apply to convert the Life Amount to an individual life insurance policy pursuant to Section 10.

When the policy terminates, if You have ceased Active Work due to Total Disability, Your Life Insurance may be continued as defined under the Waiver of Premium for Total Disability provision, if included; or if Waiver of Premium for Total Disability is not included or if You are not eligible for waiver due to age, Your Life Insurance may be continued while You are Totally Disabled under this Continuation of Insurance provision for up to 12 months following termination of the policy. In no event will an extension of the life benefit, due to Your Total Disability, under this Continuation of Insurance provision extend beyond 12 months from the date the policy terminated.

SECTION 7A-PORTABILITY OF INSURANCE

This benefit applies to Basic Life only.

PORTABILITY OF INSURANCE

If Your coverage ceases due to termination of employment with the Group Policyholder for any reason, You may continue Personal Insurance without interruption, subject to the provisions of this section. You may elect either Portability of Insurance or the Conversion Privilege (See Section 10, Conversion Privilege) at the time of termination of Your employment. In no event may You continue Personal Insurance under both Portability of Insurance and the Conversion Privilege simultaneously. In addition, You may not elect Portability of Insurance while You are eligible for coverage under the Continuation of Insurance provision due to sickness or injury, temporary lay-off, or an approved leave of absence.

To continue coverage as a Portability of Insurance Unit, You must submit written notice and the required premium to AUL within 31 days of the date of termination of coverage under the policy.. Payment of the required premium must be made directly to AUL by You. Failure to pay such premium will terminate the coverage under the group policy at the end of the period for which the premium has been paid. AUL reserves the right to charge an administrative fee per each billing.

LIMITATIONS

1) If Personal Insurance is based on a multiple of Your Annual Base Salary, no changes in coverage due to salary increases will be allowed under the Portability of Insurance.
2) You are under the age 70 when You elect Portability of Insurance.
3) Your Accidental Death and Dismemberment coverage may be continued under this provision.
4) No Waiver of Premium benefits are available under Section 7A.
5) Portability of Insurance is not available if You have established permanent residence outside the United States.
6) The amount of coverage continued under Portability of Insurance may not exceed Your pre-termination or pre-retirement amount.

PORTABILITY OF INSURANCE TERMINATION

Personal and Dependent Insurance coverage under a Portability of Insurance Unit terminates the earliest of:
1) the last day of the Coverage Month for which the last premium has been paid by the Group Policyholder;
2) the last day of the Coverage Month for which the last premium has been paid by You;
3) the last day of the Coverage Month in which You requests termination, but not prior to the request;
4) the last day of the Coverage Month during which You attain age 70;
5) the date You become insured for AUL Group Term Life Insurance through a Group Policyholder if You should return to work;
6) the last day of the Coverage Month, provided AUL has given at least 31 days prior written notice of termination to You; or
7) the date the policy is terminated by the Group Policyholder of AUL.

Your Portability of Insurance Unit can only be reinstated upon approval by AUL.

If Your Portability of Insurance terminates, You may convert Your life coverage to an individual policy.

AUL may terminate Portability of Insurance on the last day of any Coverage Month by giving the Group Policyholder and You at least 31 days prior written notice.

SECTION 8 - WAIVER OF PREMIUM FOR TOTAL DISABILITY

This Section applies to Basic Life Insurance.

DEFINITIONS

ELIMINATION PERIOD means a 6 month period of consecutive days of Total Disability. The Elimination Period begins on the 1st day of Total Disability and ends on the last day of the 6 month period. You may not have more than three (3) days of Active Work during the Elimination Period.

WAIVER OF PREMIUM BENEFIT FOR TOTAL DISABILITY

AUL will waive further premium payments for Your Life Amount if You:
1) become Totally Disabled before age 60 and while insured under the policy;
2) remain continuously Totally Disabled during the 6 month Elimination Period;
3) submit and AUL receives proof of Total Disability within the three (3) months prior to the end of the Elimination Period;
4) submit and AUL receives acceptable proof of continuous Total Disability at least annually and as requested by AUL; and
5) are under the Regular Attendance of a Physician.

AUL also may require that You be examined:
1) at AUL's expense;
2) by a Physician of AUL's choice.

The required amount of premium must continue to be received by AUL until AUL approves the request for Waiver of Premium Benefit for Total Disability and the Elimination Period has been fulfilled.

While You meet the conditions set forth above and are approved by AUL for the benefit, You will retain coverage without the need to make further premium payments until the first of the following occurs:
1) proof of Total Disability is not received by AUL;
2) You become employed, or are found able to be employed in an occupation for which You are reasonably fitted by training, education or experience;
3) You refuse to undergo a medical examination requested by AUL;
4) the date You are not under the Regular Attendance of a Physician;
5) proof of continuous Total Disability is not submitted within the twelfth month of any benefit period unless it was not possible to do so;
6) You attain age 65; or
7) if You retire;
8) You are no longer Totally Disabled.

Any Accidental Death and Dismemberment Insurance will continue until the earliest of the following dates:
1) the date of the final benefit determination by AUL;
2) 6 months following the Date of Disability; or
3) the date the required amount of premium was not received by AUL.

When You are approved for benefits under this Waiver of Premium Benefit for Total Disability, the coverage existing under the policy will not include any Accidental Death and Dismemberment coverage You may have had and will only include the Life Amount.

Life and Accidental Death and Dismemberment Insurance premiums must be paid to and received by AUL during the Waiver of Premium Benefit for Total Disability Elimination Period. If the benefit request is approved, any unearned premium beyond the Elimination Period will be refunded.

If You are not approved for this benefit, You may apply to convert Your Life Amount to an individual life insurance policy pursuant to Section 10, Conversion Privilege within 31 days from notice of the adverse benefit determination.

If You die during the Elimination Period and the required amount of premiums were not received by AUL, no benefit will be due under the policy.

If coverage under the Waiver of Premium Benefit for Total Disability terminates, You are entitled to apply to convert Your Life Amount to an individual life insurance policy within 31 days of cessation of such coverage pursuant to Section 10, Conversion Privilege.

If coverage under the Waiver of Premium Benefit for Total Disability terminates because You return to Active Work with the Group Policyholder and the policy is still in force, You are eligible to apply for all coverages available to Your class.

If benefits are payable under the policy after You are approved for Waiver of Premium and You have applied and been issued an individual life insurance policy under Section 10, Conversion Privilege, any amount payable under the policy will be reduced by the amount payable under the individual life insurance policy. IN NO EVENT WILL A BENEFIT BE PAYABLE UNDER BOTH THE INDIVIDUAL LIFE INSURANCE POLICY AND THE POLICY GREATER THAN THE LIFE AMOUNT, NOR WILL ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS, IF ANY, BE PAYABLE BEYOND THE WAIVER OF PREMIUM BENEFIT FOR TOTAL DISABILITY ELIMINATION PERIOD.

SECTION 9 - INDIVIDUAL TERMINATIONS

Personal Insurance terminates on the earliest of the following dates:

1) the date the policy is terminated;
2) the last day of the Coverage Month in which You request termination but not prior to the date of the request;
3) the last day of the Coverage Month for which any required premium payment was not received by AUL;
4) the last day of the Coverage Month during which You cease to be eligible, see Eligibility, Section 3 and Section 3A, if any;
5) the last day of the Coverage Month during which You become a Retiree, unless the Schedule of Benefits includes a specific classification for Retirees;
6) the last day of the Coverage Month during which You enter active military service for any country except for temporary duty of 30 days or less;
7) the last day of the Coverage Month during which You cease Active Work, except for an event listed in the policy in Continuation of Insurance, Section 7; or
8) the date of an adverse benefit determination under the Waiver of Premium provisions, if applicable.

Accidental Death and Dismemberment coverage terminates when Personal Insurance terminates. Accidental Death and Dismemberment coverage also terminates on the earliest of the following dates:

1) the date of an adverse or positive benefit determination under the Waiver of Premium Benefit provisions;
2) the last day of the Coverage Month during which You become a Retiree, unless the Schedule of Benefits includes a specific classification for Retirees that includes AD&D Principal Sum Amounts;
3) the date Your Life Amount reduces to zero; or
4) the end of the Elimination Period.

SECTION 10 - CONVERSION PRIVILEGE

If Your coverage, or a portion of it, terminates because You are no longer eligible for coverage under the policy, You may apply for an individual life insurance conversion policy without evidence of insurability. The coverage amount of the individual life insurance conversion policy shall not exceed the amount of life insurance that ceases because of loss of eligibility for coverage under the policy minus the amount of any group life coverage for which You become eligible within 31 days of termination.

If Your coverage ceases due to termination of the policy, You may apply for and receive an individual life insurance conversion policy if Your group life insurance has been in force with AUL for five (5) continuous years before the termination date. The coverage amount of the individual life insurance conversion policy may not exceed the LESSER of:

1) the amount of life insurance that ceases because of termination minus the amount of any group life coverage for which You become eligible within 31 days of termination; or
2) $10,000.

The conversion privilege is subject to the following:

1) Written application must be made and the first premium must be paid within 31 days after the date of termination of insurance.
2) An individual life insurance policy, other than term life insurance, offered by AUL at the time of conversion, may be selected.
3) The premium on the individual policy must be at AUL's then customary rate applicable to the form and amount of the individual policy, to the class of risk to which You or Your dependent then belong, and to the individual age attained by You or Your dependent on the effective date of the individual policy.
4) The individual life insurance conversion policy takes effect on the last day of the application period and is in lieu of all benefits under the Policy.

If notice of the existence of the conversion right is not given at least 15 days before the expiration of the period during which the conversion application and payment of the first premium must be made under the terms of the policy, You have an additional period within which to exercise the conversion right. The additional conversion application period created to exercise a right of conversion expires 15 days after You are given notice of the conversion right. However, irrespective of the date on which notice is given or of the absence of any notice, the additional conversion application period may not extend beyond 60 days after the expiration date of the period within which conversion application period and payment of the first premium were to be made under the terms of the policy. For purposes of this section, notice of the right of conversion may be given to You in writing, presented to You; mailed by the Group Policyholder to Your last known address; or mailed by the insurer to Your last known address as furnished by the Group Policyholder.

If death occurs during the conversion application period, AUL will pay the Life Amount available for conversion whether or not the application or the first premium payment has been made. After the 31-day period, no conversion application will be accepted unless it is proven that it was not possible for You to apply in a timely fashion. The individual life insurance conversion policy will not include Accidental Death benefits or any other benefits currently in force under the policy.

Premium must be paid to and received by AUL for coverage during the conversion application period.

IF DEATH OCCURS DURING THE CONVERSION APPLICATION PERIOD, IN NO EVENT WILL BENEFITS BE PAYABLE UNDER BOTH THE INDIVIDUAL CONVERSION POLICY AND THE POLICY. ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS, IF ANY, ARE NOT PAYABLE BEYOND THE DATES OUTLINED IN SECTION 9, INDIVIDUAL TERMINATIONS.

SECTION 11 - INDIVIDUAL REINSTATEMENTS

If Personal Insurance and Dependent Insurance, if any, terminate due to termination of Your employment, You can apply to reinstate that coverage following return to Active Work. The following conditions apply:

1) When return to Active Work occurs within 30 days of the termination of coverage, coverage becomes effective on the first day of the next Coverage Month following the date of return to Active Work. Evidence of Insurability will not be required for any amount of coverage less than the Guaranteed Issue Amount.
2) When return to Active Work occurs after the period specified in paragraph 1 above, You will be considered a new employee and the requirements found in the Eligibility and Individual Effective Date Sections will apply.
3) When the Life Amount has been converted under the Conversion Privilege, Section 10, the Life Amount available for reinstatement under the policy will be reduced by the amount of coverage under the individual life insurance policy. In no event will the amount of coverage reinstated under this Section and the amount of coverage under the individual life insurance policy be greater than the Life Amount existing on Your termination of employment.
4) Prior to applying for reinstatement, AUL must have received the required amount of premium timely.
5) The maximum amount of coverage reinstated will not exceed the maximum amount of coverage which would have been available had Your coverage not terminated.

If reinstatement is requested for any reason other than returning to Active Work, medical underwriting and satisfactory Evidence of Insurability, at no expense to AUL, will be required prior to AUL's approval of coverage. The effective date of reinstatement will be the date determined by AUL in writing. Dependent Insurance cannot be reinstated without reinstatement of Personal Insurance.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT

This Section applies to Basic Accidental Death Insurance.

DEFINITIONS

ACCIDENTAL DEATH means death due to an accident, directly and independently of all other causes.

ADDITIONAL ACCIDENTAL DEATH BENEFITS mean the Seat Belt Benefit, the Air Bag Benefit, the Repatriation Benefit, the Child Higher Education Benefit and the Child Care Benefit. The total of the Additional Accidental Death Benefits payable will not exceed 100% of Your AD&D Principal Sum shown in the Schedule of Benefits.

ACCIDENTAL DISMEMBERMENT means loss of sight, speech or hearing or severance of a body member, Loss of Use of a limb of the body, or Severe Burn due to an accident, directly and independently of all other causes.

AIR BAG means an inflatable restraint device that is activated in an Automobile accident and
1) was installed by the Automobile manufacturer;
2) is not altered after the original installation by the Automobile manufacturer;
3) is functioning properly; and
4) complies with Federal Motor Vehicle Safety Standard Number 208 (49 C.F.R. Section 571.208) for the make, model and year of the Automobile.

AUTOMOBILE means a motor vehicle properly registered with local authorities and permitted under applicable laws for use on highways.

CHILD - see SECTION 2, DEFINITIONS.

LOSS OF SIGHT means total, permanent blindness.

LOSS OF SPEECH means total, permanent and irrecoverable loss of vocal communication.

LOSS OF HEARING means total, permanent deafness in both ears which cannot be restored by any means.

LOSS OF HAND means complete severance of the hand through or above the wrist.

LOSS OF THUMB AND INDEX FINGER means complete severance of both the thumb and index finger at or above the metacarpophalangeal joints on the same hand.

LOSS OF FOOT means complete severance of the foot through or above the ankle.

LOSS OF USE OF UPPER AND LOWER LIMBS OF THE BODY means a total, permanent and irrecoverable loss of voluntary movement of the upper and lower limbs of the body which has continued for 12 continuous months.

LOSS OF USE OF BOTH LOWER LIMBS OF THE BODY means a total, permanent and irrecoverable loss of voluntary movement of both lower limbs of the body which has continued for 12 continuous months.

LOSS OF USE OF UPPER AND LOWER LIMBS ON ONE SIDE OF THE BODY means a total, permanent and irrecoverable loss of voluntary movement of the upper and lower limbs on one side of the body which has continued for 12 continuous months.

LOSS OF USE OF ONE LIMB OF THE BODY means a total, permanent and irrecoverable loss of voluntary movement of one limb of the body which has continued for 12 continuous months.

HEMIPLEGIA means the total, permanent and irrecoverable paralysis of the upper and lower limbs on the same side of the body which has continued for 12 continuous months.

MONOPLEGIA means the total, permanent and irrecoverable paralysis of one limb of the body which has continued for 12 continuous months.

PARAPLEGIA means the total, permanent and irrecoverable paralysis of both lower limbs of the body which has continued for 12 continuous months.

QUADRIPLEGIA means the total, permanent and irrecoverable paralysis of both upper and lower limbs of the body which has continued for 12 continuous months.

SEAT BELT means a properly installed safety belt meeting the standards stated in the Federal Motor Vehicle Safety Standard Number 208 (49 C.F.R. Section 571.208) for the make, model, and year of the Automobile.

SEVERE BURNS means third-degree burns on at least fifty percent of the body.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT
Continued

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If You have an accident while insured under the policy which results in a loss or condition shown below, AUL will pay the amount shown opposite the loss or condition if:
1) the loss or condition occurs within 365 days from the date of the accident; and
2) AUL receives acceptable proof of loss or condition.

FOR ACCIDENTAL LOSS OF	AMOUNT PAYABLE
Life	AD&D Principal Sum
Both Hands or Both Feet or Sight of Both Eyes	AD&D Principal Sum
Speech and Hearing	AD&D Principal Sum
One Hand and One Foot	AD&D Principal Sum
One Hand and Sight of One Eye	AD&D Principal Sum
One Foot and Sight of One Eye	AD&D Principal Sum
Sight of One Eye	One-half of the AD&D Principal Sum
One Hand or One Foot	One-half of the AD&D Principal Sum
Speech or Hearing	One-half of the AD&D Principal Sum
Thumb and Index Finger	One-quarter of the AD&D Principal Sum
FOR CONDITIONS OF	
Quadriplegia or Loss of Use of Upper and Lower Limbs of the Body	AD&D Principal Sum
Paraplegia or Loss of Use of Both Lower Limbs of the Body	One-half of the AD&D Principal Sum
Hemiplegia or Loss of Use of Upper and Lower Limbs on the Same Side of the Body	One-half of the AD&D Principal Sum
Monoplegia or Loss of Use of One Limb of the Body	One-quarter of the AD&D Principal Sum
Severe Burns	AD&D Principal Sum

The AD&D Principal Sum is shown in the Schedule of Benefits.

AUL will only pay a benefit for either paralysis or loss of a limb, but not a benefit for both.

The total amount payable will never exceed the AD&D Principal Sum for all losses or conditions sustained by You. The amount payable for loss of life is paid according to Payment of Death Benefits, Section 15. Amounts payable for other losses are paid to You.

LIMITATIONS

Benefits are not payable for loss due directly or indirectly to:
1) suicide or attempted suicide, whether sane or insane;
2) air travel as a crew member;
3) participation in a riot or from war or an act of war, whether declared or undeclared;
4) caused or contributed to by the insured's commission of or attempt to commit a criminal act under relevant state law;
5) the voluntary taking of:
   a) a prescription drug in a manner other than as prescribed by a Physician;
   b) any other federally- or state-regulated substance in an unlawful manner;
   c) non-prescription medicine, in a manner other than as indicated in the printed instructions; or
   d) poison;
6) the voluntary inhaling of gas (unless due to occupational accident);
7) Sickness other than infection occurring as a result of accidental injury;
8) voluntary use of alcohol resulting in intoxication above the legal limit;
9) voluntary use of a hallucinogen or substance causing intoxication;
10) operating a vehicle while intoxicated above the legal limit or while under the influence of hallucinogen or substance causing intoxication;
11) violation of traffic laws other than an infraction, racing, stunt-driving, or engaging in other similar activity during the accident; or
12) participation in hang-gliding, bungee jumping, skydiving, rock climbing or mountain climbing.

Notice and Proof of Injury/Accidental Death: AUL's Home Office must receive written notice of the injury/Accidental Death on which the claim is based within 31 days of the date of the accident. AUL's Home Office must receive acceptable proof of loss within 90 days after the date of the loss. Acceptable proof of loss must be furnished as follows:
1) A certified death certificate;
2) A complete and accurate AUL death claim form and if available, a copy of the police, autopsy, and medical reports related to the death;
3) A statement by the Group Policyholder certifying the amount of coverage existing on the date of loss; and
4) At AUL's option, other documents or information as needed to investigate the loss and determine whether or not benefits are payable under the policy.

AUL has the right to examine You:
1) as often as necessary;
2) at AUL's expense; and
3) by a medical professional of AUL's choice.

TERMINATION OF ACCIDENTAL DEATH and DISMEMBERMENT BENEFIT

Accidental Death and Dismemberment coverage for You will terminate as outlined in Section 9, Individual Terminations.

The Group Policyholder may terminate the insurance under this Section at the end of any Coverage Month by giving AUL 31 days prior written notice.

AUL may terminate the insurance under this Section at the end of any Coverage Month by giving 31 days prior notice to the Group Policyholder.

AUL WILL STILL BE LIABLE FOR PAYMENT OF VALID CLAIMS INCURRED BEFORE THE TERMINATION DATE.

THIS COVERAGE AND ANY BENEFITS UNDER THIS SECTION ARE NOT AVAILABLE DURING THE CONVERSION APPLICATION PERIOD, DURING THE ELIMINATION PERIOD, OR WHILE ELIGIBLE FOR BENEFITS UNDER THE WAIVER OF PREMIUM PROVISIONS.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT

EXPOSURE

If You are unavoidably exposed to heat or cold as a direct result of a covered accident, and as a direct result of the exposure, You suffer a loss for which benefits would be payable under this Section, an AD&D benefit will be paid. Any loss associated with exposure to heat or cold must occur within 365 days of the accident.

The total amount payable will never exceed the AD&D Principal Sum for all losses sustained by You.

This provision is subject to the further limitations and provisions of this Section 12.

DISAPPEARANCE

If You are an occupant in a vessel, vehicle, or plane at the time of accidental destruction, sinking, or disappearance of the vessel, vehicle, or plane and Your body cannot be found within one year of the date of the accidental destruction, sinking, or disappearance, You will be presumed to have died. AUL will only presume Accidental Death if:

1) there is no evidence to the contrary;
2) there is a determination by the appropriate governmental authorities or court issuing a valid and legally binding determination that You have died;
3) a certified copy of the governmental authority findings or court order is provided to AUL; and
4) benefits would have been paid assuming a death certificate could have been issued if the body was recovered.

If You are later determined not to have died following AUL's payment of any benefits under the policy, the individuals and entities which received any portion of the amounts paid by AUL will immediately return all amounts received upon receiving information indicating You are alive.

If You are later located after AUL has paid an Accidental Death benefit, any other benefit that may be payable under the policy will be reduced by the amount of any benefit already paid.

Coverage under the policy must exist with AUL at the time of Accidental Death. The total amount payable will not exceed the AD&D Principal Sum. This provision is subject to further limitations and provisions of Section 12.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT
SECTION 12A - SEAT BELT BENEFIT

This Section applies to Basic Accidental Death Insurance.

SEAT BELT BENEFIT

AUL will pay an Additional Accidental Death Benefit if You die as a result of a non-occupational Automobile accident while You are properly wearing a Seat Belt at the time of the accident. The following rules apply:

1) The Seat Belt Benefit equals the lesser of:
   a) 10% of Your AD&D Principal Sum shown in the Schedule of Benefits; or
   b) $25,000.
2) AUL must receive satisfactory written proof that Your death resulted from an Automobile accident and that You were properly wearing a Seat Belt at the time of the accident. A copy of all police reports must be submitted with the claim, and must show conclusively the Seat Belt was properly worn.
3) This benefit will not be paid if You, while operating the Automobile, were legally intoxicated as defined by applicable laws, violating traffic laws other than an infraction, racing, stunt-driving, or engaging in other similar activity during the accident.

In no event will the total of all Additional Accidental Death Benefits payable exceed 100% of Your AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of this Section 12.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT
SECTION 12B - AIR BAG BENEFIT

This Section applies to Basic Accidental Death Insurance.

AIR BAG BENEFIT

AUL will pay an Additional Accidental Death Benefit if You die as a result of a non-occupational Automobile accident while You are properly wearing a Seat Belt at the time of the accident and the Air Bag deployed properly at the time of the accident. The following rules apply:

1) The Air Bag Benefit equals the lesser of:
   a) 10% of Your AD&D Principal Sum shown in the Schedule of Benefits; or
   b) $5,000.
2) AUL must receive satisfactory written proof that Your death resulted from an Automobile accident and that You were properly wearing a Seat Belt at the time of the accident, You were positioned in a seat that is designed to be protected by an Air Bag, and that the Air Bag deployed at the time of the accident. A copy of all police reports must be submitted with the claim, and must show conclusively the Air Bag inflated properly at the time of the accident.
3) This benefit will not be paid if You, while operating the Automobile, were legally intoxicated as defined by applicable laws, violating traffic laws other than an infraction, racing, stunt-driving, or engaging in other similar activity during the accident.

In no event will the total of all Additional Accidental Death Benefits payable exceed 100% of Your AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of this Section 12.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT
SECTION 12C - REPATRIATION BENEFIT

This Section applies to Basic Accidental Death Insurance.

DEFINITIONS

REASONABLE EXPENSES means usual and customary fees or charges assessed in the marketplace for the services performed.

REPATRIATION BENEFIT

AUL will pay an Additional Accidental Death Benefit if You die either greater than 200 miles away from Your principal place of residence or are outside of the country at the time of Accidental Death. The following rules apply:

1) The Repatriation Benefit equals the lesser of:
   a) Reasonable Expenses for transportation of Your body to a funeral home or mortuary near Your principal place of residence;
   b) $5,000; or
   c) 10% of Your AD&D Principal Sum shown in the Schedule of Benefits.
2) AUL must receive satisfactory written proof documenting the location of Your Accidental Death. Any Repatriation Benefit will be paid following receipt that reasonable transportation expenses were paid.
3) Only one Repatriation Benefit will be paid to the beneficiary who has paid the cost for any covered expenses, regardless of any additional coverages for which You may be insured with AUL.
4) Acceptable written proof and documentation of the reasonable transportation expenses paid must be received by AUL within 12 months of Accidental Death.

In no event will the total of the Additional Accidental Death Benefits payable exceed 100% of Your AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of this Section 12.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT
SECTION 12D - CHILD HIGHER EDUCATION BENEFIT

This Section applies to Basic Accidental Death Insurance.

DEFINITIONS

ACADEMIC YEAR means the annual period of educational sessions of an accredited post-secondary educational institution.

ELIGIBLE STUDENT under this Section means Your unmarried Child under age 25, who on the date of Your Accidental Death:

1) is enrolled in and is attending an accredited post-secondary educational institution on a full-time basis; or
2) is at the 12th grade level and enrolls and attends an accredited post-secondary educational institution within 16 months from the date of Your death; and
3) is dependent upon You for principal support and is claimed as a dependent on Your federal income tax return.

EDUCATION EXPENSES means tuition that is assessed by the accredited post secondary educational institution and is required to be paid in order for the Child to be classified as a full time student.

CHILD HIGHER EDUCATION BENEFIT

AUL will pay an Additional Accidental Death Benefit subject to the following rules:

1) The Child Higher Education Benefit payment will be no more than $4,000 for each Eligible Student per Academic Year for Education Expenses. The cumulative benefit payments for all eligible students will not exceed the lesser of:
   a) $20,000; or
   b) 10% of Your AD&D Principal Sum Insurance shown in the Schedule of Benefits.
2) The Child Higher Education Benefit will be paid:
   a) for Education Expenses that are incurred and paid after Your Accidental Death;
   b) once annually at the conclusion of the Academic Year;
   c) not for more than 5 consecutive years after the date of Your Accidental Death;
   d) until such date that the Child no longer satisfies eligibility requirements under the policy or the accredited post-secondary educational institution;
   e) following AUL's receipt of documentation showing proof of paying Education Expenses, the Child Higher Education Benefit will be paid to any named beneficiary who paid Education Expenses; and
   f) in direct proportion to the amount of Education Expenses paid by each named beneficiary.
3) If there is no Eligible Student, no Child Higher Education Benefit will be paid.
4) Child Higher Education Benefits will only be paid based on enrollment in one accredited post-secondary educational institution.
5) No annual Child Higher Education Benefits will be paid beyond the date the policy terminates. If the policy terminates within 60 days of the end of the current Academic Year, a final Child Higher Education Benefit will be paid when eligible.

In no event will the total of the Additional Accidental Death Benefits payable exceed 100% of Your AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of this Section.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT
SECTION 12E - CHILD CARE BENEFIT

This Section applies to Basic Accidental Death Insurance.

DEFINITIONS

CHILD CARE EXPENSES mean any reasonable and customary weekly or monthly child-care fees assessed by a Child Care Facility.

CHILD CARE FACILITY means a properly state-licensed child-care center not owned or operated by a member of the Child's Family.

ELIGIBLE CHILD(REN) means Your Child(ren) under age 13.

FAMILY means any parent, step-parent, grandparent, brother, sister, uncle or aunt.

CHILD CARE BENEFIT

AUL will pay an Additional Accidental Death Benefit subject to the following rules:

1) The Child Care Benefit applies to each Eligible Child enrolled in a Child Care Facility on the date of Your Accidental Death or subsequently enrolls in a Child Care Facility within 12 months of Your Accidental Death.
2) Only Child Care Expenses incurred and paid after Your Accidental Death will be paid.
3) No more than $4,000 will be paid for each Eligible Child per calendar year for Child Care expenses. The cumulative benefit payments for all Eligible Children will not exceed the lesser of:
   a) $20,000, or
   b) 10% of Your AD&D Principal Sum shown in the Schedule of Benefits.
4) The Child Care Benefit will be paid once per year at the completion of the calendar year to the earlier of the following:
   a) the date the Child no longer satisfies eligibility requirements;
   b) the date the Child attains age 13; or
   c) 5 consecutive years after the date of Your Accidental Death.
5) If there is no Eligible Child, no Child Care Benefit will be paid.
6) Following AUL's receipt of documentation showing proof of paying Child Care Expenses, the Child Care Benefit will be paid to any named beneficiary who paid Child Care Expenses, and in proportion to the amount of Child Care Expenses paid by each named beneficiary.
7) No Child Care Benefit will be paid beyond the date the policy terminates. If the policy terminates within 60 days of the end of the calendar year, a final Child Care Benefit will be paid when eligible.

In no event will the total of all Additional Accidental Death Benefits payable exceed 100% of Your AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of this Section 12.

SECTION 13 - ACCELERATED LIFE BENEFIT

This Section applies to Basic Life Insurance.

DEFINITION

TERMINAL CONDITION means an injury or Sickness that, despite appropriate medical care, is conclusively established to AUL will result in Your death within 12 months from the date of claim. AUL may require that You be examined at AUL's expense by AUL's choice of Physician.

ACCELERATED LIFE BENEFIT

If You are Permanently and Totally Disabled and are diagnosed with a Terminal Condition and are eligible for benefits under this Section, You may apply for payment of the Accelerated Life Benefit. The amount of Accelerated Life Benefit available is shown in the Schedule of Benefits, unless any portion of Your Life Amount has already been paid. The amount of Accelerated Life Benefit available will then be based on the amount remaining after payment of any portion of the Life Amount. Benefits will be paid in one lump sum to You.

CONDITIONS

To be eligible to apply for the Accelerated Life Benefit:
1) You must have Personal Insurance;
2) You must be determined by AUL to be Permanently and Totally Disabled from any occupation;
3) You must be under age 60;
4) You must be diagnosed by a Physician with a Terminal Condition while eligible for benefits under this Section;
5) If You are subject to laws of a community property state, you must obtain Your spouse's written consent for payment to You of the Accelerated Life Benefit; and
6) You can receive an Accelerated Life Benefit only once.

PROOF REQUIRED FOR THE ACCELERATED BENEFIT

Proof is a completed claim form and other information AUL requires in order to determine whether benefits are owed under this Section. AUL may require that You be examined by a Physician selected by AUL and at AUL's expense.

LIMITATIONS

An Accelerated Life Benefit will not be paid if:
1) You have named an irrevocable Beneficiary or made an assignment of Your Life Amount;
2) all or a portion of Your Life Amount is to be paid to another person or entity pursuant to a valid court order;
3) Your coverage terminates; or
4) the policy terminates.

SECTION 13 - ACCELERATED LIFE BENEFIT
Continued

After payment of an Accelerated Life Benefit, Your Life Amount payable at death to Your Beneficiary equals:

1) Your Life Amount as if an Accelerated Life Benefit payment had not been made, minus
2) the amount of the Accelerated Life Benefit paid, minus
3) the interest charge.

The interest charge equals the Accelerated Life Benefit amount, times the number of days from the date of payment to Your date of death divided by 365, times the interest rate. The interest rate will be based on the current 90-day Treasury bill rate existing on the date of payment of the Accelerated Life Benefit.

NOTE: Your Accidental Death and Dismemberment Insurance, if any, terminated upon approval of the Waiver of Premium benefit.

The required amount of premiums must continue to be received by AUL on the original Life Amount, unless premiums have ceased due to coverage under the Waiver of Premium benefit of the policy.

The AD&D Principal Sum, if any, will not be reduced by payment of the Accelerated Life Benefit.

The following information is used for illustrative purposes only:

Example: Life insurance in force = $100,000*
Date of receipt of proof of terminal condition = 10/31/05
Date of payment of Accelerated Life Benefit = 11/1/05
Date of death = 2/15/06
Interest rate** = 3.5%

1) Amount of Accelerated Life Benefit = .50 x $100,000 = $50,000
2) Interest Charge = $50,000 x (106 days / 365 days) x .035 = $508.22
3) Death Benefit Payable = $100,000 - $50,000 - $508.22 = $49,491.78

*Your Life Insurance amount is shown in the Schedule of Benefits in Your insurance certificate.
**The interest rate is equal to the 90-day Treasury bill rate on the date of the Accelerated Life Benefit payment.

NOTE: The laws relating to Accelerated Life Benefits are complex. Employees are advised to consult with a qualified tax advisor about circumstances under which they could receive an Accelerated Life Benefit excludable under federal law. Eligibility for Public Assistance: Receipt of an Accelerated Life Benefit may affect the Employee's, their Dependent spouse's, or their family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. Employees are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect the Employee's, their Dependent spouse's, and their family's eligibility for public assistance.

SECTION 15 - PAYMENT OF DEATH BENEFITS

If You die while insured under the policy, AUL will pay the benefits owed under the policy to the Beneficiary:
1) upon timely receipt of acceptable proof of death; and
2) subject to all other provisions of the policy and to Your dated and signed designation.

The following Sections describe the manner in which death benefits are paid.

SECTION 16 - NAMING OF BENEFICIARY

BENEFICIARY means the individual, individuals or entity named by You to receive Your Life Amount.

Unless the policy provides otherwise, AUL will pay benefits according to Your Beneficiary designation.

When You apply for coverage on an AUL-approved form, You should:
1) designate the name of one or more Beneficiaries;
2) classify the Beneficiaries by order of preference, either primary or contingent; and
3) indicate distribution of the proceeds among members of the class of Beneficiaries.

If more than one primary Beneficiary is listed and no distributive share is indicated, then all primary Beneficiaries will share equally. If no primary Beneficiaries outlive You and there is no distributive share indicated among the contingent Beneficiaries, then all contingent Beneficiaries will share equally.

If the policy replaces insurance coverage of another carrier, AUL may, upon written request of the Group Policyholder, recognize Beneficiary designations in effect under the prior coverage as effective until a new designation is made with AUL, provided that prior designations are in a form acceptable to AUL and the Group Policyholder receives AUL's written approval of the form.

CHANGING A BENEFICIARY

You may change a Beneficiary at any time by written request. The request must be completed, signed, dated and filed through the Group Policyholder.

AUL may recognize a beneficiary change as of the date the form was signed by You even if You are not alive when AUL receives it. However, AUL is not liable if benefits are paid according to the previous designation before AUL receives the change. If You apply for an individual life insurance conversion policy under Section 10, Conversion Privilege and name a new Beneficiary, AUL will use any beneficiary designated in that application when determining which beneficiary to pay.

AUL reserves the right to require that any Beneficiary designation be acceptable to it and be made pursuant to applicable laws.

SECTION 17 - THE DEATH CLAIM

If You die while insured under the policy, proof of death should be furnished as soon as possible. If a claim is filed under the Waiver of Premium section, proof should be furnished within 12 months of death. The claim will not be considered after the applicable statute of limitations has passed.

Proof of death must include:
1) a certified death certificate; and
2) a completed claim form.

AUL, at its option, may also require:
1) return of Your insurance certificate;
2) submission of pertinent medical records, including an autopsy report;
3) police reports; or
4) any other documents AUL may deem reasonably necessary to determine what benefits and to whom benefits are owed.

If the cause of death cannot be clearly established by other means, AUL reserves the right to have a medical examination performed. The examination will be performed:
1) at AUL's expense; and
2) by a Physician of AUL's choice.

If the policy is no longer in force, proof furnished more than two (2) years from the date of loss must also include:
1) proof of employment at death; and
2) proof of coverage under the policy at death.

SECTION 18 - DETERMINATION OF BENEFICIARY

Once acceptable proof of death is received, AUL will determine the Beneficiaries or payees in the following order:

1) If more than one primary Beneficiary is listed and no distributive share is indicated, then all primary Beneficiaries will share equally.
2) If no primary Beneficiaries outlive You and there is no distributive share indicated among contingent Beneficiaries, then all contingent Beneficiaries will share equally.
3) If no named Beneficiaries outlive You or none were named, then at AUL's option, a surviving relative. Relatives will be considered in descending order of preference as follows:
   a) spouse;
   b) natural and legally adopted child(ren);
   c) parent(s); or
   d) brother(s) and sister(s).
4) If Your estate is not substantial and there are no statutory requirements to the contrary, at AUL's option, benefits may be paid to the closest surviving heir(s) under applicable small estate laws.
5) If no named Beneficiaries outlive You or none were named, then at AUL's option, Your estate.

AUL may, at its option, pay the proceeds in an amount up to $2,000 to any individual appearing to AUL to be legally entitled to payment by reason of having paid funeral or other burial expenses related to Your death.

In the event You and Your Dependents should die simultaneously or if there is no clear evidence as to which individual died first, it shall be presumed that the Dependents should have predeceased You.

If any Beneficiary dies within 15 days after Your death, the Beneficiary will be treated as having died before You. This provision does not apply to any payment mailed to such Beneficiary during the 15 days following Your death, and any payment made in good faith shall fully discharge AUL.

SECTION 19 - SELECTION OF PAYMENT METHOD

The proceeds will be paid in a lump sum unless another payment method is selected or changed by giving written notice to AUL prior to Your death. If no payment method is in effect at death, the payee may select a payment method. For information concerning payment method options, You or payee should contact AUL.

Any person who becomes entitled to receive any portion of the proceeds under the policy shall be entitled to receive payment of interest if any payment is not received by such person within 30 days after the event giving rise to the obligation and after all requested information is received by AUL. Interest payable shall be calculated at an annual rate after all requested information is received by AUL. The rate of interest payable shall be the lesser of 3% or that rate, as determined from time to time by AUL, applicable to proceeds of life insurance left on deposit with AUL and subject to withdrawal on demand. For the purposes of this section, payment shall be deemed to have been received by the person when deposited by AUL in United States mail, postage prepaid, and directed to the person's last known address or the Group Policyholder's address shown in AUL's records.

AUL will determine the amount payable under any payment method.

SECTION 21 - GENERAL POLICY PROVISIONS

ENTIRE CONTRACT: The policy, the enrollment forms of the individuals, the application of the Group Policyholder, and any amendments made from time to time constitute the entire contract between the parties.

AMENDMENT and CHANGES: The policy may be amended by mutual agreement between the Group Policyholder and AUL but without prejudice to any valid claim incurred prior to the effective date of the amendment. The policy may be changed or corrected by AUL at any time. However, no change in the policy will be valid unless written notice is provided by AUL containing the signature of its Chief Executive Officer or Secretary. No other person can alter or waive the conditions of the policy or make any agreement that shall be binding upon AUL. No agent may or has the authority to waive, alter or change any terms and conditions of the policy or coverage.

INCONTESTABILITY: The validity of any coverage under the policy may not be contested, except for nonpayment of premiums, after the policy has been in force for two years after its date of issue, and no statement made by Group Policyholder or You or Your Dependent relating to Your insurability may be used in contesting the validity of the insurance with respect to which the statement was made, unless: (1) the insurance has not been in force for a period of two years or longer; and (2) the statement is contained in a written instrument signed by the Group Policyholder or You or Your Dependent. All statements made by the Group Policyholder or by the Employees or Dependents insured are to be deemed representations and not warranties, and no statement made by any person insured may be used in any contest unless a copy of the instrument containing the statement is or has been furnished to the Employees or Dependents or, in the event of death or incapacity of the Employee or Dependent, to the Employee’s or Dependent’s beneficiary or personal representative.

INSURANCE FRAUD: AUL wants to ensure that its customers do not incur additional insurance costs as a result of the act of insurance fraud. AUL promises to focus on all means necessary to support fraud detection, investigation and prosecution.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

RELATIONSHIP: AUL and the Group Policyholder are, and will remain, independent contractors. Nothing in the policy shall be construed as making the parties joint ventures or as creating a relationship of employer and employee, master and servant, or principal and agent. Neither party has any power, right or authority to bind the other or to assume or create any obligation or responsibility on behalf of the other. AUL and the Group Policyholder each retain exclusive control of their time and methods to perform their respective duties. AUL and the Group Policyholder will employ, pay and supervise their own employees and pay their own expenses during the term of the policy.

GRACE PERIOD: Premiums are due monthly and must be received by AUL within the required time frame for coverage to remain in force. You are entitled to a grace period of 31 calendar days for the payment of any premium due except the first. During the grace period, the insurance coverage shall continue in force, unless AUL has received written notice of termination in advance of date of termination and in accordance with the terms of the policy. Group Policyholder is liable to AUL for the payment of a pro rata premium for the time the policy was in force during the grace period. If the required amount of premium is not received by the end of the grace period, the insurance will terminate as of the last day of coverage for which premium was paid.

LEGAL ACTION: No legal action may be brought to obtain benefits under the policy:
1) for at least 60 days after proof of loss has been furnished and before arbitration is held pursuant to the arbitration provisions in the policy; or
2) after five (5) years from the time written proof of loss is required to have been furnished to AUL.

CONFORMITY WITH STATE LAWS: Any provision of the policy in conflict with the laws of the state in which it is delivered is amended to conform to the minimum requirements of those laws.

DATA AND RECORDS: The Group Policyholder must furnish information which AUL reasonably requires. The Group Policyholder’s documents which may have a bearing on the insurance shall be open for inspection by AUL at all reasonable times.

GENDER PRONOUNS: Whenever the male pronoun is used, it shall also mean the female.

CERTIFICATES: If there is any discrepancy between the provisions of any certificate and the provisions of the policy, the provisions of the policy will govern.

ASSIGNMENT: You may make an absolute assignment of all benefits and rights of Your coverage. Any coverage is assignable to the extent permitted by law except that no collateral assignment is permitted. No assignment is binding unless filed with AUL in a form acceptable to it. AUL assumes no responsibility for the validity or effect of any assignment.

CLAIMS OF CREDITORS: The benefits paid under the policy will be exempt from the claims of creditors to the maximum extent permitted by law.

CLERICAL ERROR: Clerical error on the part of the Group Policyholder or AUL will not invalidate insurance otherwise in force or continue insurance otherwise validly terminated. Upon discovery of an error, an equitable adjustment will be made in the premiums and/or benefits, if appropriate.

MISSTATEMENT OF AGE: If Your age or Your Dependent has been misstated, the benefits will be payable based on the true facts. Premium adjustment will be made so that AUL will receive the actual premium required based on the true facts. Any adjustment of benefits due to the correction of age will also be made.

ARBITRATION: Any controversy or claim arising out of or relating to the policy, the sale or solicitation of the policy, or its breach thereof whether in tort, contract, breach of duty (including but not limited to) any alleged fiduciary, good faith and fair dealing duties, shall be decided by arbitration in accordance with the Federal Arbitration Act, the procedures of the commercial arbitration rules of the American Arbitration Association, and this agreement. The Court of Arbitrators, which is to be held in the county seat where the Policyholder resides, shall consist of three (3) arbitrators familiar with group insurance and employee welfare benefit plans. The selection of the arbitrators shall be conducted within thirty (30) days after proper service of a demand for arbitration. One of the arbitrators shall be appointed by AUL, one by the insured, and the third shall be selected by the first two appointees prior to the beginning of arbitration. Should the two arbitrators be unable to agree upon the choice of a third, the appointment shall be left to the President or any Vice President of the American Arbitration Association. The arbitrators shall decide by a majority of votes, the award shall be in writing, the decision shall be signed by a majority of the arbitrators, and they shall include a statement regarding the reasons for the disposition of any claim. Judgment on the award rendered by the arbitrators may be entered by any court having jurisdiction thereof. The parties are not precluded from challenging the decision under the Federal Arbitration Act or applicable law. Unless not allowed under applicable law, each party shall bear the expense of its own attorney and arbitrator, and shall share equally with the other party the expenses of the third arbitrator and of the arbitration.

The parties agree that AUL is engaged in interstate commerce, and the transaction is governed by the Federal Arbitration Act, 9 U.S.C. Sections 1-16.

Consistent with the expedited nature of arbitration, each party will, upon the written request of the other party, promptly provide the other with copies of documents relevant to the issues raised by any claim or counterclaim on which the producing party may rely in support of or in opposition to any claim or defense. Any dispute regarding discovery, or the relevance or scope thereof, shall be determined by the arbitrator(s), which determination shall be conclusive. All discovery shall be completed within 60 days following the appointment of the arbitrator(s) or longer following mutual agreement by the parties.

ERISA APPEAL GUIDELINES WHEN POLICY IS GOVERNED BY ERISA: If a claimant wishes to appeal AUL's decision, claimants are allowed 60 days following receipt of a notification of an adverse benefit determination within which to appeal the determination. Claimants are allowed the opportunity to submit written comments, documents, records, and other information relating to the claim for benefits. The claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claimant's claim for benefits. Whether a document, record, or other information is relevant to a claim for benefits shall be determined by reference to paragraph (m)(8) of 29 C.F.R. Section 2560.503-1. AUL's review will take into account all comments, documents, records, and other information submitted by the claimant relating to the claim, without regard to whether such information was submitted or considered in the initial benefit determination. A claimant has a right to obtain the information about any voluntary appeal procedures offered by the plan described in paragraph (c)(3)(iv) of 29 C.F.R. Section 2560.503-1 and has a right to bring an action under section 502(a) of ERISA. A final determination will be provided pursuant to 29 C.F.R. Section 2560.503-1.

NOTICE TO INSUREDS

AUL wants all of its customers to be satisfied customers. We welcome your questions and concerns as opportunities to serve you better.

If you should have any questions concerning your insurance, please contact:

AMERICAN UNITED LIFE INSURANCE COMPANY ®
P.O. BOX 368
INDIANAPOLIS, INDIANA 46206-0368

1-800-553-5318

The Group Division’s toll-free number is answered between the hours of 7:30 a.m. and 5:00 p.m. by friendly, knowledgeable staff members. All you have to do is call.

ONEAMERICA®

American United Life Insurance Company®
P.O. Box 368, Indianapolis, Indiana 46206-0368
www.oneamerica.com

Hendry County School District
(Hereinafter called the Group Policyholder)

Group Policy Number: 00612746-0000-000 Class: 002

Change Effective Date: Does Not Apply

This certificate replaces any and all certificates previously issued to You under the Group Policy indicated above.

American United Life Insurance Company® (AUL) certifies that the Employee whose enrollment form is on file with the Group Policyholder as being eligible for insurance and for whom the required premium has been paid is insured under the above numbered Group Policy for group insurance benefits as designated in the Schedule of Benefits. Benefits are subject to change as described on the Schedule of Benefits page.

This certificate describes the coverage provided in the Group Policy. The Group Policy determines all rights and benefits in this certificate and may be amended, cancelled or discontinued at any time by agreement between AUL and the Group Policyholder without notice to You. The Group Policy may be examined at the main office of the Group Policyholder during the regular office hours.

Richard M. Ellery
Secretary and General Counsel

J. Scott Davison
Chairman, President and Chief Executive Officer

CERTIFICATE OF INSURANCE
GROUP TERM LIFE INSURANCE
WITH AN ACCELERATED LIFE BENEFIT

NOTE: RECEIPT OF THE ACCELERATED LIFE BENEFIT MAY BE TAXABLE. PLEASE SEEK ASSISTANCE FROM A PERSONAL TAX ADVISOR.

THIS CERTIFICATE PROVIDES LIFE INSURANCE FOR THE INSURED EMPLOYEES AND DEPENDENTS, IF APPLICABLE, OF Hendry County School District, 25 E Hickpochee Ave, Labelle, FL UNDER GROUP CONTRACT NUMBER G 00612746. THE INSURED EMPLOYEE SHALL BE GIVEN A COPY OF THE GROUP ENROLLMENT APPLICATION. THE BENEFITS ARE PAYABLE TO THE BENEFICIARIES OF RECORD DESIGNATED BY THE EMPLOYEE.

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SECTION 1 - SCHEDULE OF BENEFITS
BASIC INSURANCE

CLASS 002

CLASSIFICATION:
All Eligible Full-Time Employees With at least 10, but less than 15 Years of Service

LIFE AMOUNT:
One And One Half Times The Annual Base Salary, Then Rounded To The Nearest $1,000 With A Minimum Of $10,000 And A Maximum Of $200,000

AD&D PRINCIPAL SUM:
One And One Half Times The Annual Base Salary, Then Rounded To The Nearest $1,000 With A Minimum Of $10,000 And A Maximum Of $200,000

ACCELERATED LIFE BENEFIT (ALB): You may request payment of 25%, 50% or 75% of the Life Amount shown above. This benefit is available on a Life Amount of $10,000 or more. The maximum payment is limited to 25%, 50% or 75% of the Life Amount shown above or $175,000, whichever is less. See Section 13.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT: This benefit is included in this certificate. See Section 12.

ADDITIONAL ACCIDENTAL DEATH BENEFITS:

SEAT BELT BENEFIT: This benefit is included in this certificate. See Section 12A.
AIR BAG BENEFIT: This benefit is included in this certificate. See Section 12B.
REPATRIATION BENEFIT: This benefit is included in this certificate. See Section 12C.
CHILD HIGHER EDUCATION EXPENSE BENEFIT: This benefit is included in this certificate. See Section 12D.
CHILD CARE BENEFIT: This benefit is included in this certificate. See Section 12E.

ANNUAL BASE SALARY: Annual Base Salary with no Commissions or Bonuses. Annual Base Salary excludes overtime.

CHANGES IN INSURANCE COVERAGE: First of the Month. See Section 6.

CONTRIBUTIONS: Employee premium contributions are not required. See Section 4.

ELIGIBILITY: First of the Month. See Section 3.

FULL-TIME EMPLOYEE REQUIREMENT: 20 hours or more per week. See Section 2, Definitions - Employee, and Section 3, Eligibility.

SECTION 1 - SCHEDULE OF BENEFITS
BASIC INSURANCE

CLASS 002

GUARANTEED ISSUE AMOUNT: $200,000. Any amount of coverage for which You request greater than the Guaranteed Issue Amount will only be available following written approval by AUL. Approval will be based on Evidence of Insurability and information satisfactory to AUL. If coverage for amounts greater than the Guaranteed Issue Amount is approved, coverage will begin on the date identified in writing by AUL. See Section 4, Individual Effective Date.

INDIVIDUAL EFFECTIVE DATE: First of the Month. See Section 4.

INDIVIDUAL REINSTATEMENTS: First of the Month. See Section 11.

INDIVIDUAL TERMINATIONS: End of the Month. See Section 9.

TERMINATIONS: Terminations are governed by the Individual Terminations Section. See Section 9.

TOTAL DISABILITY: The definition for Total Disability and Totally Disabled included in this certificate is the standard any occupation definition. See Section 2.

WAITING PERIOD for Present Employees hired before the policy effective date: First of the Month following 0 days. See Eligibility Section 3.

WAITING PERIOD for New Employees hired on or after the policy effective date: First of the Month following 30 days. See Eligibility Section 3.

WAIVER OF PREMIUM FOR TOTAL DISABILITY: This benefit is included in this certificate.
Reductions are not applicable to this benefit. See Section 8.

SECTION 2 - DEFINITIONS

ACCIDENTAL BODILY INJURY means an injury occurring, either directly or indirectly, as a result of an accident along with all other related conditions, sustained by You while insured under the policy.

ACTIVE PAY STATUS means You are eligible to and receiving pay from the Group Policyholder, and includes, but is not limited to, vacation leave, sick leave, bereavement leave, administrative leave, compensatory time, holidays, and personal leave.

ACTIVE WORK and ACTIVELY AT WORK mean the use of time, services, and energy by You for the Group Policyholder at the Group Policyholder's regular place of business, an alternate location approved by the Group Policyholder, or an alternate location to which the Group Policyholder requires You to travel. You must be physically and mentally capable of performing each of the material and substantial duties of Your regular position with the Group Policyholder for at least the minimum number of hours listed in the Eligibility Section of the policy. Active Work will include time off for vacation, jury duty, paid holidays, and funeral leave approved by the Group Policyholder when You could have been Actively at Work. When You are in Active Pay Status, You will be considered Actively at Work. Active Work does not include periods of time when You are not Actively at Work following an injury, Accidental Bodily Injury, Sickness, strike, lock-out, or layoff, unless You are in Active Pay Status.

ACTIVITIES OF DAILY LIVING means those activities that define the Dependent's independence in day-to-day functioning. Those activities include bathing, continence, dressing, eating, toileting, and transferring, and they are defined as follows:
BATHING means washing oneself by sponge bath; or in either tub or shower, including the task of getting into or out of the tub or shower.
CONTINENCE means the ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for catheter or colostomy bag.
DRESSING means putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
EATING means feeding oneself by getting food into the body from a receptacle, such as a plate, cup, or table, or by a feeding tube or intravenously.
TOILETING means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
TRANSFERRING means moving into or out of a bed, chair, or wheelchair.

Annual Base Salary with no commission or bonuses
ANNUAL BASE SALARY means Your yearly gross wages received from the Group Policyholder based on a maximum forty (40) hour workweek. Annual Base Salary is based on the amount last reported in writing to AUL by the Group Policyholder and approved for coverage under this Policy by AUL before the date of death or the events shown in the AD&D provisions if AD&D coverage is included. Annual Base Salary does not include amounts received from commissions, bonuses, overtime or reimbursement for expenses.

CHILD means any minor related by blood, marriage or court order that can be claimed as a dependent for federal income tax purposes, and may include:

1) any of Your natural born child(ren);
2) any of Your legally adopted child(ren) from the time of placement in Your home with the intent to adopt;
3) any stepchild(ren) who live with You;
4) any child(ren) for whom You have legal guardianship; or
5) any child(ren) for whom coverage must be provided in accordance with state law or court order.

CONTRIBUTORY INSURANCE means insurance for which You pay part or all of the premium.

COVERAGE MONTH means that period of time beginning on the first day that the Group Policyholder's coverage is in force and ending on the day before that date of the next month.

DATE OF DISABILITY means the first day You are not Actively at Work due to an Accidental Bodily Injury or Sickness and results in Total Disability.

DEPENDENT means:

1) Your legal spouse under age 70;
2) Your Domestic Partner under age 70 whose relationship with You is recognized by and allowed under applicable state law provided both the Domestic Partner and You:
   a) share the same regular and permanent residence;
   b) have a close personal relationship similar to lawful marriage;
   c) are not married to anyone;
   d) are 18 years of age and older;
   e) are not so closely related by blood to be prohibited under applicable state laws;
   f) were mentally competent to consent to a contract when the domestic partnership began;
   g) are each other's sole domestic partner; and
   h) are responsible for each other's welfare;
3) Your unmarried Child from live birth and under the age of 19, if the Child:
   a) is not eligible under the policy for Personal Insurance;
   b) is not in the military of any country; and
   c) is dependent upon You for principal support and is claimed as a dependent on Your federal income tax return;
4) Your unmarried Child under the age of 25, if the Child:
   a) is registered at and attending an accredited educational institution on a full-time basis as defined by the regulations of the institution, and
   b) is dependent upon You for principal support and is claimed as a dependent on Your federal income tax return; and
5) Your unmarried Child who is disabled and incapable of self-sustaining employment as a result of mental or physical disability. The Child must have been disabled prior to age 19. If the Child is at least age 19 on Your effective date, coverage is subject to AUL's receiving written proof of the disability on that date including but not limited to receipt of Social Security Administration disability benefits. If the Child is not at least age 19, extension of coverage is subject to AUL's receiving written proof of the disability not later than 120 days after the Child attains age 19. Proof of continued disability shall be required not more than once each year thereafter.

If Dependent Insurance is not included in the policy, then references to Dependents and Dependent Insurance are null and void.

DEPENDENT INSURANCE means the insurance provided under the policy covering Your Dependents, Section 20, if included in the policy.

ELIMINATION PERIOD see Waiver of Premium, Section 8, if included in the policy.

EMPLOYEE means any individual who is a full-time, permanent Employee (including owner, member, partner, or shareholder) of the Group Policyholder:

1) who is legally authorized to work and reside in the United States under applicable state and federal laws; and
2) whose employment with the Group Policyholder constitutes his principal occupation; and
3) who regularly works at that occupation at the Group Policyholder's regular place of business a minimum of 20 hours or more per week; and
4) who is not temporarily or seasonally employed by the Group Policyholder; and
5) who is an employee, participant, person, or any member of any employee organization, who is or may become eligible to receive a benefit of any type from the Policyholder's employee welfare benefit plan; and
6) who is not an independent contractor.

EMPLOYER see GROUP POLICYHOLDER. Any references to Employer used in the policy shall include Insured Units.

EVIDENCE OF INSURABILITY means a signed statement of proof acceptable to AUL of an Employee's or Dependent's medical history provided at no expense to AUL, and, if requested by AUL, medical records, tests, and/or examinations at no expense to AUL. Satisfactory Evidence of Insurability must include information and documentation which can be used by AUL to determine if the individual is an acceptable underwriting risk and can be approved for coverage under AUL's guidelines.

GRANDFATHERED RETIREE, see Eligibility, Section 3A, if included in the policy.

GUARANTEED ISSUE AMOUNT means the amount of coverage that does not require Evidence of Insurability. This amount is selected by the Group Policyholder on the Application and later approved in writing by AUL.

GROUP POLICYHOLDER means the entity which applied for and was approved by AUL for coverage. Any references to Group Policyholder used in the policy shall include Insured Units.

MENTAL ILLNESS means a psychiatric or psychological condition classified in the most recent version of the Diagnostic and Statistical Manual of Mental Health Disorders (DSM), published by the American Psychiatric Association as of the date of Total Disability and has been diagnosed by a Physician. Such disorders include, but are not limited to, psychotic, emotional, behavioral disorders, or disorders related to stress or to substance abuse or dependency. If the DSM is discontinued or replaced, Mental Illness will be determined based on the diagnostic manual then published by the American Psychiatric Association on the date of Total Disability.

NON-CONTRIBUTORY INSURANCE means insurance for which You pay no portion of the premium.

PERMANENT AND TOTAL DISABILITY/PERMANENTLY AND TOTALLY DISABLED means Your inability as determined by a Physician to engage, due to Accidental Bodily Injury or Sickness in any occupation for which You are fitted by training, education or experience. Permanent and Total Disability/Permanently and Totally Disabled must occur after You become insured under the Policy and it must be conclusively determined the Permanent And Total Disability will continue for Your lifetime.

PERSONAL INSURANCE means the insurance provided under the policy for You.

PHYSICIAN means a qualified, licensed doctor of medicine or osteopathy, and any other licensed health care provider that state law requires to be licensed prior to engaging in the practice of medicine and who is, practicing within the scope of his specialty, license, and applicable law. Physician does not include any medical provider affiliated with the Group Policyholder, or anyone related by blood, marriage, or domestic partnership to an Employee.

REGULAR ATTENDANCE means that You or Your Dependent:
1) are receiving periodic medical treatment and services from a Physician when medically required and according to standard medical protocol to effectively manage and treat Your or Your Dependent's Disability;
2) are receiving the most appropriate treatment and care that will maximize Your medical improvement and aid in Your return to work; and
3) are receiving medical care and services from a Physician whose specialty or practice is related to the Disability.

RETIREE means an individual who, on his last day of Active Work prior to retirement, was an Actively at Work Employee and who is receiving benefits under the Group Policyholder's retirement plan. Retiree does not include an Employee who is receiving benefits under his retirement plan solely due to being Totally Disabled and who otherwise does not meet the Group Policyholder's retirement plan's criteria for receipt of benefits.

SICKNESS means illness, bodily disorder or disease, Mental Illness, normal pregnancy and complications of pregnancy. Complication of Pregnancy is defined as concurrent disease or abnormal conditions significantly affecting the usual medical management of pregnancy.

TEMPORARY LAY-OFF means a period of time during which You are not Actively at Work due to lack of work and are not terminated from employment with the Group Policyholder.

TOTAL DISABILITY AND TOTALLY DISABLED mean that because of Accidental Bodily Injury or Sickness You cannot engage in any occupation for which You are reasonably fitted by training, education, or experience. If You accept any type of employment, other than in a state-approved rehabilitation program or sheltered workshop, You will be considered fitted to that occupation.

WE, OUR, US, and AUL mean American United Life Insurance Company.®

YOU and YOUR means an Employee who meets the requirements of the Eligibility and Individual Effective Date Sections.

SECTION 3 - ELIGIBILITY

DEFINITIONS

NEW EMPLOYEE means an Employee who is employed by the Group Policyholder on or after the Group Policyholder's Effective Date.

PRESENT EMPLOYEE means an Employee who is employed by the Group Policyholder before the Group Policyholder's Effective Date.

WAITING PERIOD means the period of days beginning on the Employee's hire date that an Employee must be continuously Actively at Work prior to becoming eligible for Personal Insurance. Present Employees will be given credit for time insured under the Group Policyholder's prior group life insurance contract if the policy replaces the same coverage available under the prior group life insurance contract. The Waiting Period is stated in the Schedule of Benefits.

On the effective date of the policy, an Employee becomes eligible for Personal Insurance if:

1) the Employee has fulfilled the Waiting Period, if any, and is Actively at Work; or
2) the Employee has fulfilled the Waiting Period, if any, and is not Actively at Work due to being on an Employer-approved leave of absence other than for injury or Sickness; or
3) the Employee has fulfilled the Waiting Period, if any, and is not Actively at Work due to being on Temporary Lay-off.

After the effective date of the policy and while the policy is in force, an Actively at Work Employee becomes eligible for Personal Insurance on:

1) the date the Employee fulfills the Waiting Period, if any, if that date is the first day of the Coverage Month; or
2) the first day of the Coverage Month next following the date the Employee fulfills the Waiting Period, if any, if that date is not the first day of the Coverage Month.

TO REMAIN ELIGIBLE FOR PERSONAL INSURANCE AND DEPENDENT INSURANCE, IF ANY, EMPLOYEES MUST CONTINUOUSLY MEET THE ABOVE REQUIREMENTS.

Refer to Your Basic Schedule of Benefits to determine to which coverage this page applies. When applicable, the Schedule of Benefits will indicate employee premium CONTRIBUTIONS are not required and INDIVIDUAL EFFECTIVE DATE is First of the Month.

SECTION 4 - INDIVIDUAL EFFECTIVE DATE NON-CONTRIBUTORY INSURANCE

The eligible Employee, prior to receiving coverage under the policy must make written election on a form approved by AUL and the Employer must contribute the required amount of premium to AUL on a timely basis.

For amounts of coverage that do not exceed the Guaranteed Issue Amount shown in the Schedule of Benefits, the effective date for an eligible Employee is:

1) the first day of the Coverage Month; or
2) the first day of the next Coverage Month if the Employee applies after the first day of the Coverage Month.

To receive any amount of coverage exceeding the Guaranteed Issue Amount, the eligible Employee must make written request to AUL on a form approved by AUL and undergo medical underwriting. The effective date of insurance for an eligible Employee, subject to the further provisions of this Section, will be after the Employee submits satisfactory Evidence of Insurability to AUL and on the date AUL determines the Employee is approved for coverage. Satisfactory Evidence of Insurability, at no expense to AUL, must be provided prior to receiving any amount of coverage greater than the Guaranteed Issue Amount.

If an eligible Employee desires to decline coverage for which the Employer would pay 100% of the premium, the Employee must first notify the Employer in writing of this decision prior to coverage being declined. Once coverage is declined, the Employer is not responsible for paying premium for that Employee, and the Employee will not be eligible for any coverage under the policy. If an eligible Employee initially declines coverage and later desires to have coverage, the Employee will be required to undergo medical underwriting and submit satisfactory Evidence of Insurability at no expense to AUL prior to receiving any coverage. No coverage shall begin until the date AUL has approved the request for coverage in writing and the required amount of premium is received from the Employer.

Any eligible Employee who converted his insurance under the policy to an individual life insurance policy and if that individual life insurance policy is still in force, the Employee is required prior to becoming insured again under the policy to undergo medical underwriting and submit satisfactory Evidence of Insurability, at no expense to AUL. If the Employee does not wish to undergo medical underwriting and submit satisfactory Evidence of Insurability, the Life Amount under the policy will be reduced by the amount of coverage under the individual life insurance policy. No coverage shall begin until the date AUL has approved the request for coverage in writing and the required amount of premium is received from the Employer.

If an Employee is not Actively at Work on the date coverage would otherwise become effective, the effective date will be:

1) the first day of the Coverage Month, if the Eligible Employee returns to Active Work on the first day of the Coverage Month; or
2) the first day of the Coverage Month following the date the eligible Employee returns to Active Work, if Active Work begins after the first day of the Coverage Month.

Contributions for Basic insurance are not required from Employees for Personal Insurance.

Also see Continuity of Coverage, Section 5, if included in the policy.

SECTION 5 - CONTINUITY OF COVERAGE

This Section applies when coverage under the policy replaces prior group term life insurance issued to the Group Policyholder and the coverage under that policy terminated on the day before the effective date of AUL's policy.

Coverage will be extended under this Section to an Employee who:
1) was insured under the prior carrier's group term life insurance on its termination date; but
2) was not eligible for coverage on the effective date of the policy because:
   a) in the case of an Employee, he was not Actively at Work; or

Coverage may be extended if such Employee:
1) applies to AUL for coverage on or before the effective date of the policy;
2) pays the required amount of premium; and
3) is not eligible to continue coverage under the prior carrier's group term life insurance.

The amount of coverage extended will be the lesser of:
1) the coverage for which the Employee would have been eligible to receive under the policy; or
2) the coverage the Employee received under the prior carrier's group term life insurance policy minus the amount payable under that group term life policy.

The coverage under this Section will terminate on the earliest of the following dates:
1) the date for which any required premium was not received by AUL;
2) the date the Personal Insurance becomes effective under the policy;
3) the date the coverage would have terminated under the Individual Termination Section of the policy if the Personal Insurance had become effective; or
4) the date the Employee becomes eligible for coverage under the prior carrier's group term life insurance policy.

This coverage only includes the Life Amount.

SECTION 6 - CHANGES IN INSURANCE COVERAGE

The amount of coverage for which You are eligible is shown in the Schedule of Benefits.

A change in coverage that does not increase the amount of coverage becomes effective the earlier of:
1) the first day of the Coverage Month following any scheduled reduction; or
2) the first day of the Coverage Month following AUL's written approval of the change.

Prior to a change in coverage that increases coverage, You must be Actively at Work and the required amount of premium must be paid.

A change increasing the amount of coverage equal to or less than Your Guaranteed Issue Amount takes effect on:
1) the first day of the Coverage Month if You become eligible for the change on the first day of the Coverage Month; or
2) the first day of the next Coverage Month following the date You become eligible for the change, if the date is after the first day of the Coverage Month.

A change in coverage increasing the amount of coverage above Your Guaranteed Issue Amount is subject to:
1) satisfactory Evidence of Insurability, at no expense to AUL; and
2) takes effect on the first day of the Coverage Month, following AUL's written approval of the change.

If You are not Actively at Work on the effective date of the approved increase, any increase in the amount of coverage takes effect on:
1) the first day of the Coverage Month, if You return to work on the first day of the Coverage Month; or
2) the first day of the Coverage Month following Your return to Active Work, if the date is after the first day of the Month.

SECTION 7 - CONTINUATION OF INSURANCE

CONTINUATION OF INSURANCE

While the policy is in force and if You have ceased Active Work due to:

1) Sickness or injury, Personal Insurance may be continued until 6 months following cessation of Active Work;
2) Temporary Lay-off, Personal Insurance may be continued until the 90th day following cessation of Active Work;
3) an Employer-approved leave of absence, Personal Insurance may be continued until the 90th day following cessation of Active Work; or
4) an Employer-approved leave of absence allowed under the Family and Medical Leave Act (FMLA) or state law. Personal Insurance may then be continued until the end of the period allowed under FMLA or state law, whichever is longer.

In all the above Continuation of Insurance situations, Personal Insurance will terminate on the earliest of the following:

1) the date You return to Active Work;
2) the date the required premium payments are not received by AUL;
3) the date You die;
4) the date You begin full or part-time employment;
5) the date the policy, or the Group Policyholder's coverage under the policy, terminates;
6) the date You notify the Group Policyholder that You will not be returning to Active Work;
7) the date Your class is no longer offered under the policy;
8) the date You are no longer a member in an eligible class;
9) the date You make written request for termination of coverage but not prior to the date of the request; or
10) the date You enter military service for any country, except for temporary duty not scheduled for more than 30 days.

If the Group Policyholder has approved more than one type of leave of absence during any one period, AUL will consider such leaves to be concurrent for the purpose of determining how long Your coverage may continue under the policy.

If You do not return to Active Work, Personal Insurance terminates at the end of Continuation of Insurance period. At the end of Continuation of Insurance period, You may apply, if eligible, for Waiver of Premium for Total Disability, see Section 8, if available; or may be eligible to apply to convert the Life Amount to an individual life insurance policy pursuant to Section 10.

When the policy terminates, if You have ceased Active Work due to Total Disability, Your Life Insurance may be continued as defined under the Waiver of Premium for Total Disability provision, if included; or if Waiver of Premium for Total Disability is not included or if You are not eligible for waiver due to age, Your Life Insurance may be continued while You are Totally Disabled under this Continuation of Insurance provision for up to 12 months following termination of the policy. In no event will an extension of the life benefit, due to Your Total Disability, under this Continuation of Insurance provision extend beyond 12 months from the date the policy terminated.

SECTION 7A-PORTABILITY OF INSURANCE

This benefit applies to Basic Life only.

PORTABILITY OF INSURANCE

If Your coverage ceases due to termination of employment with the Group Policyholder for any reason, You may continue Personal Insurance without interruption, subject to the provisions of this section. You may elect either Portability of Insurance or the Conversion Privilege (See Section 10, Conversion Privilege) at the time of termination of Your employment. In no event may You continue Personal Insurance under both Portability of Insurance and the Conversion Privilege simultaneously. In addition, You may not elect Portability of Insurance while You are eligible for coverage under the Continuation of Insurance provision due to sickness or injury, temporary lay-off, or an approved leave of absence.

To continue coverage as a Portability of Insurance Unit, You must submit written notice and the required premium to AUL within 31 days of the date of termination of coverage under the policy.. Payment of the required premium must be made directly to AUL by You. Failure to pay such premium will terminate the coverage under the group policy at the end of the period for which the premium has been paid. AUL reserves the right to charge an administrative fee per each billing.

LIMITATIONS

1) If Personal Insurance is based on a multiple of Your Annual Base Salary, no changes in coverage due to salary increases will be allowed under the Portability of Insurance.
2) You are under the age 70 when You elect Portability of Insurance.
3) Your Accidental Death and Dismemberment coverage may be continued under this provision.
4) No Waiver of Premium benefits are available under Section 7A.
5) Portability of Insurance is not available if You have established permanent residence outside the United States.
6) The amount of coverage continued under Portability of Insurance may not exceed Your pre-termination or pre-retirement amount.

PORTABILITY OF INSURANCE TERMINATION

Personal and Dependent Insurance coverage under a Portability of Insurance Unit terminates the earliest of:
1) the last day of the Coverage Month for which the last premium has been paid by the Group Policyholder;
2) the last day of the Coverage Month for which the last premium has been paid by You;
3) the last day of the Coverage Month in which You requests termination, but not prior to the request;
4) the last day of the Coverage Month during which You attain age 70;
5) the date You become insured for AUL Group Term Life Insurance through a Group Policyholder if You should return to work;
6) the last day of the Coverage Month, provided AUL has given at least 31 days prior written notice of termination to You; or
7) the date the policy is terminated by the Group Policyholder of AUL.

Your Portability of Insurance Unit can only be reinstated upon approval by AUL.

If Your Portability of Insurance terminates, You may convert Your life coverage to an individual policy.

AUL may terminate Portability of Insurance on the last day of any Coverage Month by giving the Group Policyholder and You at least 31 days prior written notice.

SECTION 8 - WAIVER OF PREMIUM FOR TOTAL DISABILITY

This Section applies to Basic Life Insurance.

DEFINITIONS

ELIMINATION PERIOD means a 6 month period of consecutive days of Total Disability. The Elimination Period begins on the 1st day of Total Disability and ends on the last day of the 6 month period. You may not have more than three (3) days of Active Work during the Elimination Period.

WAIVER OF PREMIUM BENEFIT FOR TOTAL DISABILITY

AUL will waive further premium payments for Your Life Amount if You:
1) become Totally Disabled before age 60 and while insured under the policy;
2) remain continuously Totally Disabled during the 6 month Elimination Period;
3) submit and AUL receives proof of Total Disability within the three (3) months prior to the end of the Elimination Period;
4) submit and AUL receives acceptable proof of continuous Total Disability at least annually and as requested by AUL; and
5) are under the Regular Attendance of a Physician.

AUL also may require that You be examined:
1) at AUL's expense;
2) by a Physician of AUL's choice.

The required amount of premium must continue to be received by AUL until AUL approves the request for Waiver of Premium Benefit for Total Disability and the Elimination Period has been fulfilled.

While You meet the conditions set forth above and are approved by AUL for the benefit, You will retain coverage without the need to make further premium payments until the first of the following occurs:
1) proof of Total Disability is not received by AUL;
2) You become employed, or are found able to be employed in an occupation for which You are reasonably fitted by training, education or experience;
3) You refuse to undergo a medical examination requested by AUL;
4) the date You are not under the Regular Attendance of a Physician;
5) proof of continuous Total Disability is not submitted within the twelfth month of any benefit period unless it was not possible to do so;
6) You attain age 65; or
7) if You retire;
8) You are no longer Totally Disabled.

Any Accidental Death and Dismemberment Insurance will continue until the earliest of the following dates:
1) the date of the final benefit determination by AUL;
2) 6 months following the Date of Disability; or
3) the date the required amount of premium was not received by AUL.

When You are approved for benefits under this Waiver of Premium Benefit for Total Disability, the coverage existing under the policy will not include any Accidental Death and Dismemberment coverage You may have had and will only include the Life Amount.

Life and Accidental Death and Dismemberment Insurance premiums must be paid to and received by AUL during the Waiver of Premium Benefit for Total Disability Elimination Period. If the benefit request is approved, any unearned premium beyond the Elimination Period will be refunded.

If You are not approved for this benefit, You may apply to convert Your Life Amount to an individual life insurance policy pursuant to Section 10, Conversion Privilege within 31 days from notice of the adverse benefit determination.

If You die during the Elimination Period and the required amount of premiums were not received by AUL, no benefit will be due under the policy.

If coverage under the Waiver of Premium Benefit for Total Disability terminates, You are entitled to apply to convert Your Life Amount to an individual life insurance policy within 31 days of cessation of such coverage pursuant to Section 10, Conversion Privilege.

If coverage under the Waiver of Premium Benefit for Total Disability terminates because You return to Active Work with the Group Policyholder and the policy is still in force, You are eligible to apply for all coverages available to Your class.

If benefits are payable under the policy after You are approved for Waiver of Premium and You have applied and been issued an individual life insurance policy under Section 10, Conversion Privilege, any amount payable under the policy will be reduced by the amount payable under the individual life insurance policy. IN NO EVENT WILL A BENEFIT BE PAYABLE UNDER BOTH THE INDIVIDUAL LIFE INSURANCE POLICY AND THE POLICY GREATER THAN THE LIFE AMOUNT, NOR WILL ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS, IF ANY, BE PAYABLE BEYOND THE WAIVER OF PREMIUM BENEFIT FOR TOTAL DISABILITY ELIMINATION PERIOD.

SECTION 9 - INDIVIDUAL TERMINATIONS

Personal Insurance terminates on the earliest of the following dates:

1) the date the policy is terminated;
2) the last day of the Coverage Month in which You request termination but not prior to the date of the request;
3) the last day of the Coverage Month for which any required premium payment was not received by AUL;
4) the last day of the Coverage Month during which You cease to be eligible, see Eligibility, Section 3 and Section 3A, if any;
5) the last day of the Coverage Month during which You become a Retiree, unless the Schedule of Benefits includes a specific classification for Retirees;
6) the last day of the Coverage Month during which You enter active military service for any country except for temporary duty of 30 days or less;
7) the last day of the Coverage Month during which You cease Active Work, except for an event listed in the policy in Continuation of Insurance, Section 7; or
8) the date of an adverse benefit determination under the Waiver of Premium provisions, if applicable.

Accidental Death and Dismemberment coverage terminates when Personal Insurance terminates. Accidental Death and Dismemberment coverage also terminates on the earliest of the following dates:

1) the date of an adverse or positive benefit determination under the Waiver of Premium Benefit provisions;
2) the last day of the Coverage Month during which You become a Retiree, unless the Schedule of Benefits includes a specific classification for Retirees that includes AD&D Principal Sum Amounts;
3) the date Your Life Amount reduces to zero; or
4) the end of the Elimination Period.

SECTION 10 - CONVERSION PRIVILEGE

If Your coverage, or a portion of it, terminates because You are no longer eligible for coverage under the policy, You may apply for an individual life insurance conversion policy without evidence of insurability. The coverage amount of the individual life insurance conversion policy shall not exceed the amount of life insurance that ceases because of loss of eligibility for coverage under the policy minus the amount of any group life coverage for which You become eligible within 31 days of termination.

If Your coverage ceases due to termination of the policy, You may apply for and receive an individual life insurance conversion policy if Your group life insurance has been in force with AUL for five (5) continuous years before the termination date. The coverage amount of the individual life insurance conversion policy may not exceed the LESSER of:

1) the amount of life insurance that ceases because of termination minus the amount of any group life coverage for which You become eligible within 31 days of termination; or
2) $10,000.

The conversion privilege is subject to the following:

1) Written application must be made and the first premium must be paid within 31 days after the date of termination of insurance.
2) An individual life insurance policy, other than term life insurance, offered by AUL at the time of conversion, may be selected.
3) The premium on the individual policy must be at AUL's then customary rate applicable to the form and amount of the individual policy, to the class of risk to which You or Your dependent then belong, and to the individual age attained by You or Your dependent on the effective date of the individual policy.
4) The individual life insurance conversion policy takes effect on the last day of the application period and is in lieu of all benefits under the Policy.

If notice of the existence of the conversion right is not given at least 15 days before the expiration of the period during which the conversion application and payment of the first premium must be made under the terms of the policy, You have an additional period within which to exercise the conversion right. The additional conversion application period created to exercise a right of conversion expires 15 days after You are given notice of the conversion right. However, irrespective of the date on which notice is given or of the absence of any notice, the additional conversion application period may not extend beyond 60 days after the expiration date of the period within which conversion application period and payment of the first premium were to be made under the terms of the policy. For purposes of this section, notice of the right of conversion may be given to You in writing, presented to You; mailed by the Group Policyholder to Your last known address; or mailed by the insurer to Your last known address as furnished by the Group Policyholder.

If death occurs during the conversion application period, AUL will pay the Life Amount available for conversion whether or not the application or the first premium payment has been made. After the 31-day period, no conversion application will be accepted unless it is proven that it was not possible for You to apply in a timely fashion. The individual life insurance conversion policy will not include Accidental Death benefits or any other benefits currently in force under the policy.

Premium must be paid to and received by AUL for coverage during the conversion application period.

IF DEATH OCCURS DURING THE CONVERSION APPLICATION PERIOD, IN NO EVENT WILL BENEFITS BE PAYABLE UNDER BOTH THE INDIVIDUAL CONVERSION POLICY AND THE POLICY. ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS, IF ANY, ARE NOT PAYABLE BEYOND THE DATES OUTLINED IN SECTION 9, INDIVIDUAL TERMINATIONS.

SECTION 11 - INDIVIDUAL REINSTATEMENTS

If Personal Insurance and Dependent Insurance, if any, terminate due to termination of Your employment, You can apply to reinstate that coverage following return to Active Work. The following conditions apply:

1) When return to Active Work occurs within 30 days of the termination of coverage, coverage becomes effective on the first day of the next Coverage Month following the date of return to Active Work. Evidence of Insurability will not be required for any amount of coverage less than the Guaranteed Issue Amount.
2) When return to Active Work occurs after the period specified in paragraph 1 above, You will be considered a new employee and the requirements found in the Eligibility and Individual Effective Date Sections will apply.
3) When the Life Amount has been converted under the Conversion Privilege, Section 10, the Life Amount available for reinstatement under the policy will be reduced by the amount of coverage under the individual life insurance policy. In no event will the amount of coverage reinstated under this Section and the amount of coverage under the individual life insurance policy be greater than the Life Amount existing on Your termination of employment.
4) Prior to applying for reinstatement, AUL must have received the required amount of premium timely.
5) The maximum amount of coverage reinstated will not exceed the maximum amount of coverage which would have been available had Your coverage not terminated.

If reinstatement is requested for any reason other than returning to Active Work, medical underwriting and satisfactory Evidence of Insurability, at no expense to AUL, will be required prior to AUL's approval of coverage. The effective date of reinstatement will be the date determined by AUL in writing. Dependent Insurance cannot be reinstated without reinstatement of Personal Insurance.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT

This Section applies to Basic Accidental Death Insurance.

DEFINITIONS

ACCIDENTAL DEATH means death due to an accident, directly and independently of all other causes.

ADDITIONAL ACCIDENTAL DEATH BENEFITS mean the Seat Belt Benefit, the Air Bag Benefit, the Repatriation Benefit, the Child Higher Education Benefit and the Child Care Benefit. The total of the Additional Accidental Death Benefits payable will not exceed 100% of Your AD&D Principal Sum shown in the Schedule of Benefits.

ACCIDENTAL DISMEMBERMENT means loss of sight, speech or hearing or severance of a body member, Loss of Use of a limb of the body, or Severe Burn due to an accident, directly and independently of all other causes.

AIR BAG means an inflatable restraint device that is activated in an Automobile accident and
1) was installed by the Automobile manufacturer;
2) is not altered after the original installation by the Automobile manufacturer;
3) is functioning properly; and
4) complies with Federal Motor Vehicle Safety Standard Number 208 (49 C.F.R. Section 571.208) for the make, model and year of the Automobile.

AUTOMOBILE means a motor vehicle properly registered with local authorities and permitted under applicable laws for use on highways.

CHILD - see SECTION 2, DEFINITIONS.

LOSS OF SIGHT means total, permanent blindness.

LOSS OF SPEECH means total, permanent and irrecoverable loss of vocal communication.

LOSS OF HEARING means total, permanent deafness in both ears which cannot be restored by any means.

LOSS OF HAND means complete severance of the hand through or above the wrist.

LOSS OF THUMB AND INDEX FINGER means complete severance of both the thumb and index finger at or above the metacarpophalangeal joints on the same hand.

LOSS OF FOOT means complete severance of the foot through or above the ankle.

LOSS OF USE OF UPPER AND LOWER LIMBS OF THE BODY means a total, permanent and irrecoverable loss of voluntary movement of the upper and lower limbs of the body which has continued for 12 continuous months.

LOSS OF USE OF BOTH LOWER LIMBS OF THE BODY means a total, permanent and irrecoverable loss of voluntary movement of both lower limbs of the body which has continued for 12 continuous months.

LOSS OF USE OF UPPER AND LOWER LIMBS ON ONE SIDE OF THE BODY means a total, permanent and irrecoverable loss of voluntary movement of the upper and lower limbs on one side of the body which has continued for 12 continuous months.

LOSS OF USE OF ONE LIMB OF THE BODY means a total, permanent and irrecoverable loss of voluntary movement of one limb of the body which has continued for 12 continuous months.

HEMIPLEGIA means the total, permanent and irrecoverable paralysis of the upper and lower limbs on the same side of the body which has continued for 12 continuous months.

MONOPLEGIA means the total, permanent and irrecoverable paralysis of one limb of the body which has continued for 12 continuous months.

PARAPLEGIA means the total, permanent and irrecoverable paralysis of both lower limbs of the body which has continued for 12 continuous months.

QUADRIPLEGIA means the total, permanent and irrecoverable paralysis of both upper and lower limbs of the body which has continued for 12 continuous months.

SEAT BELT means a properly installed safety belt meeting the standards stated in the Federal Motor Vehicle Safety Standard Number 208 (49 C.F.R. Section 571.208) for the make, model, and year of the Automobile.

SEVERE BURNS means third-degree burns on at least fifty percent of the body.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT
Continued

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If You have an accident while insured under the policy which results in a loss or condition shown below, AUL will pay the amount shown opposite the loss or condition if:
1) the loss or condition occurs within 365 days from the date of the accident; and
2) AUL receives acceptable proof of loss or condition.

FOR ACCIDENTAL LOSS OF	AMOUNT PAYABLE
Life	AD&D Principal Sum
Both Hands or Both Feet or Sight of Both Eyes	AD&D Principal Sum
Speech and Hearing	AD&D Principal Sum
One Hand and One Foot	AD&D Principal Sum
One Hand and Sight of One Eye	AD&D Principal Sum
One Foot and Sight of One Eye	AD&D Principal Sum
Sight of One Eye	One-half of the AD&D Principal Sum
One Hand or One Foot	One-half of the AD&D Principal Sum
Speech or Hearing	One-half of the AD&D Principal Sum
Thumb and Index Finger	One-quarter of the AD&D Principal Sum
FOR CONDITIONS OF	
Quadriplegia or Loss of Use of Upper and Lower Limbs of the Body	AD&D Principal Sum
Paraplegia or Loss of Use of Both Lower Limbs of the Body	One-half of the AD&D Principal Sum
Hemiplegia or Loss of Use of Upper and Lower Limbs on the Same Side of the Body	One-half of the AD&D Principal Sum
Monoplegia or Loss of Use of One Limb of the Body	One-quarter of the AD&D Principal Sum
Severe Burns	AD&D Principal Sum

The AD&D Principal Sum is shown in the Schedule of Benefits.

AUL will only pay a benefit for either paralysis or loss of a limb, but not a benefit for both.

The total amount payable will never exceed the AD&D Principal Sum for all losses or conditions sustained by You. The amount payable for loss of life is paid according to Payment of Death Benefits, Section 15. Amounts payable for other losses are paid to You.

LIMITATIONS

Benefits are not payable for loss due directly or indirectly to:
1) suicide or attempted suicide, whether sane or insane;
2) air travel as a crew member;
3) participation in a riot or from war or an act of war, whether declared or undeclared;
4) caused or contributed to by the insured's commission of or attempt to commit a criminal act under relevant state law;
5) the voluntary taking of:
   a) a prescription drug in a manner other than as prescribed by a Physician;
   b) any other federally- or state-regulated substance in an unlawful manner;
   c) non-prescription medicine, in a manner other than as indicated in the printed instructions; or
   d) poison;
6) the voluntary inhaling of gas (unless due to occupational accident);
7) Sickness other than infection occurring as a result of accidental injury;
8) voluntary use of alcohol resulting in intoxication above the legal limit;
9) voluntary use of a hallucinogen or substance causing intoxication;
10) operating a vehicle while intoxicated above the legal limit or while under the influence of hallucinogen or substance causing intoxication;
11) violation of traffic laws other than an infraction, racing, stunt-driving, or engaging in other similar activity during the accident; or
12) participation in hang-gliding, bungee jumping, skydiving, rock climbing or mountain climbing.

Notice and Proof of Injury/Accidental Death: AUL's Home Office must receive written notice of the injury/Accidental Death on which the claim is based within 31 days of the date of the accident. AUL's Home Office must receive acceptable proof of loss within 90 days after the date of the loss. Acceptable proof of loss must be furnished as follows:
1) A certified death certificate;
2) A complete and accurate AUL death claim form and if available, a copy of the police, autopsy, and medical reports related to the death;
3) A statement by the Group Policyholder certifying the amount of coverage existing on the date of loss; and
4) At AUL's option, other documents or information as needed to investigate the loss and determine whether or not benefits are payable under the policy.

AUL has the right to examine You:
1) as often as necessary;
2) at AUL's expense; and
3) by a medical professional of AUL's choice.

TERMINATION OF ACCIDENTAL DEATH and DISMEMBERMENT BENEFIT

Accidental Death and Dismemberment coverage for You will terminate as outlined in Section 9, Individual Terminations.

The Group Policyholder may terminate the insurance under this Section at the end of any Coverage Month by giving AUL 31 days prior written notice.

AUL may terminate the insurance under this Section at the end of any Coverage Month by giving 31 days prior notice to the Group Policyholder.

AUL WILL STILL BE LIABLE FOR PAYMENT OF VALID CLAIMS INCURRED BEFORE THE TERMINATION DATE.

THIS COVERAGE AND ANY BENEFITS UNDER THIS SECTION ARE NOT AVAILABLE DURING THE CONVERSION APPLICATION PERIOD, DURING THE ELIMINATION PERIOD, OR WHILE ELIGIBLE FOR BENEFITS UNDER THE WAIVER OF PREMIUM PROVISIONS.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT

EXPOSURE

If You are unavoidably exposed to heat or cold as a direct result of a covered accident, and as a direct result of the exposure, You suffer a loss for which benefits would be payable under this Section, an AD&D benefit will be paid. Any loss associated with exposure to heat or cold must occur within 365 days of the accident.

The total amount payable will never exceed the AD&D Principal Sum for all losses sustained by You.

This provision is subject to the further limitations and provisions of this Section 12.

DISAPPEARANCE

If You are an occupant in a vessel, vehicle, or plane at the time of accidental destruction, sinking, or disappearance of the vessel, vehicle, or plane and Your body cannot be found within one year of the date of the accidental destruction, sinking, or disappearance, You will be presumed to have died. AUL will only presume Accidental Death if:

1) there is no evidence to the contrary;
2) there is a determination by the appropriate governmental authorities or court issuing a valid and legally binding determination that You have died;
3) a certified copy of the governmental authority findings or court order is provided to AUL; and
4) benefits would have been paid assuming a death certificate could have been issued if the body was recovered.

If You are later determined not to have died following AUL's payment of any benefits under the policy, the individuals and entities which received any portion of the amounts paid by AUL will immediately return all amounts received upon receiving information indicating You are alive.

If You are later located after AUL has paid an Accidental Death benefit, any other benefit that may be payable under the policy will be reduced by the amount of any benefit already paid.

Coverage under the policy must exist with AUL at the time of Accidental Death. The total amount payable will not exceed the AD&D Principal Sum. This provision is subject to further limitations and provisions of Section 12.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT
SECTION 12A - SEAT BELT BENEFIT

This Section applies to Basic Accidental Death Insurance.

SEAT BELT BENEFIT

AUL will pay an Additional Accidental Death Benefit if You die as a result of a non-occupational Automobile accident while You are properly wearing a Seat Belt at the time of the accident. The following rules apply:

1) The Seat Belt Benefit equals the lesser of:
   a) 10% of Your AD&D Principal Sum shown in the Schedule of Benefits; or
   b) $25,000.
2) AUL must receive satisfactory written proof that Your death resulted from an Automobile accident and that You were properly wearing a Seat Belt at the time of the accident. A copy of all police reports must be submitted with the claim, and must show conclusively the Seat Belt was properly worn.
3) This benefit will not be paid if You, while operating the Automobile, were legally intoxicated as defined by applicable laws, violating traffic laws other than an infraction, racing, stunt-driving, or engaging in other similar activity during the accident.

In no event will the total of all Additional Accidental Death Benefits payable exceed 100% of Your AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of this Section 12.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT
SECTION 12B - AIR BAG BENEFIT

This Section applies to Basic Accidental Death Insurance.

AIR BAG BENEFIT

AUL will pay an Additional Accidental Death Benefit if You die as a result of a non-occupational Automobile accident while You are properly wearing a Seat Belt at the time of the accident and the Air Bag deployed properly at the time of the accident. The following rules apply:

1) The Air Bag Benefit equals the lesser of:
   a) 10% of Your AD&D Principal Sum shown in the Schedule of Benefits; or
   b) $5,000.
2) AUL must receive satisfactory written proof that Your death resulted from an Automobile accident and that You were properly wearing a Seat Belt at the time of the accident, You were positioned in a seat that is designed to be protected by an Air Bag, and that the Air Bag deployed at the time of the accident. A copy of all police reports must be submitted with the claim, and must show conclusively the Air Bag inflated properly at the time of the accident.
3) This benefit will not be paid if You, while operating the Automobile, were legally intoxicated as defined by applicable laws, violating traffic laws other than an infraction, racing, stunt-driving, or engaging in other similar activity during the accident.

In no event will the total of all Additional Accidental Death Benefits payable exceed 100% of Your AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of this Section 12.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT
SECTION 12C - REPATRIATION BENEFIT

This Section applies to Basic Accidental Death Insurance.

DEFINITIONS

REASONABLE EXPENSES means usual and customary fees or charges assessed in the marketplace for the services performed.

REPATRIATION BENEFIT

AUL will pay an Additional Accidental Death Benefit if You die either greater than 200 miles away from Your principal place of residence or are outside of the country at the time of Accidental Death. The following rules apply:

1) The Repatriation Benefit equals the lesser of:
   a) Reasonable Expenses for transportation of Your body to a funeral home or mortuary near Your principal place of residence;
   b) $5,000; or
   c) 10% of Your AD&D Principal Sum shown in the Schedule of Benefits.
2) AUL must receive satisfactory written proof documenting the location of Your Accidental Death. Any Repatriation Benefit will be paid following receipt that reasonable transportation expenses were paid.
3) Only one Repatriation Benefit will be paid to the beneficiary who has paid the cost for any covered expenses, regardless of any additional coverages for which You may be insured with AUL.
4) Acceptable written proof and documentation of the reasonable transportation expenses paid must be received by AUL within 12 months of Accidental Death.

In no event will the total of the Additional Accidental Death Benefits payable exceed 100% of Your AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of this Section 12.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT
SECTION 12D - CHILD HIGHER EDUCATION BENEFIT

This Section applies to Basic Accidental Death Insurance.

DEFINITIONS

ACADEMIC YEAR means the annual period of educational sessions of an accredited post-secondary educational institution.

ELIGIBLE STUDENT under this Section means Your unmarried Child under age 25, who on the date of Your Accidental Death:

1) is enrolled in and is attending an accredited post-secondary educational institution on a full-time basis; or
2) is at the 12th grade level and enrolls and attends an accredited post-secondary educational institution within 16 months from the date of Your death; and
3) is dependent upon You for principal support and is claimed as a dependent on Your federal income tax return.

EDUCATION EXPENSES means tuition that is assessed by the accredited post secondary educational institution and is required to be paid in order for the Child to be classified as a full time student.

CHILD HIGHER EDUCATION BENEFIT

AUL will pay an Additional Accidental Death Benefit subject to the following rules:

1) The Child Higher Education Benefit payment will be no more than $4,000 for each Eligible Student per Academic Year for Education Expenses. The cumulative benefit payments for all eligible students will not exceed the lesser of:
   a) $20,000; or
   b) 10% of Your AD&D Principal Sum Insurance shown in the Schedule of Benefits.
2) The Child Higher Education Benefit will be paid:
   a) for Education Expenses that are incurred and paid after Your Accidental Death;
   b) once annually at the conclusion of the Academic Year;
   c) not for more than 5 consecutive years after the date of Your Accidental Death;
   d) until such date that the Child no longer satisfies eligibility requirements under the policy or the accredited post-secondary educational institution;
   e) following AUL's receipt of documentation showing proof of paying Education Expenses, the Child Higher Education Benefit will be paid to any named beneficiary who paid Education Expenses; and
   f) in direct proportion to the amount of Education Expenses paid by each named beneficiary.
3) If there is no Eligible Student, no Child Higher Education Benefit will be paid.
4) Child Higher Education Benefits will only be paid based on enrollment in one accredited post-secondary educational institution.
5) No annual Child Higher Education Benefits will be paid beyond the date the policy terminates. If the policy terminates within 60 days of the end of the current Academic Year, a final Child Higher Education Benefit will be paid when eligible.

In no event will the total of the Additional Accidental Death Benefits payable exceed 100% of Your AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of this Section.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT
SECTION 12E - CHILD CARE BENEFIT

This Section applies to Basic Accidental Death Insurance.

DEFINITIONS

CHILD CARE EXPENSES mean any reasonable and customary weekly or monthly child-care fees assessed by a Child Care Facility.

CHILD CARE FACILITY means a properly state-licensed child-care center not owned or operated by a member of the Child's Family.

ELIGIBLE CHILD(REN) means Your Child(ren) under age 13.

FAMILY means any parent, step-parent, grandparent, brother, sister, uncle or aunt.

CHILD CARE BENEFIT

AUL will pay an Additional Accidental Death Benefit subject to the following rules:

1) The Child Care Benefit applies to each Eligible Child enrolled in a Child Care Facility on the date of Your Accidental Death or subsequently enrolls in a Child Care Facility within 12 months of Your Accidental Death.
2) Only Child Care Expenses incurred and paid after Your Accidental Death will be paid.
3) No more than $4,000 will be paid for each Eligible Child per calendar year for Child Care expenses. The cumulative benefit payments for all Eligible Children will not exceed the lesser of:
   a) $20,000, or
   b) 10% of Your AD&D Principal Sum shown in the Schedule of Benefits.
4) The Child Care Benefit will be paid once per year at the completion of the calendar year to the earlier of the following:
   a) the date the Child no longer satisfies eligibility requirements;
   b) the date the Child attains age 13; or
   c) 5 consecutive years after the date of Your Accidental Death.
5) If there is no Eligible Child, no Child Care Benefit will be paid.
6) Following AUL's receipt of documentation showing proof of paying Child Care Expenses, the Child Care Benefit will be paid to any named beneficiary who paid Child Care Expenses, and in proportion to the amount of Child Care Expenses paid by each named beneficiary.
7) No Child Care Benefit will be paid beyond the date the policy terminates. If the policy terminates within 60 days of the end of the calendar year, a final Child Care Benefit will be paid when eligible.

In no event will the total of all Additional Accidental Death Benefits payable exceed 100% of Your AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of this Section 12.

SECTION 13 - ACCELERATED LIFE BENEFIT

This Section applies to Basic Life Insurance.

DEFINITION

TERMINAL CONDITION means an injury or Sickness that, despite appropriate medical care, is conclusively established to AUL will result in Your death within 12 months from the date of claim. AUL may require that You be examined at AUL's expense by AUL's choice of Physician.

ACCELERATED LIFE BENEFIT

If You are Permanently and Totally Disabled and are diagnosed with a Terminal Condition and are eligible for benefits under this Section, You may apply for payment of the Accelerated Life Benefit. The amount of Accelerated Life Benefit available is shown in the Schedule of Benefits, unless any portion of Your Life Amount has already been paid. The amount of Accelerated Life Benefit available will then be based on the amount remaining after payment of any portion of the Life Amount. Benefits will be paid in one lump sum to You.

CONDITIONS

To be eligible to apply for the Accelerated Life Benefit:
1) You must have Personal Insurance;
2) You must be determined by AUL to be Permanently and Totally Disabled from any occupation;
3) You must be under age 60;
4) You must be diagnosed by a Physician with a Terminal Condition while eligible for benefits under this Section;
5) If You are subject to laws of a community property state, you must obtain Your spouse's written consent for payment to You of the Accelerated Life Benefit; and
6) You can receive an Accelerated Life Benefit only once.

PROOF REQUIRED FOR THE ACCELERATED BENEFIT

Proof is a completed claim form and other information AUL requires in order to determine whether benefits are owed under this Section. AUL may require that You be examined by a Physician selected by AUL and at AUL's expense.

LIMITATIONS

An Accelerated Life Benefit will not be paid if:
1) You have named an irrevocable Beneficiary or made an assignment of Your Life Amount;
2) all or a portion of Your Life Amount is to be paid to another person or entity pursuant to a valid court order;
3) Your coverage terminates; or
4) the policy terminates.

SECTION 13 - ACCELERATED LIFE BENEFIT
Continued

After payment of an Accelerated Life Benefit, Your Life Amount payable at death to Your Beneficiary equals:

1) Your Life Amount as if an Accelerated Life Benefit payment had not been made, minus
2) the amount of the Accelerated Life Benefit paid, minus
3) the interest charge.

The interest charge equals the Accelerated Life Benefit amount, times the number of days from the date of payment to Your date of death divided by 365, times the interest rate. The interest rate will be based on the current 90-day Treasury bill rate existing on the date of payment of the Accelerated Life Benefit.

NOTE: Your Accidental Death and Dismemberment Insurance, if any, terminated upon approval of the Waiver of Premium benefit.

The required amount of premiums must continue to be received by AUL on the original Life Amount, unless premiums have ceased due to coverage under the Waiver of Premium benefit of the policy.

The AD&D Principal Sum, if any, will not be reduced by payment of the Accelerated Life Benefit.

The following information is used for illustrative purposes only:

Example: Life insurance in force = $100,000*
Date of receipt of proof of terminal condition = 10/31/05
Date of payment of Accelerated Life Benefit = 11/1/05
Date of death = 2/15/06
Interest rate** = 3.5%

1) Amount of Accelerated Life Benefit = .50 x $100,000 = $50,000
2) Interest Charge = $50,000 x (106 days / 365 days) x .035 = $508.22
3) Death Benefit Payable = $100,000 - $50,000 - $508.22 = $49,491.78

*Your Life Insurance amount is shown in the Schedule of Benefits in Your insurance certificate.
**The interest rate is equal to the 90-day Treasury bill rate on the date of the Accelerated Life Benefit payment.

NOTE: The laws relating to Accelerated Life Benefits are complex. Employees are advised to consult with a qualified tax advisor about circumstances under which they could receive an Accelerated Life Benefit excludable under federal law. Eligibility for Public Assistance: Receipt of an Accelerated Life Benefit may affect the Employee's, their Dependent spouse's, or their family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. Employees are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect the Employee's, their Dependent spouse's, and their family's eligibility for public assistance.

SECTION 15 - PAYMENT OF DEATH BENEFITS

If You die while insured under the policy, AUL will pay the benefits owed under the policy to the Beneficiary:
1) upon timely receipt of acceptable proof of death; and
2) subject to all other provisions of the policy and to Your dated and signed designation.

The following Sections describe the manner in which death benefits are paid.

SECTION 16 - NAMING OF BENEFICIARY

BENEFICIARY means the individual, individuals or entity named by You to receive Your Life Amount.

Unless the policy provides otherwise, AUL will pay benefits according to Your Beneficiary designation.

When You apply for coverage on an AUL-approved form, You should:
1) designate the name of one or more Beneficiaries;
2) classify the Beneficiaries by order of preference, either primary or contingent; and
3) indicate distribution of the proceeds among members of the class of Beneficiaries.

If more than one primary Beneficiary is listed and no distributive share is indicated, then all primary Beneficiaries will share equally. If no primary Beneficiaries outlive You and there is no distributive share indicated among the contingent Beneficiaries, then all contingent Beneficiaries will share equally.

If the policy replaces insurance coverage of another carrier, AUL may, upon written request of the Group Policyholder, recognize Beneficiary designations in effect under the prior coverage as effective until a new designation is made with AUL, provided that prior designations are in a form acceptable to AUL and the Group Policyholder receives AUL's written approval of the form.

CHANGING A BENEFICIARY

You may change a Beneficiary at any time by written request. The request must be completed, signed, dated and filed through the Group Policyholder.

AUL may recognize a beneficiary change as of the date the form was signed by You even if You are not alive when AUL receives it. However, AUL is not liable if benefits are paid according to the previous designation before AUL receives the change. If You apply for an individual life insurance conversion policy under Section 10, Conversion Privilege and name a new Beneficiary, AUL will use any beneficiary designated in that application when determining which beneficiary to pay.

AUL reserves the right to require that any Beneficiary designation be acceptable to it and be made pursuant to applicable laws.

SECTION 17 - THE DEATH CLAIM

If You die while insured under the policy, proof of death should be furnished as soon as possible. If a claim is filed under the Waiver of Premium section, proof should be furnished within 12 months of death. The claim will not be considered after the applicable statute of limitations has passed.

Proof of death must include:
1) a certified death certificate; and
2) a completed claim form.

AUL, at its option, may also require:
1) return of Your insurance certificate;
2) submission of pertinent medical records, including an autopsy report;
3) police reports; or
4) any other documents AUL may deem reasonably necessary to determine what benefits and to whom benefits are owed.

If the cause of death cannot be clearly established by other means, AUL reserves the right to have a medical examination performed. The examination will be performed:
1) at AUL's expense; and
2) by a Physician of AUL's choice.

If the policy is no longer in force, proof furnished more than two (2) years from the date of loss must also include:
1) proof of employment at death; and
2) proof of coverage under the policy at death.

SECTION 18 - DETERMINATION OF BENEFICIARY

Once acceptable proof of death is received, AUL will determine the Beneficiaries or payees in the following order:

1) If more than one primary Beneficiary is listed and no distributive share is indicated, then all primary Beneficiaries will share equally.
2) If no primary Beneficiaries outlive You and there is no distributive share indicated among contingent Beneficiaries, then all contingent Beneficiaries will share equally.
3) If no named Beneficiaries outlive You or none were named, then at AUL's option, the closest surviving heir(s) if the benefits could be paid to these heir(s) under applicable small estate laws. Heirs will be considered in descending order of preference as follows:
   a) spouse;
   b) child(ren);
   c) parent(s); or
   d) brother(s) and sister(s).
4) If no named Beneficiaries outlive You or none were named and the benefits could not be paid to the closest surviving heir(s) under applicable small estate laws, then Your estate.

AUL may, at its option, pay the proceeds in an amount up to $2,000 to any individual appearing to AUL to be legally entitled to payment by reason of having paid funeral or other burial expenses related to Your death.

In the event You and Your Dependents should die simultaneously or if there is no clear evidence as to which individual died first, it shall be presumed that the Dependents should have predeceased You.

If any Beneficiary dies within 15 days after Your death, the Beneficiary will be treated as having died before You. This provision does not apply to any payment mailed to such Beneficiary during the 15 days following Your death, and any payment made in good faith shall fully discharge AUL.

SECTION 19 - SELECTION OF PAYMENT METHOD

The proceeds will be paid in a lump sum unless another payment method is selected or changed by giving written notice to AUL prior to Your death. If no payment method is in effect at death, the payee may select a payment method. For information concerning payment method options, You or payee should contact AUL.

Any person who becomes entitled to receive any portion of the proceeds under the policy shall be entitled to receive payment of interest if any payment is not received by such person within 30 days after the event giving rise to the obligation and after all requested information is received by AUL. Interest payable shall be calculated at an annual rate after all requested information is received by AUL. The rate of interest payable shall be the lesser of 3% or that rate, as determined from time to time by AUL, applicable to proceeds of life insurance left on deposit with AUL and subject to withdrawal on demand. For the purposes of this section, payment shall be deemed to have been received by the person when deposited by AUL in United States mail, postage prepaid, and directed to the person's last known address or the Group Policyholder's address shown in AUL's records.

AUL will determine the amount payable under any payment method.

SECTION 21 - GENERAL POLICY PROVISIONS

ENTIRE CONTRACT: The policy, the enrollment forms of the individuals, the application of the Group Policyholder, and any amendments made from time to time constitute the entire contract between the parties.

AMENDMENT and CHANGES: The policy may be amended by mutual agreement between the Group Policyholder and AUL but without prejudice to any valid claim incurred prior to the effective date of the amendment. The policy may be changed or corrected by AUL at any time. However, no change in the policy will be valid unless written notice is provided by AUL containing the signature of its Chief Executive Officer or Secretary. No other person can alter or waive the conditions of the policy or make any agreement that shall be binding upon AUL. No agent may or has the authority to waive, alter or change any terms and conditions of the policy or coverage.

INCONTESTABILITY: The validity of any coverage under the policy may not be contested, except for nonpayment of premiums, after the policy has been in force for two years after its date of issue, and no statement made by Group Policyholder or You or Your Dependent relating to Your insurability may be used in contesting the validity of the insurance with respect to which the statement was made, unless: (1) the insurance has not been in force for a period of two years or longer; and (2) the statement is contained in a written instrument signed by the Group Policyholder or You or Your Dependent. All statements made by the Group Policyholder or by the Employees or Dependents insured are to be deemed representations and not warranties, and no statement made by any person insured may be used in any contest unless a copy of the instrument containing the statement is or has been furnished to the Employees or Dependents or, in the event of death or incapacity of the Employee or Dependent, to the Employee’s or Dependent’s beneficiary or personal representative.

INSURANCE FRAUD: AUL wants to ensure that its customers do not incur additional insurance costs as a result of the act of insurance fraud. AUL promises to focus on all means necessary to support fraud detection, investigation and prosecution.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

RELATIONSHIP: AUL and the Group Policyholder are, and will remain, independent contractors. Nothing in the policy shall be construed as making the parties joint ventures or as creating a relationship of employer and employee, master and servant, or principal and agent. Neither party has any power, right or authority to bind the other or to assume or create any obligation or responsibility on behalf of the other. AUL and the Group Policyholder each retain exclusive control of their time and methods to perform their respective duties. AUL and the Group Policyholder will employ, pay and supervise their own employees and pay their own expenses during the term of the policy.

GRACE PERIOD: Premiums are due monthly and must be received by AUL within the required time frame for coverage to remain in force. You are entitled to a grace period of 31 calendar days for the payment of any premium due except the first. During the grace period, the insurance coverage shall continue in force, unless AUL has received written notice of termination in advance of date of termination and in accordance with the terms of the policy. Group Policyholder is liable to AUL for the payment of a pro rata premium for the time the policy was in force during the grace period. If the required amount of premium is not received by the end of the grace period, the insurance will terminate as of the last day of coverage for which premium was paid.

LEGAL ACTION: No legal action may be brought to obtain benefits under the policy:
1) for at least 60 days after proof of loss has been furnished and before arbitration is held pursuant to the arbitration provisions in the policy; or
2) after five (5) years from the time written proof of loss is required to have been furnished to AUL.

CONFORMITY WITH STATE LAWS: Any provision of the policy in conflict with the laws of the state in which it is delivered is amended to conform to the minimum requirements of those laws.

DATA AND RECORDS: The Group Policyholder must furnish information which AUL reasonably requires. The Group Policyholder’s documents which may have a bearing on the insurance shall be open for inspection by AUL at all reasonable times.

GENDER PRONOUNS: Whenever the male pronoun is used, it shall also mean the female.

CERTIFICATES: If there is any discrepancy between the provisions of any certificate and the provisions of the policy, the provisions of the policy will govern.

ASSIGNMENT: You may make an absolute assignment of all benefits and rights of Your coverage. Any coverage is assignable to the extent permitted by law except that no collateral assignment is permitted. No assignment is binding unless filed with AUL in a form acceptable to it. AUL assumes no responsibility for the validity or effect of any assignment.

CLAIMS OF CREDITORS: The benefits paid under the policy will be exempt from the claims of creditors to the maximum extent permitted by law.

CLERICAL ERROR: Clerical error on the part of the Group Policyholder or AUL will not invalidate insurance otherwise in force or continue insurance otherwise validly terminated. Upon discovery of an error, an equitable adjustment will be made in the premiums and/or benefits, if appropriate.

MISSTATEMENT OF AGE: If Your age or Your Dependent has been misstated, the benefits will be payable based on the true facts. Premium adjustment will be made so that AUL will receive the actual premium required based on the true facts. Any adjustment of benefits due to the correction of age will also be made.

ARBITRATION: Any controversy or claim arising out of or relating to the policy, the sale or solicitation of the policy, or its breach thereof whether in tort, contract, breach of duty (including but not limited to) any alleged fiduciary, good faith and fair dealing duties, shall be decided by arbitration in accordance with the Federal Arbitration Act, the procedures of the commercial arbitration rules of the American Arbitration Association, and this agreement. The Court of Arbitrators, which is to be held in the county seat where the Policyholder resides, shall consist of three (3) arbitrators familiar with group insurance and employee welfare benefit plans. The selection of the arbitrators shall be conducted within thirty (30) days after proper service of a demand for arbitration. One of the arbitrators shall be appointed by AUL, one by the insured, and the third shall be selected by the first two appointees prior to the beginning of arbitration. Should the two arbitrators be unable to agree upon the choice of a third, the appointment shall be left to the President or any Vice President of the American Arbitration Association. The arbitrators shall decide by a majority of votes, the award shall be in writing, the decision shall be signed by a majority of the arbitrators, and they shall include a statement regarding the reasons for the disposition of any claim. Judgment on the award rendered by the arbitrators may be entered by any court having jurisdiction thereof. The parties are not precluded from challenging the decision under the Federal Arbitration Act or applicable law. Unless not allowed under applicable law, each party shall bear the expense of its own attorney and arbitrator, and shall share equally with the other party the expenses of the third arbitrator and of the arbitration.

The parties agree that AUL is engaged in interstate commerce, and the transaction is governed by the Federal Arbitration Act, 9 U.S.C. Sections 1-16.

Consistent with the expedited nature of arbitration, each party will, upon the written request of the other party, promptly provide the other with copies of documents relevant to the issues raised by any claim or counterclaim on which the producing party may rely in support of or in opposition to any claim or defense. Any dispute regarding discovery, or the relevance or scope thereof, shall be determined by the arbitrator(s), which determination shall be conclusive. All discovery shall be completed within 60 days following the appointment of the arbitrator(s) or longer following mutual agreement by the parties.

ERISA APPEAL GUIDELINES WHEN POLICY IS GOVERNED BY ERISA: If a claimant wishes to appeal AUL's decision, claimants are allowed 60 days following receipt of a notification of an adverse benefit determination within which to appeal the determination. Claimants are allowed the opportunity to submit written comments, documents, records, and other information relating to the claim for benefits. The claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claimant's claim for benefits. Whether a document, record, or other information is relevant to a claim for benefits shall be determined by reference to paragraph (m)(8) of 29 C.F.R. Section 2560.503-1. AUL's review will take into account all comments, documents, records, and other information submitted by the claimant relating to the claim, without regard to whether such information was submitted or considered in the initial benefit determination. A claimant has a right to obtain the information about any voluntary appeal procedures offered by the plan described in paragraph (c)(3)(iv) of 29 C.F.R. Section 2560.503-1 and has a right to bring an action under section 502(a) of ERISA. A final determination will be provided pursuant to 29 C.F.R. Section 2560.503-1.

NOTICE TO INSUREDS

AUL wants all of its customers to be satisfied customers. We welcome your questions and concerns as opportunities to serve you better.

If you should have any questions concerning your insurance, please contact:

AMERICAN UNITED LIFE INSURANCE COMPANY ®
P.O. BOX 368
INDIANAPOLIS, INDIANA 46206-0368

1-800-553-5318

The Group Division’s toll-free number is answered between the hours of 7:30 a.m. and 5:00 p.m. by friendly, knowledgeable staff members. All you have to do is call.

ONEAMERICA®

American United Life Insurance Company®
P.O. Box 368, Indianapolis, Indiana 46206-0368
www.oneamerica.com

Hendry County School District
(Hereinafter called the Group Policyholder)

Group Policy Number: 00612746-0000-000 Class: 003

Change Effective Date: 11/01/2022

This certificate replaces any and all certificates previously issued to You under the Group Policy indicated above.

American United Life Insurance Company® (AUL) certifies that the Employee whose enrollment form is on file with the Group Policyholder as being eligible for insurance and for whom the required premium has been paid is insured under the above numbered Group Policy for group insurance benefits as designated in the Schedule of Benefits. Benefits are subject to change as described on the Schedule of Benefits page.

This certificate describes the coverage provided in the Group Policy. The Group Policy determines all rights and benefits in this certificate and may be amended, cancelled or discontinued at any time by agreement between AUL and the Group Policyholder without notice to You. The Group Policy may be examined at the main office of the Group Policyholder during the regular office hours.

Richard M. Ellery
Secretary and General Counsel

J. Scott Davison
Chairman, President and Chief Executive Officer

CERTIFICATE OF INSURANCE
GROUP TERM LIFE INSURANCE
WITH AN ACCELERATED LIFE BENEFIT

NOTE: RECEIPT OF THE ACCELERATED LIFE BENEFIT MAY BE TAXABLE. PLEASE SEEK ASSISTANCE FROM A PERSONAL TAX ADVISOR.

THIS CERTIFICATE PROVIDES LIFE INSURANCE FOR THE INSURED EMPLOYEES AND DEPENDENTS, IF APPLICABLE, OF Hendry County School District, 25 E Hickpochee Ave, Labelle, FL UNDER GROUP CONTRACT NUMBER G 00612746. THE INSURED EMPLOYEE SHALL BE GIVEN A COPY OF THE GROUP ENROLLMENT APPLICATION. THE BENEFITS ARE PAYABLE TO THE BENEFICIARIES OF RECORD DESIGNATED BY THE EMPLOYEE.

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SECTION 1 - SCHEDULE OF BENEFITS
BASIC INSURANCE

CLASS 003

CLASSIFICATION:
All Eligible Full-Time Employees With 15 or more years of Service

LIFE AMOUNT:
Two Times The Annual Base Salary, Then Rounded To The Nearest $1,000 With A Minimum Of $10,000 And A Maximum Of $200,000

AD&D PRINCIPAL SUM:
Two Times The Annual Base Salary, Then Rounded To The Nearest $1,000 With A Minimum Of $10,000 And A Maximum Of $200,000

ACCELERATED LIFE BENEFIT (ALB): You may request payment of 25%, 50% or 75% of the Life Amount shown above. This benefit is available on a Life Amount of $10,000 or more. The maximum payment is limited to 25%, 50% or 75% of the Life Amount shown above or $175,000, whichever is less. See Section 13.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT: This benefit is included in this certificate. See Section 12.

ADDITIONAL ACCIDENTAL DEATH BENEFITS:

SEAT BELT BENEFIT: This benefit is included in this certificate. See Section 12A.
AIR BAG BENEFIT: This benefit is included in this certificate. See Section 12B.
REPATRIATION BENEFIT: This benefit is included in this certificate. See Section 12C.
CHILD HIGHER EDUCATION EXPENSE BENEFIT: This benefit is included in this certificate. See Section 12D.
CHILD CARE BENEFIT: This benefit is included in this certificate. See Section 12E.

ANNUAL BASE SALARY: Annual Base Salary with no Commissions or Bonuses. Annual Base Salary excludes overtime.

CHANGES IN INSURANCE COVERAGE: First of the Month. See Section 6.

CONTRIBUTIONS: Employee premium contributions are not required. See Section 4.

ELIGIBILITY: First of the Month. See Section 3.

FULL-TIME EMPLOYEE REQUIREMENT: 20 hours or more per week. See Section 2, Definitions - Employee, and Section 3, Eligibility.

SECTION 1 - SCHEDULE OF BENEFITS
BASIC INSURANCE

CLASS 003

GUARANTEED ISSUE AMOUNT: $200,000. Any amount of coverage for which You request greater than the Guaranteed Issue Amount will only be available following written approval by AUL. Approval will be based on Evidence of Insurability and information satisfactory to AUL. If coverage for amounts greater than the Guaranteed Issue Amount is approved, coverage will begin on the date identified in writing by AUL. See Section 4, Individual Effective Date.

INDIVIDUAL EFFECTIVE DATE: First of the Month. See Section 4.

INDIVIDUAL REINSTATEMENTS: First of the Month. See Section 11.

INDIVIDUAL TERMINATIONS: End of the Month. See Section 9.

TERMINATIONS: Terminations are governed by the Individual Terminations Section. See Section 9.

TOTAL DISABILITY: The definition for Total Disability and Totally Disabled included in this certificate is the standard any occupation definition. See Section 2.

WAITING PERIOD for Present Employees hired before the policy effective date: First of the Month following 0 days. See Eligibility Section 3.

WAITING PERIOD for New Employees hired on or after the policy effective date: First of the Month following 30 days. See Eligibility Section 3.

WAIVER OF PREMIUM FOR TOTAL DISABILITY: This benefit is included in this certificate.
Reductions are not applicable to this benefit. See Section 8.

SECTION 2 - DEFINITIONS

ACCIDENTAL BODILY INJURY means an injury occurring, either directly or indirectly, as a result of an accident along with all other related conditions, sustained by You while insured under the policy.

ACTIVE PAY STATUS means You are eligible to and receiving pay from the Group Policyholder, and includes, but is not limited to, vacation leave, sick leave, bereavement leave, administrative leave, compensatory time, holidays, and personal leave.

ACTIVE WORK and ACTIVELY AT WORK mean the use of time, services, and energy by You for the Group Policyholder at the Group Policyholder's regular place of business, an alternate location approved by the Group Policyholder, or an alternate location to which the Group Policyholder requires You to travel. You must be physically and mentally capable of performing each of the material and substantial duties of Your regular position with the Group Policyholder for at least the minimum number of hours listed in the Eligibility Section of the policy. Active Work will include time off for vacation, jury duty, paid holidays, and funeral leave approved by the Group Policyholder when You could have been Actively at Work. When You are in Active Pay Status, You will be considered Actively at Work. Active Work does not include periods of time when You are not Actively at Work following an injury, Accidental Bodily Injury, Sickness, strike, lock-out, or layoff, unless You are in Active Pay Status.

ACTIVITIES OF DAILY LIVING means those activities that define the Dependent's independence in day-to-day functioning. Those activities include bathing, continence, dressing, eating, toileting, and transferring, and they are defined as follows:
BATHING means washing oneself by sponge bath; or in either tub or shower, including the task of getting into or out of the tub or shower.
CONTINENCE means the ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for catheter or colostomy bag.
DRESSING means putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
EATING means feeding oneself by getting food into the body from a receptacle, such as a plate, cup, or table, or by a feeding tube or intravenously.
TOILETING means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
TRANSFERRING means moving into or out of a bed, chair, or wheelchair.

Annual Base Salary with no commission or bonuses
ANNUAL BASE SALARY means Your yearly gross wages received from the Group Policyholder based on a maximum 40 hour workweek. Annual Base Salary is based on the amount last reported in writing to AUL by the Group Policyholder and approved for coverage under the Policy by AUL before the date of death or the events shown in the AD&D provisions if AD&D coverage is included. Annual Base Salary does not include amounts received from commissions, bonuses, overtime or reimbursement for expenses.

BI-WEEKLY means every two weeks or 26 times a year.

CHILD means any minor related by blood, marriage or court order that can be claimed as a dependent for federal income tax purposes, and may include:
1) any of Your natural born child(ren);
2) any of Your legally adopted child(ren) from the time of placement in Your home with the intent to adopt;
3) any stepchild(ren) who live with You;
4) any child(ren) for whom You have legal guardianship; or
5) any child(ren) for whom coverage must be provided in accordance with state law or court order.

CONTRIBUTORY INSURANCE means insurance for which You pay part or all of the premium.

COVERAGE MONTH means that period of time beginning on the first day that the Group Policyholder's coverage is in force and ending on the day before that date of the next month.

DATE OF DISABILITY means the first day You are not Actively at Work due to an Accidental Bodily Injury or Sickness and results in Total Disability.

DEPENDENT means:

1) Your legal spouse under age 70;
2) Your Domestic Partner under age 70 whose relationship with You is recognized by and allowed under applicable state law provided both the Domestic Partner and You:
   a) share the same regular and permanent residence;
   b) have a close personal relationship similar to lawful marriage;
   c) are not married to anyone;
   d) are 18 years of age and older;
   e) are not so closely related by blood to be prohibited under applicable state laws;
   f) were mentally competent to consent to a contract when the domestic partnership began;
   g) are each other's sole domestic partner; and
   h) are responsible for each other's welfare;
3) Your unmarried Child from live birth and under the age of 19, if the Child:
   a) is not eligible under the policy for Personal Insurance;
   b) is not in the military of any country; and
   c) is dependent upon You for principal support and is claimed as a dependent on Your federal income tax return;
4) Your unmarried Child under the age of 25, if the Child:
   a) is registered at and attending an accredited educational institution on a full-time basis as defined by the regulations of the institution, and
   b) is dependent upon You for principal support and is claimed as a dependent on Your federal income tax return; and
5) Your unmarried Child who is disabled and incapable of self-sustaining employment as a result of mental or physical disability. The Child must have been disabled prior to age 19. If the Child is at least age 19 on Your effective date, coverage is subject to AUL's receiving written proof of the disability on that date including but not limited to receipt of Social Security Administration disability benefits. If the Child is not at least age 19, extension of coverage is subject to AUL's receiving written proof of the disability not later than 120 days after the Child attains age 19. Proof of continued disability shall be required not more than once each year thereafter.

If Dependent Insurance is not included in the policy, then references to Dependents and Dependent Insurance are null and void.

DEPENDENT INSURANCE means the insurance provided under the policy covering Your Dependents, Section 20, if included in the policy.

ELIMINATION PERIOD see Waiver of Premium, Section 8, if included in the policy.

EMPLOYEE means any individual who is a full-time, permanent Employee (including owner, member, partner, or shareholder) of the Group Policyholder:

1) who is legally authorized to work and reside in the United States under applicable state and federal laws; and
2) whose employment with the Group Policyholder constitutes his principal occupation; and
3) who regularly works at that occupation at the Group Policyholder's regular place of business a minimum of 20 hours or more per week; and
4) who is not temporarily or seasonally employed by the Group Policyholder; and
5) who is an employee, participant, person, or any member of any employee organization, who is or may become eligible to receive a benefit of any type from the Policyholder's employee welfare benefit plan; and
6) who is not an independent contractor.

EMPLOYER see GROUP POLICYHOLDER. Any references to Employer used in the policy shall include Insured Units.

EVIDENCE OF INSURABILITY means a signed statement of proof acceptable to AUL of an Employee's or Dependent's medical history provided at no expense to AUL, and, if requested by AUL, medical records, tests, and/or examinations at no expense to AUL. Satisfactory Evidence of Insurability must include information and documentation which can be used by AUL to determine if the individual is an acceptable underwriting risk and can be approved for coverage under AUL's guidelines.

GRANDFATHERED RETIREE, see Eligibility, Section 3A, if included in the policy.

GUARANTEED ISSUE AMOUNT means the amount of coverage that does not require Evidence of Insurability. This amount is selected by the Group Policyholder on the Application and later approved in writing by AUL.

GROUP POLICYHOLDER means the entity which applied for and was approved by AUL for coverage. Any references to Group Policyholder used in the policy shall include Insured Units.

MENTAL ILLNESS means a psychiatric or psychological condition classified in the most recent version of the Diagnostic and Statistical Manual of Mental Health Disorders (DSM), published by the American Psychiatric Association as of the date of Total Disability and has been diagnosed by a Physician. Such disorders include, but are not limited to, psychotic, emotional, behavioral disorders, or disorders related to stress or to substance abuse or dependency. If the DSM is discontinued or replaced, Mental Illness will be determined based on the diagnostic manual then published by the American Psychiatric Association on the date of Total Disability.

NON-CONTRIBUTORY INSURANCE means insurance for which You pay no portion of the premium.

PERMANENT AND TOTAL DISABILITY/PERMANENTLY AND TOTALLY DISABLED means Your inability as determined by a Physician to engage, due to Accidental Bodily Injury or Sickness in any occupation for which You are fitted by training, education or experience. Permanent and Total Disability/Permanently and Totally Disabled must occur after You become insured under the Policy and it must be conclusively determined the Permanent And Total Disability will continue for Your lifetime.

PERMANENT AND TOTAL DISABILITY/PERMANENTLY AND TOTALLY DISABLED means Your inability as determined by a Physician to engage, due to Accidental Bodily Injury or Sickness in any occupation for which You are fitted by training, education or experience. Permanent and Total Disability/Permanently and Totally Disability must occur after You become insured under the Policy and it must be conclusively determined the Permanent And Total Disability will continue for Your lifetime.

PERSONAL INSURANCE means the insurance provided under the policy for You.

PHYSICIAN means a qualified, licensed doctor of medicine or osteopathy, and any other licensed health care provider that state law requires to be licensed prior to engaging in the practice of medicine and who is, practicing within the scope of his specialty, license, and applicable law. Physician does not include any medical provider affiliated with the Group Policyholder, or anyone related by blood, marriage, or domestic partnership to an Employee.

REGULAR ATTENDANCE means that You or Your Dependent:

1) are receiving periodic medical treatment and services from a Physician when medically required and according to standard medical protocol to effectively manage and treat Your or Your Dependent's Disability;
2) are receiving the most appropriate treatment and care that will maximize Your medical improvement and aid in Your return to work; and
3) are receiving medical care and services from a Physician whose specialty or practice is related to the Disability.

RETIREE means an individual who, on his last day of Active Work prior to retirement, was an Actively at Work Employee and who is receiving benefits under the Group Policyholder's retirement plan. Retiree does not include an Employee who is receiving benefits under his retirement plan solely due to being Totally Disabled and who otherwise does not meet the Group Policyholder's retirement plan's criteria for receipt of benefits.

SICKNESS means illness, bodily disorder or disease, Mental Illness, normal pregnancy and complications of pregnancy. Complication of Pregnancy is defined as concurrent disease or abnormal conditions significantly affecting the usual medical management of pregnancy.

TEMPORARY LAY-OFF means a period of time during which You are not Actively at Work due to lack of work and are not terminated from employment with the Group Policyholder.

TOTAL DISABILITY AND TOTALLY DISABLED mean that because of Accidental Bodily Injury or Sickness You cannot engage in any occupation for which You are reasonably fitted by training, education, or experience. If You accept any type of employment, other than in a state-approved rehabilitation program or sheltered workshop, You will be considered fitted to that occupation.

WE, OUR, US, and AUL mean American United Life Insurance Company.®

YOU and YOUR means an Employee who meets the requirements of the Eligibility and Individual Effective Date Sections.

SECTION 3 - ELIGIBILITY

DEFINITIONS

NEW EMPLOYEE means an Employee who is employed by the Group Policyholder on or after the Group Policyholder's Effective Date.

PRESENT EMPLOYEE means an Employee who is employed by the Group Policyholder before the Group Policyholder's Effective Date.

WAITING PERIOD means the period of days beginning on the Employee's hire date that an Employee must be continuously Actively at Work prior to becoming eligible for Personal Insurance. Present Employees will be given credit for time insured under the Group Policyholder's prior group life insurance contract if the policy replaces the same coverage available under the prior group life insurance contract. The Waiting Period is stated in the Schedule of Benefits.

On the effective date of the policy, an Employee becomes eligible for Personal Insurance if:

1) the Employee has fulfilled the Waiting Period, if any, and is Actively at Work; or
2) the Employee has fulfilled the Waiting Period, if any, and is not Actively at Work due to being on an Employer-approved leave of absence other than for injury or Sickness; or
3) the Employee has fulfilled the Waiting Period, if any, and is not Actively at Work due to being on Temporary Lay-off.

After the effective date of the policy and while the policy is in force, an Actively at Work Employee becomes eligible for Personal Insurance on:

1) the date the Employee fulfills the Waiting Period, if any, if that date is the first day of the Coverage Month; or
2) the first day of the Coverage Month next following the date the Employee fulfills the Waiting Period, if any, if that date is not the first day of the Coverage Month.

TO REMAIN ELIGIBLE FOR PERSONAL INSURANCE AND DEPENDENT INSURANCE, IF ANY, EMPLOYEES MUST CONTINUOUSLY MEET THE ABOVE REQUIREMENTS.

Refer to Your Basic Schedule of Benefits to determine to which coverage this page applies. When applicable, the Schedule of Benefits will indicate employee premium CONTRIBUTIONS are not required and INDIVIDUAL EFFECTIVE DATE is First of the Month.

SECTION 4 - INDIVIDUAL EFFECTIVE DATE NON-CONTRIBUTORY INSURANCE

The eligible Employee, prior to receiving coverage under the policy must make written election on a form approved by AUL and the Employer must contribute the required amount of premium to AUL on a timely basis.

For amounts of coverage that do not exceed the Guaranteed Issue Amount shown in the Schedule of Benefits, the effective date for an eligible Employee is:

1) the first day of the Coverage Month; or
2) the first day of the next Coverage Month if the Employee applies after the first day of the Coverage Month.

To receive any amount of coverage exceeding the Guaranteed Issue Amount, the eligible Employee must make written request to AUL on a form approved by AUL and undergo medical underwriting. The effective date of insurance for an eligible Employee, subject to the further provisions of this Section, will be after the Employee submits satisfactory Evidence of Insurability to AUL and on the date AUL determines the Employee is approved for coverage. Satisfactory Evidence of Insurability, at no expense to AUL, must be provided prior to receiving any amount of coverage greater than the Guaranteed Issue Amount.

If an eligible Employee desires to decline coverage for which the Employer would pay 100% of the premium, the Employee must first notify the Employer in writing of this decision prior to coverage being declined. Once coverage is declined, the Employer is not responsible for paying premium for that Employee, and the Employee will not be eligible for any coverage under the policy. If an eligible Employee initially declines coverage and later desires to have coverage, the Employee will be required to undergo medical underwriting and submit satisfactory Evidence of Insurability at no expense to AUL prior to receiving any coverage. No coverage shall begin until the date AUL has approved the request for coverage in writing and the required amount of premium is received from the Employer.

Any eligible Employee who converted his insurance under the policy to an individual life insurance policy and if that individual life insurance policy is still in force, the Employee is required prior to becoming insured again under the policy to undergo medical underwriting and submit satisfactory Evidence of Insurability, at no expense to AUL. If the Employee does not wish to undergo medical underwriting and submit satisfactory Evidence of Insurability, the Life Amount under the policy will be reduced by the amount of coverage under the individual life insurance policy. No coverage shall begin until the date AUL has approved the request for coverage in writing and the required amount of premium is received from the Employer.

If an Employee is not Actively at Work on the date coverage would otherwise become effective, the effective date will be:

1) the first day of the Coverage Month, if the Eligible Employee returns to Active Work on the first day of the Coverage Month; or
2) the first day of the Coverage Month following the date the eligible Employee returns to Active Work, if Active Work begins after the first day of the Coverage Month.

Contributions for Basic insurance are not required from Employees for Personal Insurance.

Also see Continuity of Coverage, Section 5, if included in the policy.

SECTION 5 - CONTINUITY OF COVERAGE

This Section applies when coverage under the policy replaces prior group term life insurance issued to the Group Policyholder and the coverage under that policy terminated on the day before the effective date of AUL's policy.

Coverage will be extended under this Section to an Employee who:
1) was insured under the prior carrier's group term life insurance on its termination date; but
2) was not eligible for coverage on the effective date of the policy because:
   a) in the case of an Employee, he was not Actively at Work; or

Coverage may be extended if such Employee:
1) applies to AUL for coverage on or before the effective date of the policy;
2) pays the required amount of premium; and
3) is not eligible to continue coverage under the prior carrier's group term life insurance.

The amount of coverage extended will be the lesser of:
1) the coverage for which the Employee would have been eligible to receive under the policy; or
2) the coverage the Employee received under the prior carrier's group term life insurance policy minus the amount payable under that group term life policy.

The coverage under this Section will terminate on the earliest of the following dates:
1) the date for which any required premium was not received by AUL;
2) the date the Personal Insurance becomes effective under the policy;
3) the date the coverage would have terminated under the Individual Termination Section of the policy if the Personal Insurance had become effective; or
4) the date the Employee becomes eligible for coverage under the prior carrier's group term life insurance policy.

This coverage only includes the Life Amount.

SECTION 6 - CHANGES IN INSURANCE COVERAGE

The amount of coverage for which You are eligible is shown in the Schedule of Benefits.

A change in coverage that does not increase the amount of coverage becomes effective the earlier of:
1) the first day of the Coverage Month following any scheduled reduction; or
2) the first day of the Coverage Month following AUL's written approval of the change.

Prior to a change in coverage that increases coverage, You must be Actively at Work and the required amount of premium must be paid.

A change increasing the amount of coverage equal to or less than Your Guaranteed Issue Amount takes effect on:
1) the first day of the Coverage Month if You become eligible for the change on the first day of the Coverage Month; or
2) the first day of the next Coverage Month following the date You become eligible for the change, if the date is after the first day of the Coverage Month.

A change in coverage increasing the amount of coverage above Your Guaranteed Issue Amount is subject to:
1) satisfactory Evidence of Insurability, at no expense to AUL; and
2) takes effect on the first day of the Coverage Month, following AUL's written approval of the change.

If You are not Actively at Work on the effective date of the approved increase, any increase in the amount of coverage takes effect on:
1) the first day of the Coverage Month, if You return to work on the first day of the Coverage Month; or
2) the first day of the Coverage Month following Your return to Active Work, if the date is after the first day of the Month.

SECTION 7 - CONTINUATION OF INSURANCE

CONTINUATION OF INSURANCE

While the policy is in force and if You have ceased Active Work due to:

1) Sickness or injury, Personal Insurance may be continued until 9 months following cessation of Active Work;
2) Temporary Lay-off, Personal Insurance may be continued until the 90th day following cessation of Active Work;
3) an Employer-approved leave of absence, Personal Insurance may be continued until the 90th day following cessation of Active Work; or
4) an Employer-approved leave of absence allowed under the Family and Medical Leave Act (FMLA) or state law. Personal Insurance may then be continued until the end of the period allowed under FMLA or state law, whichever is longer.

In all the above Continuation of Insurance situations, Personal Insurance will terminate on the earliest of the following:

1) the date You return to Active Work;
2) the date the required premium payments are not received by AUL;
3) the date You die;
4) the date You begin full or part-time employment;
5) the date the policy, or the Group Policyholder's coverage under the policy, terminates;
6) the date You notify the Group Policyholder that You will not be returning to Active Work;
7) the date Your class is no longer offered under the policy;
8) the date You are no longer a member in an eligible class;
9) the date You make written request for termination of coverage but not prior to the date of the request; or
10) the date You enter military service for any country, except for temporary duty not scheduled for more than 30 days.

If the Group Policyholder has approved more than one type of leave of absence during any one period, AUL will consider such leaves to be concurrent for the purpose of determining how long Your coverage may continue under the policy.

If You do not return to Active Work, Personal Insurance terminates at the end of Continuation of Insurance period. At the end of Continuation of Insurance period, You may apply, if eligible, for Waiver of Premium for Total Disability, see Section 8, if available; or may be eligible to apply to convert the Life Amount to an individual life insurance policy pursuant to Section 10.

When the policy terminates, if You have ceased Active Work due to Total Disability, Your Life Insurance may be continued as defined under the Waiver of Premium for Total Disability provision, if included; or if Waiver of Premium for Total Disability is not included or if You are not eligible for waiver due to age, Your Life Insurance may be continued while You are Totally Disabled under this Continuation of Insurance provision for up to 12 months following termination of the policy. In no event will an extension of the life benefit, due to Your Total Disability, under this Continuation of Insurance provision extend beyond 12 months from the date the policy terminated.

SECTION 7A-PORTABILITY OF INSURANCE

This benefit applies to Basic Life only.

PORTABILITY OF INSURANCE

If Your coverage ceases due to termination of employment with the Group Policyholder for any reason, You may continue Personal Insurance without interruption, subject to the provisions of this section. You may elect either Portability of Insurance or the Conversion Privilege (See Section 10, Conversion Privilege) at the time of termination of Your employment. In no event may You continue Personal Insurance under both Portability of Insurance and the Conversion Privilege simultaneously. In addition, You may not elect Portability of Insurance while You are eligible for coverage under the Continuation of Insurance provision due to sickness or injury, temporary lay-off, or an approved leave of absence.

To continue coverage as a Portability of Insurance Unit, You must submit written notice and the required premium to AUL within 31 days of the date of termination of coverage under the policy.. Payment of the required premium must be made directly to AUL by You. Failure to pay such premium will terminate the coverage under the group policy at the end of the period for which the premium has been paid. AUL reserves the right to charge an administrative fee per each billing.

LIMITATIONS

1) If Personal Insurance is based on a multiple of Your Annual Base Salary, no changes in coverage due to salary increases will be allowed under the Portability of Insurance.
2) You are under the age 70 when You elect Portability of Insurance.
3) Your Accidental Death and Dismemberment coverage may be continued under this provision.
4) No Waiver of Premium benefits are available under Section 7A.
5) Portability of Insurance is not available if You have established permanent residence outside the United States.
6) The amount of coverage continued under Portability of Insurance may not exceed Your pre-termination or pre-retirement amount.

PORTABILITY OF INSURANCE TERMINATION

Personal and Dependent Insurance coverage under a Portability of Insurance Unit terminates the earliest of:
1) the last day of the Coverage Month for which the last premium has been paid by the Group Policyholder;
2) the last day of the Coverage Month for which the last premium has been paid by You;
3) the last day of the Coverage Month in which You requests termination, but not prior to the request;
4) the last day of the Coverage Month during which You attain age 70;
5) the date You become insured for AUL Group Term Life Insurance through a Group Policyholder if You should return to work;
6) the last day of the Coverage Month, provided AUL has given at least 31 days prior written notice of termination to You; or
7) the date the policy is terminated by the Group Policyholder of AUL.

Your Portability of Insurance Unit can only be reinstated upon approval by AUL.

If Your Portability of Insurance terminates, You may convert Your life coverage to an individual policy.

AUL may terminate Portability of Insurance on the last day of any Coverage Month by giving the Group Policyholder and You at least 31 days prior written notice.

SECTION 8 - WAIVER OF PREMIUM FOR TOTAL DISABILITY

This Section applies to Basic Life Insurance.

DEFINITIONS

ELIMINATION PERIOD means a 9 month period of consecutive days of Total Disability. The Elimination Period begins on the 1st day of Total Disability and ends on the last day of the 9 month period. You may not have more than three (3) days of Active Work during the Elimination Period.

WAIVER OF PREMIUM BENEFIT FOR TOTAL DISABILITY

AUL will waive further premium payments for Your Life Amount if You:
1) become Totally Disabled before age 60 and while insured under the policy;
2) remain continuously Totally Disabled during the 9 month Elimination Period;
3) submit and AUL receives proof of Total Disability within the three (3) months prior to the end of the Elimination Period;
4) submit and AUL receives acceptable proof of continuous Total Disability at least annually and as requested by AUL; and
5) are under the Regular Attendance of a Physician.

AUL also may require that You be examined:
1) at AUL's expense;
2) by a Physician of AUL's choice.

The required amount of premium must continue to be received by AUL until AUL approves the request for Waiver of Premium Benefit for Total Disability and the Elimination Period has been fulfilled.

While You meet the conditions set forth above and are approved by AUL for the benefit, You will retain coverage without the need to make further premium payments until the first of the following occurs:
1) proof of Total Disability is not received by AUL;
2) You become employed, or are found able to be employed in an occupation for which You are reasonably fitted by training, education or experience;
3) You refuse to undergo a medical examination requested by AUL;
4) the date You are not under the Regular Attendance of a Physician;
5) proof of continuous Total Disability is not submitted within the twelfth month of any benefit period unless it was not possible to do so;
6) You attain age 65; or
7) if You retire;
8) You are no longer Totally Disabled.

Any Accidental Death and Dismemberment Insurance will continue until the earliest of the following dates:
1) the date of the final benefit determination by AUL;
2) 9 months following the Date of Disability; or
3) the date the required amount of premium was not received by AUL.

When You are approved for benefits under this Waiver of Premium Benefit for Total Disability, the coverage existing under the policy will not include any Accidental Death and Dismemberment coverage You may have had and will only include the Life Amount.

Life and Accidental Death and Dismemberment Insurance premiums must be paid to and received by AUL during the Waiver of Premium Benefit for Total Disability Elimination Period. If the benefit request is approved, any unearned premium beyond the Elimination Period will be refunded.

If You are not approved for this benefit, You may apply to convert Your Life Amount to an individual life insurance policy pursuant to Section 10, Conversion Privilege within 31 days from notice of the adverse benefit determination.

If You die during the Elimination Period and the required amount of premiums were not received by AUL, no benefit will be due under the policy.

If coverage under the Waiver of Premium Benefit for Total Disability terminates, You are entitled to apply to convert Your Life Amount to an individual life insurance policy within 31 days of cessation of such coverage pursuant to Section 10, Conversion Privilege.

If coverage under the Waiver of Premium Benefit for Total Disability terminates because You return to Active Work with the Group Policyholder and the policy is still in force, You are eligible to apply for all coverages available to Your class.

If benefits are payable under the policy after You are approved for Waiver of Premium and You have applied and been issued an individual life insurance policy under Section 10, Conversion Privilege, any amount payable under the policy will be reduced by the amount payable under the individual life insurance policy. IN NO EVENT WILL A BENEFIT BE PAYABLE UNDER BOTH THE INDIVIDUAL LIFE INSURANCE POLICY AND THE POLICY GREATER THAN THE LIFE AMOUNT, NOR WILL ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS, IF ANY, BE PAYABLE BEYOND THE WAIVER OF PREMIUM BENEFIT FOR TOTAL DISABILITY ELIMINATION PERIOD.

SECTION 9 - INDIVIDUAL TERMINATIONS

Personal Insurance terminates on the earliest of the following dates:

1) the date the policy is terminated;
2) the last day of the Coverage Month in which You request termination but not prior to the date of the request;
3) the last day of the Coverage Month for which any required premium payment was not received by AUL;
4) the last day of the Coverage Month during which You cease to be eligible, see Eligibility, Section 3 and Section 3A, if any;
5) the last day of the Coverage Month during which You become a Retiree, unless the Schedule of Benefits includes a specific classification for Retirees;
6) the last day of the Coverage Month during which You enter active military service for any country except for temporary duty of 30 days or less;
7) the last day of the Coverage Month during which You cease Active Work, except for an event listed in the policy in Continuation of Insurance, Section 7; or
8) the date of an adverse benefit determination under the Waiver of Premium provisions, if applicable.

Accidental Death and Dismemberment coverage terminates when Personal Insurance terminates. Accidental Death and Dismemberment coverage also terminates on the earliest of the following dates:

1) the date of an adverse or positive benefit determination under the Waiver of Premium Benefit provisions;
2) the last day of the Coverage Month during which You become a Retiree, unless the Schedule of Benefits includes a specific classification for Retirees that includes AD&D Principal Sum Amounts;
3) the date Your Life Amount reduces to zero; or
4) the end of the Elimination Period.

SECTION 10 - CONVERSION PRIVILEGE

If Your coverage, or a portion of it, terminates because You are no longer eligible for coverage under the policy, You may apply for an individual life insurance conversion policy without evidence of insurability. The coverage amount of the individual life insurance conversion policy shall not exceed the amount of life insurance that ceases because of loss of eligibility for coverage under the policy minus the amount of any group life coverage for which You become eligible within 31 days of termination.

If Your coverage ceases due to termination of the policy, You may apply for and receive an individual life insurance conversion policy if Your group life insurance has been in force with AUL for five (5) continuous years before the termination date. The coverage amount of the individual life insurance conversion policy may not exceed the LESSER of:

1) the amount of life insurance that ceases because of termination minus the amount of any group life coverage for which You become eligible within 31 days of termination; or
2) $10,000.

The conversion privilege is subject to the following:

1) Written application must be made and the first premium must be paid within 31 days after the date of termination of insurance.
2) An individual life insurance policy, other than term life insurance, offered by AUL at the time of conversion, may be selected.
3) The premium on the individual policy must be at AUL's then customary rate applicable to the form and amount of the individual policy, to the class of risk to which You or Your dependent then belong, and to the individual age attained by You or Your dependent on the effective date of the individual policy.
4) The individual life insurance conversion policy takes effect on the last day of the application period and is in lieu of all benefits under the Policy.

If notice of the existence of the conversion right is not given at least 15 days before the expiration of the period during which the conversion application and payment of the first premium must be made under the terms of the policy, You have an additional period within which to exercise the conversion right. The additional conversion application period created to exercise a right of conversion expires 15 days after You are given notice of the conversion right. However, irrespective of the date on which notice is given or of the absence of any notice, the additional conversion application period may not extend beyond 60 days after the expiration date of the period within which conversion application period and payment of the first premium were to be made under the terms of the policy. For purposes of this section, notice of the right of conversion may be given to You in writing, presented to You; mailed by the Group Policyholder to Your last known address; or mailed by the insurer to Your last known address as furnished by the Group Policyholder.

If death occurs during the conversion application period, AUL will pay the Life Amount available for conversion whether or not the application or the first premium payment has been made. After the 31-day period, no conversion application will be accepted unless it is proven that it was not possible for You to apply in a timely fashion. The individual life insurance conversion policy will not include Accidental Death benefits or any other benefits currently in force under the policy.

Premium must be paid to and received by AUL for coverage during the conversion application period.

IF DEATH OCCURS DURING THE CONVERSION APPLICATION PERIOD, IN NO EVENT WILL BENEFITS BE PAYABLE UNDER BOTH THE INDIVIDUAL CONVERSION POLICY AND THE POLICY. ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS, IF ANY, ARE NOT PAYABLE BEYOND THE DATES OUTLINED IN SECTION 9, INDIVIDUAL TERMINATIONS.

SECTION 11 - INDIVIDUAL REINSTATEMENTS

If Personal Insurance and Dependent Insurance, if any, terminate due to termination of Your employment, You can apply to reinstate that coverage following return to Active Work. The following conditions apply:

1) When return to Active Work occurs within 30 days of the termination of coverage, coverage becomes effective on the first day of the next Coverage Month following the date of return to Active Work. Evidence of Insurability will not be required for any amount of coverage less than the Guaranteed Issue Amount.
2) When return to Active Work occurs after the period specified in paragraph 1 above, You will be considered a new employee and the requirements found in the Eligibility and Individual Effective Date Sections will apply.
3) When the Life Amount has been converted under the Conversion Privilege, Section 10, the Life Amount available for reinstatement under the policy will be reduced by the amount of coverage under the individual life insurance policy. In no event will the amount of coverage reinstated under this Section and the amount of coverage under the individual life insurance policy be greater than the Life Amount existing on Your termination of employment.
4) Prior to applying for reinstatement, AUL must have received the required amount of premium timely.
5) The maximum amount of coverage reinstated will not exceed the maximum amount of coverage which would have been available had Your coverage not terminated.

If reinstatement is requested for any reason other than returning to Active Work, medical underwriting and satisfactory Evidence of Insurability, at no expense to AUL, will be required prior to AUL's approval of coverage. The effective date of reinstatement will be the date determined by AUL in writing. Dependent Insurance cannot be reinstated without reinstatement of Personal Insurance.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT

This Section applies to Basic Accidental Death Insurance.

DEFINITIONS

ACCIDENTAL DEATH means death due to an accident, directly and independently of all other causes.

ADDITIONAL ACCIDENTAL DEATH BENEFITS mean the Seat Belt Benefit, the Air Bag Benefit, the Repatriation Benefit, the Child Higher Education Benefit and the Child Care Benefit. The total of the Additional Accidental Death Benefits payable will not exceed 100% of Your AD&D Principal Sum shown in the Schedule of Benefits.

ACCIDENTAL DISMEMBERMENT means loss of sight, speech or hearing or severance of a body member, Loss of Use of a limb of the body, or Severe Burn due to an accident, directly and independently of all other causes.

AIR BAG means an inflatable restraint device that is activated in an Automobile accident and
1) was installed by the Automobile manufacturer;
2) is not altered after the original installation by the Automobile manufacturer;
3) is functioning properly; and
4) complies with Federal Motor Vehicle Safety Standard Number 208 (49 C.F.R. Section 571.208) for the make, model and year of the Automobile.

AUTOMOBILE means a motor vehicle properly registered with local authorities and permitted under applicable laws for use on highways.

CHILD - see SECTION 2, DEFINITIONS.

LOSS OF SIGHT means total, permanent blindness.

LOSS OF SPEECH means total, permanent and irrecoverable loss of vocal communication.

LOSS OF HEARING means total, permanent deafness in both ears which cannot be restored by any means.

LOSS OF HAND means complete severance of the hand through or above the wrist.

LOSS OF THUMB AND INDEX FINGER means complete severance of both the thumb and index finger at or above the metacarpophalangeal joints on the same hand.

LOSS OF FOOT means complete severance of the foot through or above the ankle.

LOSS OF USE OF UPPER AND LOWER LIMBS OF THE BODY means a total, permanent and irrecoverable loss of voluntary movement of the upper and lower limbs of the body which has continued for 12 continuous months.

LOSS OF USE OF BOTH LOWER LIMBS OF THE BODY means a total, permanent and irrecoverable loss of voluntary movement of both lower limbs of the body which has continued for 12 continuous months.

LOSS OF USE OF UPPER AND LOWER LIMBS ON ONE SIDE OF THE BODY means a total, permanent and irrecoverable loss of voluntary movement of the upper and lower limbs on one side of the body which has continued for 12 continuous months.

LOSS OF USE OF ONE LIMB OF THE BODY means a total, permanent and irrecoverable loss of voluntary movement of one limb of the body which has continued for 12 continuous months.

HEMIPLEGIA means the total, permanent and irrecoverable paralysis of the upper and lower limbs on the same side of the body which has continued for 12 continuous months.

MONOPLEGIA means the total, permanent and irrecoverable paralysis of one limb of the body which has continued for 12 continuous months.

PARAPLEGIA means the total, permanent and irrecoverable paralysis of both lower limbs of the body which has continued for 12 continuous months.

QUADRIPLEGIA means the total, permanent and irrecoverable paralysis of both upper and lower limbs of the body which has continued for 12 continuous months.

SEAT BELT means a properly installed safety belt meeting the standards stated in the Federal Motor Vehicle Safety Standard Number 208 (49 C.F.R. Section 571.208) for the make, model, and year of the Automobile.

SEVERE BURNS means third-degree burns on at least fifty percent of the body.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT
Continued

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If You have an accident while insured under the policy which results in a loss or condition shown below, AUL will pay the amount shown opposite the loss or condition if:
1) the loss or condition occurs within 365 days from the date of the accident; and
2) AUL receives acceptable proof of loss or condition.

FOR ACCIDENTAL LOSS OF	AMOUNT PAYABLE
Life	AD&D Principal Sum
Both Hands or Both Feet or Sight of Both Eyes	AD&D Principal Sum
Speech and Hearing	AD&D Principal Sum
One Hand and One Foot	AD&D Principal Sum
One Hand and Sight of One Eye	AD&D Principal Sum
One Foot and Sight of One Eye	AD&D Principal Sum
Sight of One Eye	One-half of the AD&D Principal Sum
One Hand or One Foot	One-half of the AD&D Principal Sum
Speech or Hearing	One-half of the AD&D Principal Sum
Thumb and Index Finger	One-quarter of the AD&D Principal Sum
FOR CONDITIONS OF	
Quadriplegia or Loss of Use of Upper and Lower Limbs of the Body	AD&D Principal Sum
Paraplegia or Loss of Use of Both Lower Limbs of the Body	One-half of the AD&D Principal Sum
Hemiplegia or Loss of Use of Upper and Lower Limbs on the Same Side of the Body	One-half of the AD&D Principal Sum
Monoplegia or Loss of Use of One Limb of the Body	One-quarter of the AD&D Principal Sum
Severe Burns	AD&D Principal Sum

The AD&D Principal Sum is shown in the Schedule of Benefits.

AUL will only pay a benefit for either paralysis or loss of a limb, but not a benefit for both.

The total amount payable will never exceed the AD&D Principal Sum for all losses or conditions sustained by You. The amount payable for loss of life is paid according to Payment of Death Benefits, Section 15. Amounts payable for other losses are paid to You.

LIMITATIONS

Benefits are not payable for loss due directly or indirectly to:
1) suicide or attempted suicide, whether sane or insane;
2) air travel as a crew member;
3) participation in a riot or from war or an act of war, whether declared or undeclared;
4) caused or contributed to by the insured's commission of or attempt to commit a criminal act under relevant state law;
5) the voluntary taking of:
   a) a prescription drug in a manner other than as prescribed by a Physician;
   b) any other federally- or state-regulated substance in an unlawful manner;
   c) non-prescription medicine, in a manner other than as indicated in the printed instructions; or
   d) poison;
6) the voluntary inhaling of gas (unless due to occupational accident);
7) Sickness other than infection occurring as a result of accidental injury;
8) voluntary use of alcohol resulting in intoxication above the legal limit;
9) voluntary use of a hallucinogen or substance causing intoxication;
10) operating a vehicle while intoxicated above the legal limit or while under the influence of hallucinogen or substance causing intoxication;
11) violation of traffic laws other than an infraction, racing, stunt-driving, or engaging in other similar activity during the accident; or
12) participation in hang-gliding, bungee jumping, skydiving, rock climbing or mountain climbing.

Notice and Proof of Injury/Accidental Death: AUL's Home Office must receive written notice of the injury/Accidental Death on which the claim is based within 31 days of the date of the accident. AUL's Home Office must receive acceptable proof of loss within 90 days after the date of the loss. Acceptable proof of loss must be furnished as follows:
1) A certified death certificate;
2) A complete and accurate AUL death claim form and if available, a copy of the police, autopsy, and medical reports related to the death;
3) A statement by the Group Policyholder certifying the amount of coverage existing on the date of loss; and
4) At AUL's option, other documents or information as needed to investigate the loss and determine whether or not benefits are payable under the policy.

AUL has the right to examine You:
1) as often as necessary;
2) at AUL's expense; and
3) by a medical professional of AUL's choice.

TERMINATION OF ACCIDENTAL DEATH and DISMEMBERMENT BENEFIT

Accidental Death and Dismemberment coverage for You will terminate as outlined in Section 9, Individual Terminations.

The Group Policyholder may terminate the insurance under this Section at the end of any Coverage Month by giving AUL 31 days prior written notice.

AUL may terminate the insurance under this Section at the end of any Coverage Month by giving 31 days prior notice to the Group Policyholder.

AUL WILL STILL BE LIABLE FOR PAYMENT OF VALID CLAIMS INCURRED BEFORE THE TERMINATION DATE.

THIS COVERAGE AND ANY BENEFITS UNDER THIS SECTION ARE NOT AVAILABLE DURING THE CONVERSION APPLICATION PERIOD, DURING THE ELIMINATION PERIOD, OR WHILE ELIGIBLE FOR BENEFITS UNDER THE WAIVER OF PREMIUM PROVISIONS.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT

EXPOSURE

If You are unavoidably exposed to heat or cold as a direct result of a covered accident, and as a direct result of the exposure, You suffer a loss for which benefits would be payable under this Section, an AD&D benefit will be paid. Any loss associated with exposure to heat or cold must occur within 365 days of the accident.

The total amount payable will never exceed the AD&D Principal Sum for all losses sustained by You.

This provision is subject to the further limitations and provisions of this Section 12.

DISAPPEARANCE

If You are an occupant in a vessel, vehicle, or plane at the time of accidental destruction, sinking, or disappearance of the vessel, vehicle, or plane and Your body cannot be found within one year of the date of the accidental destruction, sinking, or disappearance, You will be presumed to have died. AUL will only presume Accidental Death if:

1) there is no evidence to the contrary;
2) there is a determination by the appropriate governmental authorities or court issuing a valid and legally binding determination that You have died;
3) a certified copy of the governmental authority findings or court order is provided to AUL; and
4) benefits would have been paid assuming a death certificate could have been issued if the body was recovered.

If You are later determined not to have died following AUL's payment of any benefits under the policy, the individuals and entities which received any portion of the amounts paid by AUL will immediately return all amounts received upon receiving information indicating You are alive.

If You are later located after AUL has paid an Accidental Death benefit, any other benefit that may be payable under the policy will be reduced by the amount of any benefit already paid.

Coverage under the policy must exist with AUL at the time of Accidental Death. The total amount payable will not exceed the AD&D Principal Sum. This provision is subject to further limitations and provisions of Section 12.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT
SECTION 12A - SEAT BELT BENEFIT

This Section applies to Basic Accidental Death Insurance.

SEAT BELT BENEFIT

AUL will pay an Additional Accidental Death Benefit if You die as a result of a non-occupational Automobile accident while You are properly wearing a Seat Belt at the time of the accident. The following rules apply:

1) The Seat Belt Benefit equals the lesser of:
   a) 10% of Your AD&D Principal Sum shown in the Schedule of Benefits; or
   b) $25,000.
2) AUL must receive satisfactory written proof that Your death resulted from an Automobile accident and that You were properly wearing a Seat Belt at the time of the accident. A copy of all police reports must be submitted with the claim, and must show conclusively the Seat Belt was properly worn.
3) This benefit will not be paid if You, while operating the Automobile, were legally intoxicated as defined by applicable laws, violating traffic laws other than an infraction, racing, stunt-driving, or engaging in other similar activity during the accident.

In no event will the total of all Additional Accidental Death Benefits payable exceed 100% of Your AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of this Section 12.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT
SECTION 12B - AIR BAG BENEFIT

This Section applies to Basic Accidental Death Insurance.

AIR BAG BENEFIT

AUL will pay an Additional Accidental Death Benefit if You die as a result of a non-occupational Automobile accident while You are properly wearing a Seat Belt at the time of the accident and the Air Bag deployed properly at the time of the accident. The following rules apply:

1) The Air Bag Benefit equals the lesser of:
   a) 10% of Your AD&D Principal Sum shown in the Schedule of Benefits; or
   b) $5,000.
2) AUL must receive satisfactory written proof that Your death resulted from an Automobile accident and that You were properly wearing a Seat Belt at the time of the accident, You were positioned in a seat that is designed to be protected by an Air Bag, and that the Air Bag deployed at the time of the accident. A copy of all police reports must be submitted with the claim, and must show conclusively the Air Bag inflated properly at the time of the accident.
3) This benefit will not be paid if You, while operating the Automobile, were legally intoxicated as defined by applicable laws, violating traffic laws other than an infraction, racing, stunt-driving, or engaging in other similar activity during the accident.

In no event will the total of all Additional Accidental Death Benefits payable exceed 100% of Your AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of this Section 12.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT
SECTION 12C - REPATRIATION BENEFIT

This Section applies to Basic Accidental Death Insurance.

DEFINITIONS

REASONABLE EXPENSES means usual and customary fees or charges assessed in the marketplace for the services performed.

REPATRIATION BENEFIT

AUL will pay an Additional Accidental Death Benefit if You die either greater than 200 miles away from Your principal place of residence or are outside of the country at the time of Accidental Death. The following rules apply:

1) The Repatriation Benefit equals the lesser of:
   a) Reasonable Expenses for transportation of Your body to a funeral home or mortuary near Your principal place of residence;
   b) $5,000; or
   c) 10% of Your AD&D Principal Sum shown in the Schedule of Benefits.
2) AUL must receive satisfactory written proof documenting the location of Your Accidental Death. Any Repatriation Benefit will be paid following receipt that reasonable transportation expenses were paid.
3) Only one Repatriation Benefit will be paid to the beneficiary who has paid the cost for any covered expenses, regardless of any additional coverages for which You may be insured with AUL.
4) Acceptable written proof and documentation of the reasonable transportation expenses paid must be received by AUL within 12 months of Accidental Death.

In no event will the total of the Additional Accidental Death Benefits payable exceed 100% of Your AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of this Section 12.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT
SECTION 12D - CHILD HIGHER EDUCATION BENEFIT

This Section applies to Basic Accidental Death Insurance.

DEFINITIONS

ACADEMIC YEAR means the annual period of educational sessions of an accredited post-secondary educational institution.

ELIGIBLE STUDENT under this Section means Your unmarried Child under age 25, who on the date of Your Accidental Death:

1) is enrolled in and is attending an accredited post-secondary educational institution on a full-time basis; or
2) is at the 12th grade level and enrolls and attends an accredited post-secondary educational institution within 16 months from the date of Your death; and
3) is dependent upon You for principal support and is claimed as a dependent on Your federal income tax return.

EDUCATION EXPENSES means tuition that is assessed by the accredited post secondary educational institution and is required to be paid in order for the Child to be classified as a full time student.

CHILD HIGHER EDUCATION BENEFIT

AUL will pay an Additional Accidental Death Benefit subject to the following rules:

1) The Child Higher Education Benefit payment will be no more than $4,000 for each Eligible Student per Academic Year for Education Expenses. The cumulative benefit payments for all eligible students will not exceed the lesser of:
   a) $20,000; or
   b) 10% of Your AD&D Principal Sum Insurance shown in the Schedule of Benefits.
2) The Child Higher Education Benefit will be paid:
   a) for Education Expenses that are incurred and paid after Your Accidental Death;
   b) once annually at the conclusion of the Academic Year;
   c) not for more than 5 consecutive years after the date of Your Accidental Death;
   d) until such date that the Child no longer satisfies eligibility requirements under the policy or the accredited post-secondary educational institution;
   e) following AUL's receipt of documentation showing proof of paying Education Expenses, the Child Higher Education Benefit will be paid to any named beneficiary who paid Education Expenses; and
   f) in direct proportion to the amount of Education Expenses paid by each named beneficiary.
3) If there is no Eligible Student, no Child Higher Education Benefit will be paid.
4) Child Higher Education Benefits will only be paid based on enrollment in one accredited post-secondary educational institution.
5) No annual Child Higher Education Benefits will be paid beyond the date the policy terminates. If the policy terminates within 60 days of the end of the current Academic Year, a final Child Higher Education Benefit will be paid when eligible.

In no event will the total of the Additional Accidental Death Benefits payable exceed 100% of Your AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of this Section.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT
SECTION 12E - CHILD CARE BENEFIT

This Section applies to Basic Accidental Death Insurance.

DEFINITIONS

CHILD CARE EXPENSES mean any reasonable and customary weekly or monthly child-care fees assessed by a Child Care Facility.

CHILD CARE FACILITY means a properly state-licensed child-care center not owned or operated by a member of the Child's Family.

ELIGIBLE CHILD(REN) means Your Child(ren) under age 13.

FAMILY means any parent, step-parent, grandparent, brother, sister, uncle or aunt.

CHILD CARE BENEFIT

AUL will pay an Additional Accidental Death Benefit subject to the following rules:

1) The Child Care Benefit applies to each Eligible Child enrolled in a Child Care Facility on the date of Your Accidental Death or subsequently enrolls in a Child Care Facility within 12 months of Your Accidental Death.
2) Only Child Care Expenses incurred and paid after Your Accidental Death will be paid.
3) No more than $4,000 will be paid for each Eligible Child per calendar year for Child Care expenses. The cumulative benefit payments for all Eligible Children will not exceed the lesser of:
   a) $20,000, or
   b) 10% of Your AD&D Principal Sum shown in the Schedule of Benefits.
4) The Child Care Benefit will be paid once per year at the completion of the calendar year to the earlier of the following:
   a) the date the Child no longer satisfies eligibility requirements;
   b) the date the Child attains age 13; or
   c) 5 consecutive years after the date of Your Accidental Death.
5) If there is no Eligible Child, no Child Care Benefit will be paid.
6) Following AUL's receipt of documentation showing proof of paying Child Care Expenses, the Child Care Benefit will be paid to any named beneficiary who paid Child Care Expenses, and in proportion to the amount of Child Care Expenses paid by each named beneficiary.
7) No Child Care Benefit will be paid beyond the date the policy terminates. If the policy terminates within 60 days of the end of the calendar year, a final Child Care Benefit will be paid when eligible.

In no event will the total of all Additional Accidental Death Benefits payable exceed 100% of Your AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of this Section 12.

SECTION 13 - ACCELERATED LIFE BENEFIT

This Section applies to Basic Life Insurance.

DEFINITION

TERMINAL CONDITION means an injury or Sickness that, despite appropriate medical care, is conclusively established to AUL will result in Your death within 12 months from the date of claim. AUL may require that You be examined at AUL's expense by AUL's choice of Physician.

ACCELERATED LIFE BENEFIT

If You are Permanently and Totally Disabled and are diagnosed with a Terminal Condition and are eligible for benefits under this Section, You may apply for payment of the Accelerated Life Benefit. The amount of Accelerated Life Benefit available is shown in the Schedule of Benefits, unless any portion of Your Life Amount has already been paid. The amount of Accelerated Life Benefit available will then be based on the amount remaining after payment of any portion of the Life Amount. Benefits will be paid in one lump sum to You.

CONDITIONS

To be eligible to apply for the Accelerated Life Benefit:
1) You must have Personal Insurance;
2) You must be determined by AUL to be Permanently and Totally Disabled from any occupation;
3) You must be under age 60;
4) You must be diagnosed by a Physician with a Terminal Condition while eligible for benefits under this Section;
5) If You are subject to laws of a community property state, you must obtain Your spouse's written consent for payment to You of the Accelerated Life Benefit; and
6) You can receive an Accelerated Life Benefit only once.

PROOF REQUIRED FOR THE ACCELERATED BENEFIT

Proof is a completed claim form and other information AUL requires in order to determine whether benefits are owed under this Section. AUL may require that You be examined by a Physician selected by AUL and at AUL's expense.

LIMITATIONS

An Accelerated Life Benefit will not be paid if:
1) You have named an irrevocable Beneficiary or made an assignment of Your Life Amount;
2) all or a portion of Your Life Amount is to be paid to another person or entity pursuant to a valid court order;
3) Your coverage terminates; or
4) the policy terminates.

SECTION 13 - ACCELERATED LIFE BENEFIT
Continued

After payment of an Accelerated Life Benefit, Your Life Amount payable at death to Your Beneficiary equals:

1) Your Life Amount as if an Accelerated Life Benefit payment had not been made, minus
2) the amount of the Accelerated Life Benefit paid, minus
3) the interest charge.

The interest charge equals the Accelerated Life Benefit amount, times the number of days from the date of payment to Your date of death divided by 365, times the interest rate. The interest rate will be based on the current 90-day Treasury bill rate existing on the date of payment of the Accelerated Life Benefit.

NOTE: Your Accidental Death and Dismemberment Insurance, if any, terminated upon approval of the Waiver of Premium benefit.

The required amount of premiums must continue to be received by AUL on the original Life Amount, unless premiums have ceased due to coverage under the Waiver of Premium benefit of the policy.

The AD&D Principal Sum, if any, will not be reduced by payment of the Accelerated Life Benefit.

The following information is used for illustrative purposes only:

Example: Life insurance in force = $100,000*
Date of receipt of proof of terminal condition = 10/31/05
Date of payment of Accelerated Life Benefit = 11/1/05
Date of death = 2/15/06
Interest rate** = 3.5%

1) Amount of Accelerated Life Benefit = .50 x $100,000 = $50,000
2) Interest Charge = $50,000 x (106 days / 365 days) x .035 = $508.22
3) Death Benefit Payable = $100,000 - $50,000 - $508.22 = $49,491.78

*Your Life Insurance amount is shown in the Schedule of Benefits in Your insurance certificate.
**The interest rate is equal to the 90-day Treasury bill rate on the date of the Accelerated Life Benefit payment.

NOTE: The laws relating to Accelerated Life Benefits are complex. Employees are advised to consult with a qualified tax advisor about circumstances under which they could receive an Accelerated Life Benefit excludable under federal law. Eligibility for Public Assistance: Receipt of an Accelerated Life Benefit may affect the Employee's, their Dependent spouse's, or their family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. Employees are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect the Employee's, their Dependent spouse's, and their family's eligibility for public assistance.

SECTION 15 - PAYMENT OF DEATH BENEFITS

If You die while insured under the policy, AUL will pay the benefits owed under the policy to the Beneficiary:
1) upon timely receipt of acceptable proof of death; and
2) subject to all other provisions of the policy and to Your dated and signed designation.

The following Sections describe the manner in which death benefits are paid.

SECTION 16 - NAMING OF BENEFICIARY

BENEFICIARY means the individual, individuals or entity named by You to receive Your Life Amount.

Unless the policy provides otherwise, AUL will pay benefits according to Your Beneficiary designation.

When You apply for coverage on an AUL-approved form, You should:
1) designate the name of one or more Beneficiaries;
2) classify the Beneficiaries by order of preference, either primary or contingent; and
3) indicate distribution of the proceeds among members of the class of Beneficiaries.

If more than one primary Beneficiary is listed and no distributive share is indicated, then all primary Beneficiaries will share equally. If no primary Beneficiaries outlive You and there is no distributive share indicated among the contingent Beneficiaries, then all contingent Beneficiaries will share equally.

If the policy replaces insurance coverage of another carrier, AUL may, upon written request of the Group Policyholder, recognize Beneficiary designations in effect under the prior coverage as effective until a new designation is made with AUL, provided that prior designations are in a form acceptable to AUL and the Group Policyholder receives AUL's written approval of the form.

CHANGING A BENEFICIARY

You may change a Beneficiary at any time by written request. The request must be completed, signed, dated and filed through the Group Policyholder.

AUL may recognize a beneficiary change as of the date the form was signed by You even if You are not alive when AUL receives it. However, AUL is not liable if benefits are paid according to the previous designation before AUL receives the change. If You apply for an individual life insurance conversion policy under Section 10, Conversion Privilege and name a new Beneficiary, AUL will use any beneficiary designated in that application when determining which beneficiary to pay.

AUL reserves the right to require that any Beneficiary designation be acceptable to it and be made pursuant to applicable laws.

SECTION 17 - THE DEATH CLAIM

If You die while insured under the policy, proof of death should be furnished as soon as possible. If a claim is filed under the Waiver of Premium section, proof should be furnished within 12 months of death. The claim will not be considered after the applicable statute of limitations has passed.

Proof of death must include:
1) a certified death certificate; and
2) a completed claim form.

AUL, at its option, may also require:
1) return of Your insurance certificate;
2) submission of pertinent medical records, including an autopsy report;
3) police reports; or
4) any other documents AUL may deem reasonably necessary to determine what benefits and to whom benefits are owed.

If the cause of death cannot be clearly established by other means, AUL reserves the right to have a medical examination performed. The examination will be performed:
1) at AUL's expense; and
2) by a Physician of AUL's choice.

If the policy is no longer in force, proof furnished more than two (2) years from the date of loss must also include:
1) proof of employment at death; and
2) proof of coverage under the policy at death.

SECTION 18 - DETERMINATION OF BENEFICIARY

Once acceptable proof of death is received, AUL will determine the Beneficiaries or payees in the following order:

1) If more than one primary Beneficiary is listed and no distributive share is indicated, then all primary Beneficiaries will share equally.
2) If no primary Beneficiaries outlive You and there is no distributive share indicated among contingent Beneficiaries, then all contingent Beneficiaries will share equally.
3) If no named Beneficiaries outlive You or none were named, then at AUL's option, a surviving relative. Relatives will be considered in descending order of preference as follows:
   a) spouse;
   b) natural and legally adopted child(ren);
   c) parent(s); or
   d) brother(s) and sister(s).
4) If Your estate is not substantial and there are no statutory requirements to the contrary, at AUL's option, benefits may be paid to the closest surviving heir(s) under applicable small estate laws.
5) If no named Beneficiaries outlive You or none were named, then at AUL's option, Your estate.

AUL may, at its option, pay the proceeds in an amount up to $2,000 to any individual appearing to AUL to be legally entitled to payment by reason of having paid funeral or other burial expenses related to Your death.

In the event You and Your Dependents should die simultaneously or if there is no clear evidence as to which individual died first, it shall be presumed that the Dependents should have predeceased You.

If any Beneficiary dies within 15 days after Your death, the Beneficiary will be treated as having died before You. This provision does not apply to any payment mailed to such Beneficiary during the 15 days following Your death, and any payment made in good faith shall fully discharge AUL.

SECTION 19 - SELECTION OF PAYMENT METHOD

The proceeds will be paid in a lump sum unless another payment method is selected or changed by giving written notice to AUL prior to Your death. If no payment method is in effect at death, the payee may select a payment method. For information concerning payment method options, You or payee should contact AUL.

Any person who becomes entitled to receive any portion of the proceeds under the policy shall be entitled to receive payment of interest if any payment is not received by such person within 30 days after the event giving rise to the obligation and after all requested information is received by AUL. Interest payable shall be calculated at an annual rate after all requested information is received by AUL. The rate of interest payable shall be the lesser of 3% or that rate, as determined from time to time by AUL, applicable to proceeds of life insurance left on deposit with AUL and subject to withdrawal on demand. For the purposes of this section, payment shall be deemed to have been received by the person when deposited by AUL in United States mail, postage prepaid, and directed to the person's last known address or the Group Policyholder's address shown in AUL's records.

AUL will determine the amount payable under any payment method.

SECTION 21 - GENERAL POLICY PROVISIONS

ENTIRE CONTRACT: The policy, the enrollment forms of the individuals, the application of the Group Policyholder, and any amendments made from time to time constitute the entire contract between the parties.

AMENDMENT and CHANGES: The policy may be amended by mutual agreement between the Group Policyholder and AUL but without prejudice to any valid claim incurred prior to the effective date of the amendment. The policy may be changed or corrected by AUL at any time. However, no change in the policy will be valid unless written notice is provided by AUL containing the signature of its Chief Executive Officer or Secretary. No other person can alter or waive the conditions of the policy or make any agreement that shall be binding upon AUL. No agent may or has the authority to waive, alter or change any terms and conditions of the policy or coverage.

INCONTESTABILITY: The validity of any coverage under the policy may not be contested, except for nonpayment of premiums, after the policy has been in force for two years after its date of issue, and no statement made by Group Policyholder or You or Your Dependent relating to Your insurability may be used in contesting the validity of the insurance with respect to which the statement was made, unless: (1) the insurance has not been in force for a period of two years or longer; and (2) the statement is contained in a written instrument signed by the Group Policyholder or You or Your Dependent. All statements made by the Group Policyholder or by the Employees or Dependents insured are to be deemed representations and not warranties, and no statement made by any person insured may be used in any contest unless a copy of the instrument containing the statement is or has been furnished to the Employees or Dependents or, in the event of death or incapacity of the Employee or Dependent, to the Employee’s or Dependent’s beneficiary or personal representative.

INSURANCE FRAUD: AUL wants to ensure that its customers do not incur additional insurance costs as a result of the act of insurance fraud. AUL promises to focus on all means necessary to support fraud detection, investigation and prosecution.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

RELATIONSHIP: AUL and the Group Policyholder are, and will remain, independent contractors. Nothing in the policy shall be construed as making the parties joint ventures or as creating a relationship of employer and employee, master and servant, or principal and agent. Neither party has any power, right or authority to bind the other or to assume or create any obligation or responsibility on behalf of the other. AUL and the Group Policyholder each retain exclusive control of their time and methods to perform their respective duties. AUL and the Group Policyholder will employ, pay and supervise their own employees and pay their own expenses during the term of the policy.

GRACE PERIOD: Premiums are due monthly and must be received by AUL within the required time frame for coverage to remain in force. You are entitled to a grace period of 31 calendar days for the payment of any premium due except the first. During the grace period, the insurance coverage shall continue in force, unless AUL has received written notice of termination in advance of date of termination and in accordance with the terms of the policy. Group Policyholder is liable to AUL for the payment of a pro rata premium for the time the policy was in force during the grace period. If the required amount of premium is not received by the end of the grace period, the insurance will terminate as of the last day of coverage for which premium was paid.

LEGAL ACTION: No legal action may be brought to obtain benefits under the policy:
1) for at least 60 days after proof of loss has been furnished and before arbitration is held pursuant to the arbitration provisions in the policy; or
2) after five (5) years from the time written proof of loss is required to have been furnished to AUL.

CONFORMITY WITH STATE LAWS: Any provision of the policy in conflict with the laws of the state in which it is delivered is amended to conform to the minimum requirements of those laws.

DATA AND RECORDS: The Group Policyholder must furnish information which AUL reasonably requires. The Group Policyholder’s documents which may have a bearing on the insurance shall be open for inspection by AUL at all reasonable times.

GENDER PRONOUNS: Whenever the male pronoun is used, it shall also mean the female.

CERTIFICATES: If there is any discrepancy between the provisions of any certificate and the provisions of the policy, the provisions of the policy will govern.

ASSIGNMENT: You may make an absolute assignment of all benefits and rights of Your coverage. Any coverage is assignable to the extent permitted by law except that no collateral assignment is permitted. No assignment is binding unless filed with AUL in a form acceptable to it. AUL assumes no responsibility for the validity or effect of any assignment.

CLAIMS OF CREDITORS: The benefits paid under the policy will be exempt from the claims of creditors to the maximum extent permitted by law.

CLERICAL ERROR: Clerical error on the part of the Group Policyholder or AUL will not invalidate insurance otherwise in force or continue insurance otherwise validly terminated. Upon discovery of an error, an equitable adjustment will be made in the premiums and/or benefits, if appropriate.

MISSTATEMENT OF AGE: If Your age or Your Dependent has been misstated, the benefits will be payable based on the true facts. Premium adjustment will be made so that AUL will receive the actual premium required based on the true facts. Any adjustment of benefits due to the correction of age will also be made.

ARBITRATION: Any controversy or claim arising out of or relating to the policy, the sale or solicitation of the policy, or its breach thereof whether in tort, contract, breach of duty (including but not limited to) any alleged fiduciary, good faith and fair dealing duties, shall be decided by arbitration in accordance with the Federal Arbitration Act, the procedures of the commercial arbitration rules of the American Arbitration Association, and this agreement. The Court of Arbitrators, which is to be held in the county seat where the Policyholder resides, shall consist of three (3) arbitrators familiar with group insurance and employee welfare benefit plans. The selection of the arbitrators shall be conducted within thirty (30) days after proper service of a demand for arbitration. One of the arbitrators shall be appointed by AUL, one by the insured, and the third shall be selected by the first two appointees prior to the beginning of arbitration. Should the two arbitrators be unable to agree upon the choice of a third, the appointment shall be left to the President or any Vice President of the American Arbitration Association. The arbitrators shall decide by a majority of votes, the award shall be in writing, the decision shall be signed by a majority of the arbitrators, and they shall include a statement regarding the reasons for the disposition of any claim. Judgment on the award rendered by the arbitrators may be entered by any court having jurisdiction thereof. The parties are not precluded from challenging the decision under the Federal Arbitration Act or applicable law. Unless not allowed under applicable law, each party shall bear the expense of its own attorney and arbitrator, and shall share equally with the other party the expenses of the third arbitrator and of the arbitration.

The parties agree that AUL is engaged in interstate commerce, and the transaction is governed by the Federal Arbitration Act, 9 U.S.C. Sections 1-16.

Consistent with the expedited nature of arbitration, each party will, upon the written request of the other party, promptly provide the other with copies of documents relevant to the issues raised by any claim or counterclaim on which the producing party may rely in support of or in opposition to any claim or defense. Any dispute regarding discovery, or the relevance or scope thereof, shall be determined by the arbitrator(s), which determination shall be conclusive. All discovery shall be completed within 60 days following the appointment of the arbitrator(s) or longer following mutual agreement by the parties.

ERISA APPEAL GUIDELINES WHEN POLICY IS GOVERNED BY ERISA: If a claimant wishes to appeal AUL's decision, claimants are allowed 60 days following receipt of a notification of an adverse benefit determination within which to appeal the determination. Claimants are allowed the opportunity to submit written comments, documents, records, and other information relating to the claim for benefits. The claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claimant's claim for benefits. Whether a document, record, or other information is relevant to a claim for benefits shall be determined by reference to paragraph (m)(8) of 29 C.F.R. Section 2560.503-1. AUL's review will take into account all comments, documents, records, and other information submitted by the claimant relating to the claim, without regard to whether such information was submitted or considered in the initial benefit determination. A claimant has a right to obtain the information about any voluntary appeal procedures offered by the plan described in paragraph (c)(3)(iv) of 29 C.F.R. Section 2560.503-1 and has a right to bring an action under section 502(a) of ERISA. A final determination will be provided pursuant to 29 C.F.R. Section 2560.503-1.

NOTICE TO INSUREDS

AUL wants all of its customers to be satisfied customers. We welcome your questions and concerns as opportunities to serve you better.

If you should have any questions concerning your insurance, please contact:

AMERICAN UNITED LIFE INSURANCE COMPANY ®
P.O. BOX 368
INDIANAPOLIS, INDIANA 46206-0368

1-800-553-5318

The Group Division’s toll-free number is answered between the hours of 7:30 a.m. and 5:00 p.m. by friendly, knowledgeable staff members. All you have to do is call.

ONEAMERICA®

American United Life Insurance Company®
P.O. Box 368, Indianapolis, Indiana 46206-0368
www.oneamerica.com

Hendry County School District
(Hereinafter called the Group Policyholder)

Group Policy Number: 00612746-0000-000 Class: 004

Change Effective Date: Does Not Apply

This certificate replaces any and all certificates previously issued to You under the Group Policy indicated above.

American United Life Insurance Company® (AUL) certifies that the Employee whose enrollment form is on file with the Group Policyholder as being eligible for insurance and for whom the required premium has been paid is insured under the above numbered Group Policy for group insurance benefits as designated in the Schedule of Benefits. Benefits are subject to change as described on the Schedule of Benefits page.

This certificate describes the coverage provided in the Group Policy. The Group Policy determines all rights and benefits in this certificate and may be amended, cancelled or discontinued at any time by agreement between AUL and the Group Policyholder without notice to You. The Group Policy may be examined at the main office of the Group Policyholder during the regular office hours.

Richard M. Ellery
Secretary and General Counsel

J. Scott Davison
Chairman, President and Chief Executive Officer

CERTIFICATE OF INSURANCE
GROUP TERM LIFE INSURANCE

THIS CERTIFICATE PROVIDES LIFE INSURANCE FOR THE INSURED EMPLOYEES AND DEPENDENTS, IF APPLICABLE, OF Hendry County School District, 25 E Hickpochee Ave, Labelle, FL UNDER GROUP CONTRACT NUMBER G 00612746. THE INSURED EMPLOYEE SHALL BE GIVEN A COPY OF THE GROUP ENROLLMENT APPLICATION. THE BENEFITS ARE PAYABLE TO THE BENEFICIARIES OF RECORD DESIGNATED BY THE EMPLOYEE.

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SECTION 1 - SCHEDULE OF BENEFITS
BASIC INSURANCE

This benefit applies to You only if premiums are paid and if:
1) the benefit was agreed to on the application by the Policyholder and AUL;
2) You elected the benefit on an enrollment form approved by AUL; or
3) the benefit was included in the information reported, in a format acceptable to AUL, by You or the Policyholder and agreed to by AUL.

CLASS 004

CLASSIFICATION:
Retirees

LIFE AMOUNT:
$10,000

ANNUAL BASE SALARY: Annual Base Salary with no Commissions or Bonuses. Annual Base Salary excludes overtime.

CHANGES IN INSURANCE COVERAGE: First of the Month. See Section 6.

CONTRIBUTIONS: Employee premium contributions are required. See Section 4.

ELIGIBILITY: First of the Month. See Section 3.

FULL-TIME EMPLOYEE REQUIREMENT: 0 hours. See Section 2, Definitions – Employee & Retiree, and Section 3A, Eligibility.

SECTION 1 - SCHEDULE OF BENEFITS
BASIC INSURANCE

CLASS 004

GUARANTEED ISSUE AMOUNT: $10,000. Any amount of coverage for which You request greater than the Guaranteed Issue Amount will only be available following written approval by AUL. Approval will be based on Evidence of Insurability and information satisfactory to AUL. If coverage for amounts greater than the Guaranteed Issue Amount is approved, coverage will begin on the date identified in writing by AUL. See Section 4, Individual Effective Date.

INDIVIDUAL EFFECTIVE DATE: First of the Month. See Section 4.

INDIVIDUAL TERMINATIONS: End of the Month. See Section 9.

REDUCTIONS: Upon attainment of the age 65, the Life Amount will reduce by 35%.
Upon attainment of the age 70, the Life Amount will reduce by 50% of the original amount.

TERMINATIONS: Terminations are governed by the Individual Terminations Section. See Section 9.

TOTAL DISABILITY: The definition for Total Disability and Totally Disabled included in this certificate is the standard any occupation definition. See Section 2.

WAITING PERIOD for Present Employees hired before the policy effective date: First of the Month following 0 days. See Eligibility Section 3.

WAITING PERIOD for New Employees hired on or after the policy effective date: First of the Month following 0 days. See Eligibility Section 3.

WAIVER OF PREMIUM FOR TOTAL DISABILITY: This benefit is not included in this certificate.

SECTION 2 – DEFINITIONS

ACCIDENTAL BODILY INJURY means an injury occurring, either directly or indirectly, as a result of an accident along with all other related conditions, sustained by You while insured under the policy.

ACTIVE WORK and ACTIVELY AT WORK mean the use of time, services, and energy by You for the Group Policyholder at the Group Policyholder's regular place of business, an alternate location approved by the Group Policyholder, or an alternate location to which the Group Policyholder requires You to travel. You must be physically and mentally capable of performing each of the material and substantial duties of Your regular position with the Group Policyholder for at least the minimum number of hours listed in the Eligibility Section of the policy. Active Work will include time off for vacation, jury duty, paid holidays, and funeral leave approved by the Group Policyholder when You could have been Actively at Work. Active Work does not include periods of time when You are not Actively at Work following an injury, Accidental Bodily Injury, Sickness, strike, lock-out, layoff, after Your employment has ended voluntarily or involuntarily, or periods of time during which You are entitled or are receiving accrued employment related benefits including but not limited to vacation time.

ACTIVITIES OF DAILY LIVING means those activities that define the Dependent's independence in day-to-day functioning. Those activities include bathing, continence, dressing, eating, toileting, and transferring, and they are defined as follows:
BATHING means washing oneself by sponge bath; or in either tub or shower, including the task of getting into or out of the tub or shower.
CONTINENCE means the ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for catheter or colostomy bag.
DRESSING means putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
EATING means feeding oneself by getting food into the body from a receptacle, such as a plate, cup, or table, or by a feeding tube or intravenously.
TOILETING means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
TRANSFERRING means moving into or out of a bed, chair, or wheelchair.

Annual Base Salary with no commission or bonuses
ANNUAL BASE SALARY means Your yearly gross wages received from the Group Policyholder based on a maximum forty (40) hour workweek. Annual Base Salary is based on the amount last reported in writing to AUL by the Group Policyholder and approved for coverage under this Policy by AUL before the date of death or the events shown in the AD&D provisions if AD&D coverage is included. Annual Base Salary does not include amounts received from commissions, bonuses, overtime or reimbursement for expenses.

CHILD means any minor related by blood, marriage or court order that can be claimed as a dependent for federal income tax purposes, and may include:

1) any of Your natural born child(ren);
2) any of Your legally adopted child(ren) from the time of placement in Your home with the intent to adopt;
3) any stepchild(ren) who live with You;
4) any child(ren) for whom You have legal guardianship; or
5) any child(ren) for whom coverage must be provided in accordance with state law or court order.

CONTRIBUTORY INSURANCE means insurance for which You pay part or all of the premium.

COVERAGE MONTH means that period of time beginning on the first day that the Group Policyholder's coverage is in force and ending on the day before that date of the next month.

DATE OF DISABILITY means the first day You are not Actively at Work due to an Accidental Bodily Injury or Sickness and results in Total Disability.

DEPENDENT means:

1) Your legal spouse under age 70;
2) Your Domestic Partner under age 70 whose relationship with You is recognized by and allowed under applicable state law provided both the Domestic Partner and You:
   a) share the same regular and permanent residence;
   b) have a close personal relationship similar to lawful marriage;
   c) are not married to anyone;
   d) are 18 years of age and older;
   e) are not so closely related by blood to be prohibited under applicable state laws;
   f) were mentally competent to consent to a contract when the domestic partnership began;
   g) are each other's sole domestic partner; and
   h) are responsible for each other's welfare;
3) Your unmarried Child from live birth and under the age of 19, if the Child:
   a) is not eligible under the policy for Personal Insurance;
   b) is not in the military of any country; and
   c) is dependent upon You for principal support and is claimed as a dependent on Your federal income tax return;
4) Your unmarried Child under the age of 25, if the Child:
   a) is registered at and attending an accredited educational institution on a full-time basis as defined by the regulations of the institution, and
   b) is dependent upon You for principal support and is claimed as a dependent on Your federal income tax return; and
5) Your unmarried Child who is disabled and incapable of self-sustaining employment as a result of mental or physical disability. The Child must have been disabled prior to age 19. If the Child is at least age 19 on Your effective date, coverage is subject to AUL's receiving written proof of the disability on that date including but not limited to receipt of Social Security Administration disability benefits. If the Child is not at least age 19, extension of coverage is subject to AUL's receiving written proof of the disability not later than 120 days after the Child attains age 19. Proof of continued disability shall be required not more than once each year thereafter.

If Dependent Insurance is not included in the policy, then references to Dependents and Dependent Insurance are null and void.

DEPENDENT INSURANCE means the insurance provided under the policy covering Your Dependents, Section 20, if included in the policy.

ELIMINATION PERIOD see Waiver of Premium, Section 8, if included in the policy.

EMPLOYEE means any individual who is a full-time, permanent Employee (including owner, member, partner, or shareholder) of the Group Policyholder:

1) who is legally authorized to work and reside in the United States under applicable state and federal laws; and
2) whose employment with the Group Policyholder constitutes his principal occupation; and
3) who regularly works at that occupation at the Group Policyholder's regular place of business a minimum of 0 hours; and
4) who is not temporarily or seasonally employed by the Group Policyholder; and
5) who is an employee, participant, person, or any member of any employee organization, who is or may become eligible to receive a benefit of any type from the Policyholder's employee welfare benefit plan; and
6) who is not an independent contractor.

EMPLOYER see GROUP POLICYHOLDER. Any references to Employer used in the policy shall include Insured Units.

EVIDENCE OF INSURABILITY means a signed statement of proof acceptable to AUL of an Employee's or Dependent's medical history provided at no expense to AUL, and, if requested by AUL, medical records, tests, and/or examinations at no expense to AUL. Satisfactory Evidence of Insurability must include information and documentation which can be used by AUL to determine if the individual is an acceptable underwriting risk and can be approved for coverage under AUL's guidelines.

GRANDFATHERED RETIREE, see Eligibility, Section 3A, if included in the policy.

GUARANTEED ISSUE AMOUNT means the amount of coverage that does not require Evidence of Insurability. This amount is selected by the Group Policyholder on the Application and later approved in writing by AUL.

GROUP POLICYHOLDER means the entity which applied for and was approved by AUL for coverage. Any references to Group Policyholder used in the policy shall include Insured Units.

MENTAL ILLNESS means a psychiatric or psychological condition classified in the most recent version of the Diagnostic and Statistical Manual of Mental Health Disorders (DSM), published by the American Psychiatric Association as of the date of Total Disability and has been diagnosed by a Physician. Such disorders include, but are not limited to, psychotic, emotional, behavioral disorders, or disorders related to stress or to substance abuse or dependency. If the DSM is discontinued or replaced, Mental Illness will be determined based on the diagnostic manual then published by the American Psychiatric Association on the date of Total Disability.

NON-CONTRIBUTORY INSURANCE means insurance for which You pay no portion of the premium.

PERMANENT AND TOTAL DISABILITY/PERMANENTLY AND TOTALLY DISABLED means Your inability as determined by a Physician to engage, due to Accidental Bodily Injury or Sickness in any occupation for which You are fitted by training, education or experience. Permanent and Total Disability/Permanently and Totally Disabled must occur after You become insured under the Policy and it must be conclusively determined the Permanent And Total Disability will continue for Your lifetime.

PERSONAL INSURANCE means the insurance provided under the policy for You.

PHYSICIAN means a qualified, licensed doctor of medicine or osteopathy, and any other licensed health care provider that state law requires to be licensed prior to engaging in the practice of medicine and who is, practicing within the scope of his specialty, license, and applicable law. Physician does not include any medical provider affiliated with the Group Policyholder, or anyone related by blood, marriage, or domestic partnership to an Employee.

REGULAR ATTENDANCE means that You or Your Dependent:
1) are receiving periodic medical treatment and services from a Physician when medically required and according to standard medical protocol to effectively manage and treat Your or Your Dependent's Disability;
2) are receiving the most appropriate treatment and care that will maximize Your medical improvement and aid in Your return to work; and
3) are receiving medical care and services from a Physician whose specialty or practice is related to the Disability.

RETIREE means an individual who, on his last day of Active Work prior to retirement, was an Actively at Work Employee and who is receiving benefits under the Group Policyholder's retirement plan. Retiree does not include an Employee who is receiving benefits under his retirement plan solely due to being Totally Disabled and who otherwise does not meet the Group Policyholder's retirement plan's criteria for receipt of benefits.

SICKNESS means illness, bodily disorder or disease, Mental Illness, normal pregnancy and complications of pregnancy. Complication of Pregnancy is defined as concurrent disease or abnormal conditions significantly affecting the usual medical management of pregnancy.

TEMPORARY LAY-OFF means a period of time during which You are not Actively at Work due to lack of work and are not terminated from employment with the Group Policyholder.

TOTAL DISABILITY AND TOTALLY DISABLED mean that because of Accidental Bodily Injury or Sickness You cannot engage in any occupation for which You are reasonably fitted by training, education, or experience. If You accept any type of employment, other than in a state-approved rehabilitation program or sheltered workshop, You will be considered fitted to that occupation.

WE, OUR, US, and AUL mean American United Life Insurance Company.®

YOU and YOUR means an Employee who meets the requirements of the Eligibility and Individual Effective Date Sections.

SECTION 3 - ELIGIBILITY

DEFINITIONS

NEW EMPLOYEE means an Employee who is employed by the Group Policyholder on or after the Group Policyholder's Effective Date.

PRESENT EMPLOYEE means an Employee who is employed by the Group Policyholder before the Group Policyholder's Effective Date.

WAITING PERIOD means the period of days beginning on the Employee's hire date that an Employee must be continuously Actively at Work prior to becoming eligible for Personal Insurance. Present Employees will be given credit for time insured under the Group Policyholder's prior group life insurance contract if the policy replaces the same coverage available under the prior group life insurance contract. The Waiting Period is stated in the Schedule of Benefits.

On the effective date of the policy, an Employee becomes eligible for Personal Insurance if:

1) the Employee has fulfilled the Waiting Period, if any, and is Actively at Work; or
2) the Employee has fulfilled the Waiting Period, if any, and is not Actively at Work due to being on an Employer-approved leave of absence other than for injury or Sickness; or
3) the Employee has fulfilled the Waiting Period, if any, and is not Actively at Work due to being on Temporary Lay-off.

After the effective date of the policy and while the policy is in force, an Actively at Work Employee becomes eligible for Personal Insurance on:

1) the date the Employee fulfills the Waiting Period, if any, if that date is the first day of the Coverage Month; or
2) the first day of the Coverage Month next following the date the Employee fulfills the Waiting Period, if any, if that date is not the first day of the Coverage Month.

TO REMAIN ELIGIBLE FOR PERSONAL INSURANCE AND DEPENDENT INSURANCE, IF ANY, EMPLOYEES MUST CONTINUOUSLY MEET THE ABOVE REQUIREMENTS.

SECTION 3A - ELIGIBILITY
Continued

For purposes of the policy, Employee also means an individual, who is a Retiree, who:

1) meets the retirement criteria defined by the Group Policyholder's employment policies; and who retired prior to January 1, 2014;
2) is permitted by applicable state law to be considered eligible for group insurance coverage; and
3) was covered under a retiree class with the prior insurance carrier.

An Employee defined in this Section becomes eligible for Personal Insurance on the later of:

1) the effective date of the policy; or
2) the effective date of the Employee's class.

THE FOLLOWING REQUIREMENTS ARE NOT APPLICABLE TO EMPLOYEES DEFINED IN SECTION 3A:

Active Work and Actively at Work

Refer to Your Basic Schedule of Benefits to determine to which coverage this page applies. When applicable, the Schedule of Benefits will indicate employee premium CONTRIBUTIONS are required and INDIVIDUAL EFFECTIVE DATE is First of the Month.

SECTION 4 - INDIVIDUAL EFFECTIVE DATE CONTRIBUTORY INSURANCE

The eligible Employee, prior to receiving coverage under the policy, must make written election to AUL on a form approved by AUL and must make timely contributions of the required amount of premium to AUL. The effective date of insurance for an eligible Employee, subject to the further provisions of this Section, is the first day of the Coverage Month following:

1) the date the Employee becomes eligible for coverage if the election is made on or before the first date of the Coverage Month and the amount requested does not exceed the Guaranteed Issue Amount;
2) the date of the election if the election is made within 31 days after the date the Employee becomes eligible and the coverage amount requested does not exceed the Guaranteed Issue Amount; or
3) the date determined by AUL when Evidence of Insurability is required. Satisfactory Evidence of Insurability, at no expense to AUL, must be provided if:
   a) election is made more than 31 days after the date the Employee becomes eligible for coverage;
   b) the amount requested exceeds the Guaranteed Issue Amount shown in the Schedule of Benefits; or
   c) election is made after a termination of insurance due to failure to make contributions.

Any eligible Employee who converted his insurance under the policy to an individual life insurance policy and if that individual life insurance policy is still in force, the employee is required prior to becoming insured again under the policy to undergo medical underwriting and submit satisfactory Evidence of Insurability, at no expense to AUL. If the Employee does not wish to undergo medical underwriting and submit satisfactory Evidence of Insurability, the Life Amount under the policy will be reduced by the amount of coverage under the individual life insurance policy. No coverage shall begin until the date AUL has approved the request for coverage in writing and the required amount of premium is received from the Employer.

If an Employee is not Actively at Work on the date coverage would otherwise become effective, the effective date will be:

1) the first day of the Coverage Month, if the Eligible Employee returns to Active Work on the first day of the Coverage Month; or
2) the first day of the Coverage Month following the date the eligible Employee returns to Active Work, if Active Work begins after the first day of the Coverage Month.

Contributions for Basic insurance are required from Employees for Personal Insurance.

Also see Continuity of Coverage, Section 5, if included in the policy.

SECTION 5 - CONTINUITY OF COVERAGE

This Section applies when coverage under the policy replaces prior group term life insurance issued to the Group Policyholder and the coverage under that policy terminated on the day before the effective date of AUL's policy.

Coverage will be extended under this Section to an Employee who:
1) was insured under the prior carrier's group term life insurance on its termination date; but
2) was not eligible for coverage on the effective date of the policy because:
   a) in the case of an Employee, he was not Actively at Work; or

Coverage may be extended if such Employee:
1) applies to AUL for coverage on or before the effective date of the policy;
2) pays the required amount of premium; and
3) is not eligible to continue coverage under the prior carrier's group term life insurance.

The amount of coverage extended will be the lesser of:
1) the coverage for which the Employee would have been eligible to receive under the policy; or
2) the coverage the Employee received under the prior carrier's group term life insurance policy minus the amount payable under that group term life policy.

The coverage under this Section will terminate on the earliest of the following dates:
1) the date for which any required premium was not received by AUL;
2) the date the Personal Insurance becomes effective under the policy;
3) the date the coverage would have terminated under the Individual Termination Section of the policy if the Personal Insurance had become effective; or
4) the date the Employee becomes eligible for coverage under the prior carrier's group term life insurance policy.

This coverage only includes the Life Amount.

SECTION 6 - CHANGES IN INSURANCE COVERAGE

The amount of coverage for which You are eligible is shown in the Schedule of Benefits.

A change in coverage that does not increase the amount of coverage becomes effective the earlier of:
1) the first day of the Coverage Month following any scheduled reduction; or
2) the first day of the Coverage Month following AUL's written approval of the change.

Prior to a change in coverage that increases coverage, You must be Actively at Work and the required amount of premium must be paid.

A change increasing the amount of coverage equal to or less than Your Guaranteed Issue Amount takes effect on:
1) the first day of the Coverage Month if You become eligible for the change on the first day of the Coverage Month; or
2) the first day of the next Coverage Month following the date You become eligible for the change, if the date is after the first day of the Coverage Month.

A change in coverage increasing the amount of coverage above Your Guaranteed Issue Amount is subject to:
1) satisfactory Evidence of Insurability, at no expense to AUL; and
2) takes effect on the first day of the Coverage Month, following AUL's written approval of the change.

If You are not Actively at Work on the effective date of the approved increase, any increase in the amount of coverage takes effect on:
1) the first day of the Coverage Month, if You return to work on the first day of the Coverage Month; or
2) the first day of the Coverage Month following Your return to Active Work, if the date is after the first day of the Month.

SECTION 9 - INDIVIDUAL TERMINATIONS

Personal Insurance terminates on the earliest of the following dates:

1) the date the policy is terminated;
2) the last day of the Coverage Month in which You request termination but not prior to the date of the request;
3) the last day of the Coverage Month for which any required premium payment was not received by AUL;
4) the last day of the Coverage Month during which You cease to be eligible, see Eligibility, Section 3 and Section 3A, if any;
5) the last day of the Coverage Month during which You become a Retiree, unless the Schedule of Benefits includes a specific classification for Retirees;
6) the last day of the Coverage Month during which You enter active military service for any country except for temporary duty of 30 days or less;
7) the last day of the Coverage Month during which You cease Active Work, except for an event listed in the policy in Continuation of Insurance, Section 7; or
8) the date of an adverse benefit determination under the Waiver of Premium provisions, if applicable.

SECTION 10 - CONVERSION PRIVILEGE

If Your coverage, or a portion of it, terminates because You are no longer eligible for coverage under the policy, You may apply for an individual life insurance conversion policy without evidence of insurability. The coverage amount of the individual life insurance conversion policy shall not exceed the amount of life insurance that ceases because of loss of eligibility for coverage under the policy minus the amount of any group life coverage for which You become eligible within 31 days of termination.

If Your coverage ceases due to termination of the policy, You may apply for and receive an individual life insurance conversion policy if Your group life insurance has been in force with AUL for five (5) continuous years before the termination date. The coverage amount of the individual life insurance conversion policy may not exceed the LESSER of:

1) the amount of life insurance that ceases because of termination minus the amount of any group life coverage for which You become eligible within 31 days of termination; or
2) $10,000.

The conversion privilege is subject to the following:

1) Written application must be made and the first premium must be paid within 31 days after the date of termination of insurance.
2) An individual life insurance policy, other than term life insurance, offered by AUL at the time of conversion, may be selected.
3) The premium on the individual policy must be at AUL's then customary rate applicable to the form and amount of the individual policy, to the class of risk to which You or Your dependent then belong, and to the individual age attained by You or Your dependent on the effective date of the individual policy.
4) The individual life insurance conversion policy takes effect on the last day of the application period and is in lieu of all benefits under the Policy.

If notice of the existence of the conversion right is not given at least 15 days before the expiration of the period during which the conversion application and payment of the first premium must be made under the terms of the policy, You have an additional period within which to exercise the conversion right. The additional conversion application period created to exercise a right of conversion expires 15 days after You are given notice of the conversion right. However, irrespective of the date on which notice is given or of the absence of any notice, the additional conversion application period may not extend beyond 60 days after the expiration date of the period within which conversion application period and payment of the first premium were to be made under the terms of the policy. For purposes of this section, notice of the right of conversion may be given to You in writing, presented to You; mailed by the Group Policyholder to Your last known address; or mailed by the insurer to Your last known address as furnished by the Group Policyholder.

If death occurs during the conversion application period, AUL will pay the Life Amount available for conversion whether or not the application or the first premium payment has been made. After the 31-day period, no conversion application will be accepted unless it is proven that it was not possible for You to apply in a timely fashion. The individual life insurance conversion policy will not include Accidental Death benefits or any other benefits currently in force under the policy.

Premium must be paid to and received by AUL for coverage during the conversion application period.

IF DEATH OCCURS DURING THE CONVERSION APPLICATION PERIOD, IN NO EVENT WILL BENEFITS BE PAYABLE UNDER BOTH THE INDIVIDUAL CONVERSION POLICY AND THE POLICY.

SECTION 15 - PAYMENT OF DEATH BENEFITS

If You die while insured under the policy, AUL will pay the benefits owed under the policy to the Beneficiary:
1) upon timely receipt of acceptable proof of death; and
2) subject to all other provisions of the policy and to Your dated and signed designation.

The following Sections describe the manner in which death benefits are paid.

SECTION 16 - NAMING OF BENEFICIARY

BENEFICIARY means the individual, individuals or entity named by You to receive Your Life Amount.

Unless the policy provides otherwise, AUL will pay benefits according to Your Beneficiary designation.

When You apply for coverage on an AUL-approved form, You should:
1) designate the name of one or more Beneficiaries;
2) classify the Beneficiaries by order of preference, either primary or contingent; and
3) indicate distribution of the proceeds among members of the class of Beneficiaries.

If more than one primary Beneficiary is listed and no distributive share is indicated, then all primary Beneficiaries will share equally. If no primary Beneficiaries outlive You and there is no distributive share indicated among the contingent Beneficiaries, then all contingent Beneficiaries will share equally.

If the policy replaces insurance coverage of another carrier, AUL may, upon written request of the Group Policyholder, recognize Beneficiary designations in effect under the prior coverage as effective until a new designation is made with AUL, provided that prior designations are in a form acceptable to AUL and the Group Policyholder receives AUL's written approval of the form.

CHANGING A BENEFICIARY

You may change a Beneficiary at any time by written request. The request must be completed, signed, dated and filed through the Group Policyholder.

AUL may recognize a beneficiary change as of the date the form was signed by You even if You are not alive when AUL receives it. However, AUL is not liable if benefits are paid according to the previous designation before AUL receives the change. If You apply for an individual life insurance conversion policy under Section 10, Conversion Privilege and name a new Beneficiary, AUL will use any beneficiary designated in that application when determining which beneficiary to pay.

AUL reserves the right to require that any Beneficiary designation be acceptable to it and be made pursuant to applicable laws.

SECTION 17 - THE DEATH CLAIM

If You die while insured under the policy, proof of death should be furnished as soon as possible. If a claim is filed under the Waiver of Premium section, proof should be furnished within 12 months of death. The claim will not be considered after the applicable statute of limitations has passed.

Proof of death must include:
1) a certified death certificate; and
2) a completed claim form.

AUL, at its option, may also require:
1) return of Your insurance certificate;
2) submission of pertinent medical records, including an autopsy report;
3) police reports; or
4) any other documents AUL may deem reasonably necessary to determine what benefits and to whom benefits are owed.

If the cause of death cannot be clearly established by other means, AUL reserves the right to have a medical examination performed. The examination will be performed:
1) at AUL's expense; and
2) by a Physician of AUL's choice.

If the policy is no longer in force, proof furnished more than two (2) years from the date of loss must also include:
1) proof of employment at death; and
2) proof of coverage under the policy at death.

SECTION 18 - DETERMINATION OF BENEFICIARY

Once acceptable proof of death is received, AUL will determine the Beneficiaries or payees in the following order:

1) If more than one primary Beneficiary is listed and no distributive share is indicated, then all primary Beneficiaries will share equally.
2) If no primary Beneficiaries outlive You and there is no distributive share indicated among contingent Beneficiaries, then all contingent Beneficiaries will share equally.
3) If no named Beneficiaries outlive You or none were named, then at AUL's option, the closest surviving heir(s) if the benefits could be paid to these heir(s) under applicable small estate laws. Heirs will be considered in descending order of preference as follows:
   a) spouse;
   b) child(ren);
   c) parent(s); or
   d) brother(s) and sister(s).
4) If no named Beneficiaries outlive You or none were named and the benefits could not be paid to the closest surviving heir(s) under applicable small estate laws, then Your estate.

AUL may, at its option, pay the proceeds in an amount up to $2,000 to any individual appearing to AUL to be legally entitled to payment by reason of having paid funeral or other burial expenses related to Your death.

In the event You and Your Dependents should die simultaneously or if there is no clear evidence as to which individual died first, it shall be presumed that the Dependents should have predeceased You.

If any Beneficiary dies within 15 days after Your death, the Beneficiary will be treated as having died before You. This provision does not apply to any payment mailed to such Beneficiary during the 15 days following Your death, and any payment made in good faith shall fully discharge AUL.

SECTION 19 - SELECTION OF PAYMENT METHOD

The proceeds will be paid in a lump sum unless another payment method is selected or changed by giving written notice to AUL prior to Your death. If no payment method is in effect at death, the payee may select a payment method. For information concerning payment method options, You or payee should contact AUL.

Any person who becomes entitled to receive any portion of the proceeds under the policy shall be entitled to receive payment of interest if any payment is not received by such person within 30 days after the event giving rise to the obligation and after all requested information is received by AUL. Interest payable shall be calculated at an annual rate after all requested information is received by AUL. The rate of interest payable shall be the lesser of 3% or that rate, as determined from time to time by AUL, applicable to proceeds of life insurance left on deposit with AUL and subject to withdrawal on demand. For the purposes of this section, payment shall be deemed to have been received by the person when deposited by AUL in United States mail, postage prepaid, and directed to the person's last known address or the Group Policyholder's address shown in AUL's records.

AUL will determine the amount payable under any payment method.

SECTION 21 - GENERAL POLICY PROVISIONS

ENTIRE CONTRACT: The policy, the enrollment forms of the individuals, the application of the Group Policyholder, and any amendments made from time to time constitute the entire contract between the parties.

AMENDMENT and CHANGES: The policy may be amended by mutual agreement between the Group Policyholder and AUL but without prejudice to any valid claim incurred prior to the effective date of the amendment. The policy may be changed or corrected by AUL at any time. However, no change in the policy will be valid unless written notice is provided by AUL containing the signature of its Chief Executive Officer or Secretary. No other person can alter or waive the conditions of the policy or make any agreement that shall be binding upon AUL. No agent may or has the authority to waive, alter or change any terms and conditions of the policy or coverage.

INCONTESTABILITY: The validity of any coverage under the policy may not be contested, except for nonpayment of premiums, after the policy has been in force for two years after its date of issue, and no statement made by Group Policyholder or You or Your Dependent relating to Your insurability may be used in contesting the validity of the insurance with respect to which the statement was made, unless: (1) the insurance has not been in force for a period of two years or longer; and (2) the statement is contained in a written instrument signed by the Group Policyholder or You or Your Dependent. All statements made by the Group Policyholder or by the Employees or Dependents insured are to be deemed representations and not warranties, and no statement made by any person insured may be used in any contest unless a copy of the instrument containing the statement is or has been furnished to the Employees or Dependents or, in the event of death or incapacity of the Employee or Dependent, to the Employee’s or Dependent’s beneficiary or personal representative.

INSURANCE FRAUD: AUL wants to ensure that its customers do not incur additional insurance costs as a result of the act of insurance fraud. AUL promises to focus on all means necessary to support fraud detection, investigation and prosecution.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

RELATIONSHIP: AUL and the Group Policyholder are, and will remain, independent contractors. Nothing in the policy shall be construed as making the parties joint ventures or as creating a relationship of employer and employee, master and servant, or principal and agent. Neither party has any power, right or authority to bind the other or to assume or create any obligation or responsibility on behalf of the other. AUL and the Group Policyholder each retain exclusive control of their time and methods to perform their respective duties. AUL and the Group Policyholder will employ, pay and supervise their own employees and pay their own expenses during the term of the policy.

GRACE PERIOD: Premiums are due monthly and must be received by AUL within the required time frame for coverage to remain in force. You are entitled to a grace period of 31 calendar days for the payment of any premium due except the first. During the grace period, the insurance coverage shall continue in force, unless AUL has received written notice of termination in advance of date of termination and in accordance with the terms of the policy. Group Policyholder is liable to AUL for the payment of a pro rata premium for the time the policy was in force during the grace period. If the required amount of premium is not received by the end of the grace period, the insurance will terminate as of the last day of coverage for which premium was paid.

LEGAL ACTION: No legal action may be brought to obtain benefits under the policy:
1) for at least 60 days after proof of loss has been furnished and before arbitration is held pursuant to the arbitration provisions in the policy; or
2) after five (5) years from the time written proof of loss is required to have been furnished to AUL.

CONFORMITY WITH STATE LAWS: Any provision of the policy in conflict with the laws of the state in which it is delivered is amended to conform to the minimum requirements of those laws.

DATA AND RECORDS: The Group Policyholder must furnish information which AUL reasonably requires. The Group Policyholder’s documents which may have a bearing on the insurance shall be open for inspection by AUL at all reasonable times.

GENDER PRONOUNS: Whenever the male pronoun is used, it shall also mean the female.

CERTIFICATES: If there is any discrepancy between the provisions of any certificate and the provisions of the policy, the provisions of the policy will govern.

ASSIGNMENT: You may make an absolute assignment of all benefits and rights of Your coverage. Any coverage is assignable to the extent permitted by law except that no collateral assignment is permitted. No assignment is binding unless filed with AUL in a form acceptable to it. AUL assumes no responsibility for the validity or effect of any assignment.

CLAIMS OF CREDITORS: The benefits paid under the policy will be exempt from the claims of creditors to the maximum extent permitted by law.

CLERICAL ERROR: Clerical error on the part of the Group Policyholder or AUL will not invalidate insurance otherwise in force or continue insurance otherwise validly terminated. Upon discovery of an error, an equitable adjustment will be made in the premiums and/or benefits, if appropriate.

MISSTATEMENT OF AGE: If Your age or Your Dependent has been misstated, the benefits will be payable based on the true facts. Premium adjustment will be made so that AUL will receive the actual premium required based on the true facts. Any adjustment of benefits due to the correction of age will also be made.

ARBITRATION: Any controversy or claim arising out of or relating to the policy, the sale or solicitation of the policy, or its breach thereof whether in tort, contract, breach of duty (including but not limited to) any alleged fiduciary, good faith and fair dealing duties, shall be decided by arbitration in accordance with the Federal Arbitration Act, the procedures of the commercial arbitration rules of the American Arbitration Association, and this agreement. The Court of Arbitrators, which is to be held in the county seat where the Policyholder resides, shall consist of three (3) arbitrators familiar with group insurance and employee welfare benefit plans. The selection of the arbitrators shall be conducted within thirty (30) days after proper service of a demand for arbitration. One of the arbitrators shall be appointed by AUL, one by the insured, and the third shall be selected by the first two appointees prior to the beginning of arbitration. Should the two arbitrators be unable to agree upon the choice of a third, the appointment shall be left to the President or any Vice President of the American Arbitration Association. The arbitrators shall decide by a majority of votes, the award shall be in writing, the decision shall be signed by a majority of the arbitrators, and they shall include a statement regarding the reasons for the disposition of any claim. Judgment on the award rendered by the arbitrators may be entered by any court having jurisdiction thereof. The parties are not precluded from challenging the decision under the Federal Arbitration Act or applicable law. Unless not allowed under applicable law, each party shall bear the expense of its own attorney and arbitrator, and shall share equally with the other party the expenses of the third arbitrator and of the arbitration.

The parties agree that AUL is engaged in interstate commerce, and the transaction is governed by the Federal Arbitration Act, 9 U.S.C. Sections 1-16.

Consistent with the expedited nature of arbitration, each party will, upon the written request of the other party, promptly provide the other with copies of documents relevant to the issues raised by any claim or counterclaim on which the producing party may rely in support of or in opposition to any claim or defense. Any dispute regarding discovery, or the relevance or scope thereof, shall be determined by the arbitrator(s), which determination shall be conclusive. All discovery shall be completed within 60 days following the appointment of the arbitrator(s) or longer following mutual agreement by the parties.

ERISA APPEAL GUIDELINES WHEN POLICY IS GOVERNED BY ERISA: If a claimant wishes to appeal AUL's decision, claimants are allowed 60 days following receipt of a notification of an adverse benefit determination within which to appeal the determination. Claimants are allowed the opportunity to submit written comments, documents, records, and other information relating to the claim for benefits. The claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claimant's claim for benefits. Whether a document, record, or other information is relevant to a claim for benefits shall be determined by reference to paragraph (m)(8) of 29 C.F.R. Section 2560.503-1. AUL's review will take into account all comments, documents, records, and other information submitted by the claimant relating to the claim, without regard to whether such information was submitted or considered in the initial benefit determination. A claimant has a right to obtain the information about any voluntary appeal procedures offered by the plan described in paragraph (c)(3)(iv) of 29 C.F.R. Section 2560.503-1 and has a right to bring an action under section 502(a) of ERISA. A final determination will be provided pursuant to 29 C.F.R. Section 2560.503-1.

NOTICE TO INSUREDS

AUL wants all of its customers to be satisfied customers. We welcome your questions and concerns as opportunities to serve you better.

If you should have any questions concerning your insurance, please contact:

AMERICAN UNITED LIFE INSURANCE COMPANY ®
P.O. BOX 368
INDIANAPOLIS, INDIANA 46206-0368

1-800-553-5318

The Group Division’s toll-free number is answered between the hours of 7:30 a.m. and 5:00 p.m. by friendly, knowledgeable staff members. All you have to do is call.

ONEAMERICA®

American United Life Insurance Company®
Indianapolis, Indiana 46206-0368
Certifies that it has issued and delivered a Policy numbered G 2535(T) E to:
Fifth Third Bank, Indiana, Trustee For The American United Life Group Insurance Trust
For The Business And Professional Service Industry
(Hereinafter called the Group Policyholder)

Hendry County School District

shall participate in the coverage as a Participating Unit.
Participating Unit Number: G 00612746-0000-000 Class: 001
Change Effective Date: Does Not Apply

This certificate replaces any and all certificates previously issued to You under the Policy indicated above.

American United Life Insurance Company® (AUL) certifies that the Employee whose enrollment form is on file with the Participating Unit as being eligible for insurance and for whom the required premium has been paid is insured under the Policy named above for group insurance benefits as designated in the Schedule of Benefits. Benefits are subject to change as described on the Schedule of Benefits page.

This certificate describes the coverage provided in the Policy. The Policy determines all rights and benefits in this certificate and may be amended, cancelled, or discontinued at any time by agreement between AUL and the Participating Unit without notice to You. The Policy may be examined at the main office of AUL during regular office hours.

If an Employee is not Actively At Work on the date insurance would otherwise become effective, the individual Effective Date is the date the Employee returns to full-time Active Work.

Richard M. Ellery
Secretary and General Counsel

J. Scott Davison
Chairman, President and Chief Executive Officer

CERTIFICATE OF INSURANCE
GROUP VOLUNTARY TERM LIFE INSURANCE CERTIFICATE
WITH AN ACCELERATED LIFE BENEFIT
NOTE: RECEIPT OF THE ACCELERATED LIFE BENEFIT MAY BE TAXABLE.
PLEASE SEEK ASSISTANCE FROM A PERSONAL TAX ADVISOR.

THIS CERTIFICATE PROVIDES LIFE INSURANCE FOR THE INSURED EMPLOYEES AND DEPENDENTS, IF APPLICABLE, OF Hendry County School District 25 E Hickpochee Ave Labelle, FL 33935 UNDER GROUP CONTRACT NUMBER 00612746-0000-000. THE INSURED EMPLOYEE SHALL BE GIVEN A COPY OF THE GROUP ENROLLMENT APPLICATION. THE BENEFITS ARE PAYABLE TO THE BENEFICIARIES OF RECORD DESIGNATED BY THE EMPLOYEE.

THE BENEFITS OF THE POLICY PROVIDING YOUR COVERAGE ARE GOVERNED PRIMARILY BY THE LAW OF A STATE OTHER THAN FLORIDA.

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SECTION 1 - SCHEDULE OF BENEFITS

This coverage is only offered to You if the required premiums are paid timely and if:

1) *the coverage was requested in the application signed by the Participating Unit and approved by AUL;*
2) *You requested the coverage on an application form approved by AUL; and*
3) *AUL determines in its discretion or judgment all other terms, conditions, and requirements outlined in this insurance contract have been met.*

CLASS: 001

CLASSIFICATION: All Eligible Full-Time Employees

LIFE AMOUNT:
The Life Amount is a flat amount available in $1,000 increments. The minimum Life Amount is $10,000. The maximum Life Amount is $500,000, or five times the Employee's Annual Base Salary, then rounded up to the next $10,000 whichever is less.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) PRINCIPAL SUM:
The AD&D Principal Sum is a flat amount available in $1,000 increments. The minimum AD&D Principal Sum is $10,000. The maximum AD&D Principal Sum is $500,000, or five times the Employee's Annual Base Salary, then rounded up to the next $10,000 whichever is less.

ACCELERATED LIFE BENEFIT (ALB):
You may request payment of 25%, 50%, or 75% of the Life Amount. This benefit is available on Life Amounts of $10,000 or more. The maximum payment is limited to 25%, 50%, or 75% of the Life Amount shown; however, AUL will not issue an amount less than $2,500. See Section 13.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS: These benefits are included. See Section 12.
- SEAT BELT BENEFIT: See Section 12A.
- AIR BAG BENEFIT: See Section 12B.
- REPATRIATION BENEFIT: See Section 12C.
- CHILD HIGHER EDUCATION EXPENSE BENEFIT: See Section 12D.
- CHILD CARE BENEFIT: See Section 12E.

ANNUAL BASE SALARY: Annual Base Salary Only. See Section 2.

CHANGES IN INSURANCE COVERAGE: First of the Month. See Section 6.

CONTRIBUTIONS: Employee premium contributions are required. See Section 2.

ELIGIBILITY: First of the Month. See Section 3.

FULL-TIME EMPLOYEE REQUIREMENT: 20 hours or more per week. See Section 2.

GUARANTEED ISSUE AMOUNT (GIA): The Guaranteed Issue Amount is $200,000.

Any amount of coverage for which You request greater than the Guaranteed Issue Amount will only be available following written approval by AUL. Approval will be based on Evidence of Insurability and information satisfactory to AUL. If coverage for amounts greater than the Guaranteed Issue Amount is approved, coverage will begin on the date identified in writing by AUL. See Section 3.

INDIVIDUAL EFFECTIVE DATE: First of the Month. See Section 3.

INDIVIDUAL REINSTATEMENTS: First of the Month. See Section 11.

INDIVIDUAL TERMINATIONS: End of the Month. See Section 9.

INITIAL ENROLLMENT PERIOD

Present Employees:	Between 10/01/2013 and 10/31/2013. See Section 3.
New Employees:	31 days following the Employees Eligibility Date. See Section 3.

TERMINATIONS: Terminations are governed by the Individual Terminations Section. See Section 9.

WAITING PERIOD for Present Employees hired before the Participating Unit's effective date: First of the Month following 0 days. See Eligibility, Section 3.

WAITING PERIOD for New Employees hired on or after the Participating Unit's effective date: First of the Month following 30 days. Also, see Eligibility, Section 3.

WAIVER OF PREMIUM FOR TOTAL DISABILITY: This benefit is included. Reductions are not applicable to this benefit. See Section 8.

SECTION 1 - SCHEDULE OF BENEFITS
DEPENDENT INSURANCE

This coverage is only offered to Your Dependent if the required premiums are paid timely and if:

1) *the coverage was requested in the application signed by the Participating Unit and approved by AUL;*
2) *You requested the coverage on an application form approved by AUL; and*
3) *AUL determines in its discretion or judgment all other terms, conditions, and requirements outlined in this insurance contract have been met.*

Class 001, Option 01

SPOUSE:

LIFE AMOUNT: The Dependent Life Amount is a flat dollar amount purchased in $500 increments. The minimum Life Amount is $10,000. The maximum Life Amount is $500,000. The Dependent Life Amount is limited to 100% of the Employee's Life Amount.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) PRINCIPAL SUM: The Dependent AD&D Principal Sum is a flat dollar amount purchased in $500 increments. The minimum AD&D Principal Sum is $10,000. The maximum AD&D Principal Sum is $500,000. The Dependent AD&D Principal Sum is limited to 100% of the Employee's AD&D Principal Sum.

GUARANTEED ISSUE AMOUNT FOR DEPENDENT SPOUSE: $50,000
Any amount of coverage for which the Dependent requests greater than the Guaranteed Issue Amount will only be available following written approval by AUL. Approval will be based on Evidence of Insurability and information satisfactory to AUL. If coverage for amounts greater than the Guaranteed Issue Amount is approved, coverage will begin on the date identified in writing by AUL. See Section 20C.

CHILD live birth to under 6 months:

LIFE AMOUNT: $1,000

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) PRINCIPAL SUM: $1,000

GUARANTEED ISSUE AMOUNT FOR DEPENDENT CHILD (live birth to under 6 months): $1,000
Any amount of coverage for which the Dependent requests greater than the Guaranteed Issue Amount will only be available following written approval by AUL. Approval will be based on Evidence of Insurability and information satisfactory to AUL. If coverage for amounts greater than the Guaranteed Issue Amount is approved, coverage will begin on the date identified in writing by AUL. See Section 20C.

CHILD 6 months to under 26 years:

LIFE AMOUNT: $5,000

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) PRINCIPAL SUM: $5,000

GUARANTEED ISSUE AMOUNT FOR DEPENDENT CHILD (6 months to under 26 years): $5,000
Any amount of coverage for which the Dependent requests greater than the Guaranteed Issue Amount will only be available following written approval by AUL. Approval will be based on Evidence of Insurability and information satisfactory to AUL. If coverage for amounts greater than the Guaranteed Issue Amount is approved, coverage will begin on the date identified in writing by AUL. See Section 20C.

Class 001, Option 01

DEPENDENT ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS: These benefits are included. See Section 20G.

SEAT BELT BENEFIT: See Section 20G-1.
AIR BAG BENEFIT: See Section 20G-2.
REPATRIATION BENEFIT: See Section 20G-3.
SPOUSE CHILD HIGHER EDUCATION EXPENSE BENEFIT: See Section 20G-4.
SPOUSE CHILD CARE BENEFIT: See Section 20G-5.

DEPENDENT LIFE WAIVER OF PREMIUM: This benefit is included. See Section 20D.

DEPENDENT SPOUSE ACCELERATED LIFE BENEFIT:
You may apply to receive payment of 50% or 75% of the Dependent Spouse Life Amount. This benefit is available on a Dependent Spouse Life Amount of $5,000 or more. The maximum payment is limited to 75% of the Dependent spouse Life Amount shown; however, AUL will not approve a payment amount less than $2,500. See Section 20H, Accelerated Life Benefit for Dependent spouse.

TERMINATIONS: Terminations are governed by the Dependent Individual Terminations section of the policy. See Section 20E.

SECTION 1 - SCHEDULE OF BENEFITS
DEPENDENT INSURANCE

This coverage is only offered to Your Dependent if the required premiums are paid timely and if:

1) *the coverage was requested in the application signed by the Participating Unit and approved by AUL;*
2) *You requested the coverage on an application form approved by AUL; and*
3) *AUL determines in its discretion or judgment all other terms, conditions, and requirements outlined in this insurance contract have been met.*

Class 001, Option 02

SPOUSE:

LIFE AMOUNT: The Dependent Life Amount is a flat dollar amount purchased in $500 increments. The minimum Life Amount is $10,000. The maximum Life Amount is $500,000. The Dependent Life Amount is limited to 100% of the Employee's Life Amount.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) PRINCIPAL SUM: The Dependent AD&D Principal Sum is a flat dollar amount purchased in $500 increments. The minimum AD&D Principal Sum is $10,000. The maximum AD&D Principal Sum is $500,000. The Dependent AD&D Principal Sum is limited to 100% of the Employee's AD&D Principal Sum.

GUARANTEED ISSUE AMOUNT FOR DEPENDENT SPOUSE: $50,000
Any amount of coverage for which the Dependent requests greater than the Guaranteed Issue Amount will only be available following written approval by AUL. Approval will be based on Evidence of Insurability and information satisfactory to AUL. If coverage for amounts greater than the Guaranteed Issue Amount is approved, coverage will begin on the date identified in writing by AUL. See Section 20C.

CHILD live birth to under 6 months:

LIFE AMOUNT: $1,000

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) PRINCIPAL SUM: $1,000

GUARANTEED ISSUE AMOUNT FOR DEPENDENT CHILD (live birth to under 6 months): $1,000
Any amount of coverage for which the Dependent requests greater than the Guaranteed Issue Amount will only be available following written approval by AUL. Approval will be based on Evidence of Insurability and information satisfactory to AUL. If coverage for amounts greater than the Guaranteed Issue Amount is approved, coverage will begin on the date identified in writing by AUL. See Section 20C.

CHILD 6 months to under 26 years:

LIFE AMOUNT: $10,000

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) PRINCIPAL SUM: $10,000

GUARANTEED ISSUE AMOUNT FOR DEPENDENT CHILD (6 months to under 26 years): $10,000
Any amount of coverage for which the Dependent requests greater than the Guaranteed Issue Amount will only be available following written approval by AUL. Approval will be based on Evidence of Insurability and information satisfactory to AUL. If coverage for amounts greater than the Guaranteed Issue Amount is approved, coverage will begin on the date identified in writing by AUL. See Section 20C.

Class 001, Option 02

DEPENDENT ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS: These benefits are included. See Section 20G.

SEAT BELT BENEFIT: See Section 20G-1.
AIR BAG BENEFIT: See Section 20G-2.
REPATRIATION BENEFIT: See Section 20G-3.
SPOUSE CHILD HIGHER EDUCATION EXPENSE BENEFIT: See Section 20G-4.
SPOUSE CHILD CARE BENEFIT: See Section 20G-5.

DEPENDENT LIFE WAIVER OF PREMIUM: This benefit is included. See Section 20D.

DEPENDENT SPOUSE ACCELERATED LIFE BENEFIT:
You may apply to receive payment of 50% or 75% of the Dependent Spouse Life Amount. This benefit is available on a Dependent Spouse Life Amount of $5,000 or more. The maximum payment is limited to 75% of the Dependent spouse Life Amount shown; however, AUL will not approve a payment amount less than $2,500. See Section 20H, Accelerated Life Benefit for Dependent spouse.

TERMINATIONS: Terminations are governed by the Dependent Individual Terminations section of the policy. See Section 20E.

SECTION 1 - SCHEDULE OF BENEFITS
DEPENDENT INSURANCE

This coverage is only offered to Your Dependent if the required premiums are paid timely and if:

1) *the coverage was requested in the application signed by the Participating Unit and approved by AUL;*
2) *You requested the coverage on an application form approved by AUL; and*
3) *AUL determines in its discretion or judgment all other terms, conditions, and requirements outlined in this insurance contract have been met.*

Class 001, Option 03

SPOUSE:

LIFE AMOUNT: The Dependent Life Amount is a flat dollar amount purchased in $500 increments. The minimum Life Amount is $10,000. The maximum Life Amount is $500,000. The Dependent Life Amount is limited to 100% of the Employee's Life Amount.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) PRINCIPAL SUM: The Dependent AD&D Principal Sum is a flat dollar amount purchased in $500 increments. The minimum AD&D Principal Sum is $10,000. The maximum AD&D Principal Sum is $500,000. The Dependent AD&D Principal Sum is limited to 100% of the Employee's AD&D Principal Sum.

GUARANTEED ISSUE AMOUNT FOR DEPENDENT SPOUSE: $50,000
Any amount of coverage for which the Dependent requests greater than the Guaranteed Issue Amount will only be available following written approval by AUL. Approval will be based on Evidence of Insurability and information satisfactory to AUL. If coverage for amounts greater than the Guaranteed Issue Amount is approved, coverage will begin on the date identified in writing by AUL. See Section 20C.

CHILD live birth to under 6 months:

LIFE AMOUNT: $1,000

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) PRINCIPAL SUM: $1,000

GUARANTEED ISSUE AMOUNT FOR DEPENDENT CHILD (live birth to under 6 months): $1,000
Any amount of coverage for which the Dependent requests greater than the Guaranteed Issue Amount will only be available following written approval by AUL. Approval will be based on Evidence of Insurability and information satisfactory to AUL. If coverage for amounts greater than the Guaranteed Issue Amount is approved, coverage will begin on the date identified in writing by AUL. See Section 20C.

CHILD 6 months to under 26 years:

LIFE AMOUNT: $15,000

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) PRINCIPAL SUM: $15,000

GUARANTEED ISSUE AMOUNT FOR DEPENDENT CHILD (6 months to under 26 years): $15,000
Any amount of coverage for which the Dependent requests greater than the Guaranteed Issue Amount will only be available following written approval by AUL. Approval will be based on Evidence of Insurability and information satisfactory to AUL. If coverage for amounts greater than the Guaranteed Issue Amount is approved, coverage will begin on the date identified in writing by AUL. See Section 20C.

Class 001, Option 03

DEPENDENT ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS: These benefits are included. See Section 20G.

SEAT BELT BENEFIT: See Section 20G-1.
AIR BAG BENEFIT: See Section 20G-2.
REPATRIATION BENEFIT: See Section 20G-3.
SPOUSE CHILD HIGHER EDUCATION EXPENSE BENEFIT: See Section 20G-4.
SPOUSE CHILD CARE BENEFIT: See Section 20G-5.

DEPENDENT LIFE WAIVER OF PREMIUM: This benefit is included. See Section 20D.

DEPENDENT SPOUSE ACCELERATED LIFE BENEFIT:
You may apply to receive payment of 50% or 75% of the Dependent Spouse Life Amount. This benefit is available on a Dependent Spouse Life Amount of $5,000 or more. The maximum payment is limited to 75% of the Dependent spouse Life Amount shown; however, AUL will not approve a payment amount less than $2,500. See Section 20H, Accelerated Life Benefit for Dependent spouse.

TERMINATIONS: Terminations are governed by the Dependent Individual Terminations section of the policy. See Section 20E.

SECTION 1 - SCHEDULE OF BENEFITS
DEPENDENT INSURANCE

This coverage is only offered to Your Dependent if the required premiums are paid timely and if:

1) *the coverage was requested in the application signed by the Participating Unit and approved by AUL;*
2) *You requested the coverage on an application form approved by AUL; and*
3) *AUL determines in its discretion or judgment all other terms, conditions, and requirements outlined in this insurance contract have been met.*

Class 001, Option 04

SPOUSE:

LIFE AMOUNT: The Dependent Life Amount is a flat dollar amount purchased in $500 increments. The minimum Life Amount is $10,000. The maximum Life Amount is $500,000. The Dependent Life Amount is limited to 100% of the Employee's Life Amount.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) PRINCIPAL SUM: The Dependent AD&D Principal Sum is a flat dollar amount purchased in $500 increments. The minimum AD&D Principal Sum is $10,000. The maximum AD&D Principal Sum is $500,000. The Dependent AD&D Principal Sum is limited to 100% of the Employee's AD&D Principal Sum.

GUARANTEED ISSUE AMOUNT FOR DEPENDENT SPOUSE: $50,000
Any amount of coverage for which the Dependent requests greater than the Guaranteed Issue Amount will only be available following written approval by AUL. Approval will be based on Evidence of Insurability and information satisfactory to AUL. If coverage for amounts greater than the Guaranteed Issue Amount is approved, coverage will begin on the date identified in writing by AUL. See Section 20C.

CHILD live birth to under 6 months:

LIFE AMOUNT: $1,000

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) PRINCIPAL SUM: $1,000

GUARANTEED ISSUE AMOUNT FOR DEPENDENT CHILD (live birth to under 6 months): $1,000
Any amount of coverage for which the Dependent requests greater than the Guaranteed Issue Amount will only be available following written approval by AUL. Approval will be based on Evidence of Insurability and information satisfactory to AUL. If coverage for amounts greater than the Guaranteed Issue Amount is approved, coverage will begin on the date identified in writing by AUL. See Section 20C.

CHILD 6 months to under 26 years:

LIFE AMOUNT: $20,000

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) PRINCIPAL SUM: $20,000

GUARANTEED ISSUE AMOUNT FOR DEPENDENT CHILD (6 months to under 26 years): $20,000
Any amount of coverage for which the Dependent requests greater than the Guaranteed Issue Amount will only be available following written approval by AUL. Approval will be based on Evidence of Insurability and information satisfactory to AUL. If coverage for amounts greater than the Guaranteed Issue Amount is approved, coverage will begin on the date identified in writing by AUL. See Section 20C.

Class 001, Option 04

DEPENDENT ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS: These benefits are included. See Section 20G.

SEAT BELT BENEFIT: See Section 20G-1.
AIR BAG BENEFIT: See Section 20G-2.
REPATRIATION BENEFIT: See Section 20G-3.
SPOUSE CHILD HIGHER EDUCATION EXPENSE BENEFIT: See Section 20G-4.
SPOUSE CHILD CARE BENEFIT: See Section 20G-5.

DEPENDENT LIFE WAIVER OF PREMIUM: This benefit is included. See Section 20D.

DEPENDENT SPOUSE ACCELERATED LIFE BENEFIT:
You may apply to receive payment of 50% or 75% of the Dependent Spouse Life Amount. This benefit is available on a Dependent Spouse Life Amount of $5,000 or more. The maximum payment is limited to 75% of the Dependent spouse Life Amount shown; however, AUL will not approve a payment amount less than $2,500. See Section 20H, Accelerated Life Benefit for Dependent spouse.

TERMINATIONS: Terminations are governed by the Dependent Individual Terminations section of the policy. See Section 20E.

SECTION 2 – DEFINITIONS

ACCIDENTAL BODILY INJURY means an injury occurring, either directly or indirectly, as a result of an accident, along with all other related conditions, sustained by an individual while insured under the policy.

ACTIVE PAY STATUS means You are eligible to and receiving pay from the Participating Unit and includes, but is not limited to, vacation leave, sick leave, bereavement leave, administrative leave, compensatory time, holidays, and personal leave.

ACTIVE WORK and ACTIVELY AT WORK mean the use of time, services, and energy by You for the Participating Unit at the Participating Unit's regular place of business, an alternate location approved by the Participating Unit, or an alternate location to which the Participating Unit requires You to travel. You must be physically and mentally capable of performing each of the material and substantial duties of Your regular position with the Participating Unit for at least the minimum number of hours listed in the Eligibility Section of the policy. Active Work will include time off for vacation, jury duty, paid holidays, and funeral leave approved by the Participating Unit when You could have been Actively at Work. If You are in Active Pay Status You will be considered Actively at Work. Active Work does not include periods of time when You are not Actively at Work following an injury, Accidental Bodily Injury, Sickness, strike, lock-out, or layoff, unless You are in Active Pay Status.

ACTIVITIES OF DAILY LIVING means those activities that define the Dependent's independence in day-to-day functioning. Those activities include bathing, continence, dressing, eating, toileting, and transferring, and they are defined as follows:
BATHING means washing oneself by sponge bath; or in either tub or shower, including the task of getting into or out of the tub or shower.
CONTINENCE means the ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for catheter or colostomy bag.
DRESSING means putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
EATING means feeding oneself by getting food into the body from a reseptacle, such as a plate, cup, or table, or by a feeding tube or intravenously.
TOILETING means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
TRANSFERRING means moving into or out of a bed, chair, or wheelchair.

ANNUAL BASE SALARY means Your yearly gross wages received from the Participating Unit based on a maximum forty (40) hour work week. Annual Base Salary is based on the amount last reported in writing to AUL by the Participating Unit and approved for coverage under the Policy by AUL before the date of death or the events shown in the AD&D provisions if AD&D coverage is included. Annual Base Salary does not include amounts received from commissions, bonuses, overtime or reimbursement for expenses.

BI-WEEKLY means every two weeks or 26 times a year.

CHILD means any minor related by blood, marriage or court order that can be claimed as a dependent for federal income tax purposes, and may include:

1) any of Your natural born child(ren);
2) any of Your legally adopted child(ren) from the time of placement in Your home and the filing of documents with the court to adopt;
3) any stepchild(ren) who live with You;
4) any child(ren) for whom You have legal guardianship; or
5) any children for whom coverage must be provided in accordance with state law or court order.

CONTINUATION UNIT means any person who has been approved for Continuation of Insurance. See Section 7, Continuation of Insurance.

CONTRIBUTORY INSURANCE means insurance for which You pay part or all of the premium.

COVERAGE MONTH means that period of time beginning on the first day that the Participating Unit's coverage is in force, as shown in the Participating Unit's Subscription Agreement, and ending on the day before that date of the next month.

DATE OF DISABILITY means the first day You are not Actively at Work due to an Accidental Bodily Injury or Sickness and results in Total Disability.

DEPENDENT means:

1) Your legal spouse;
2) Your Domestic Partner whose relationship with You is recognized by and allowed under applicable state law provided both the Domestic Partner and You;
   a) share the same regular and permanent residence;
   b) have a close personal relationship similar to lawful marriage;
   c) are not married to anyone;
   d) are 18 years of age and older;
   e) are not so closely related by blood to be prohibited under applicable state laws;
   f) were mentally competent to consent to a contract when the domestic partnership began;
   g) are each other's sole domestic partner; and
   h) are responsible for each other's welfare;
3) Your unmarried Child from live birth and under the age of 26, if the Child:
   a) is not eligible under the policy for Personal Insurance;
   b) is not in the military of any country; and
   c) is dependent upon You for principal support and is claimed as a dependent on Your federal income tax return;
4) Your unmarried Child under the age of 26, if the Child:
   a) is registered at and attending an accredited educational institution on a full-time basis as defined by the regulations of the institution, and
   b) is dependent upon You for principal support and is claimed as a dependent on Your federal income tax return; and
5) Your unmarried Child who is disabled and incapable of self-sustaining employment as a result of mental or physical disability. The Child must have been disabled prior to age 19. If the Child is at least age 19 on Your effective date, coverage is subject to AUL's receiving written proof of the disability on that date including but not limited to receipt of Social Security Administration disability benefits. If the Child is not at least age 19, extension of coverage is subject to AUL's receiving written proof of the disability not later than 120 days after the Child attains age 19. Proof of continued disability shall be required not more than once each year thereafter.

DEPENDENT INSURANCE means the insurance provided under the policy covering Your Dependents, Section 20 if included in the policy.

ELIMINATION PERIOD see Waiver of Premium, Section 8, if shown in the Subscription Agreement.

ELIGIBLE UNIT means any entity which is a subsidiary of or under majority ownership of the Participating Unit.

EMPLOYEE means any individual who is a full-time, permanent Employee (including owner, member, partner, or shareholder) of the Participating Unit:

1) who is legally authorized to work and reside in the United States under applicable state and federal laws; and
2) whose employment with the Participating Unit constitutes his principal occupation; and
3) who regularly works at that occupation at the Participating Unit's regular place of business a minimum of 20 hours or more per week; and
4) who is not temporarily or seasonally employed by the Participating Unit; and
5) who is an employee, participant, person, or any member of any employee organization, who is or may become eligible to receive a benefit of any type from the Participating Unit's employee welfare benefit plan; and
6) who is not an independent contractor.

EMPLOYEE also means an individual designated by the Participating Unit and shown in the Subscription Agreement.

EMPLOYEE also means Retiree and Grandfathered Retiree. See Section 4, Retirees.

EMPLOYER see PARTICIPATING UNIT.

EVIDENCE OF INSURABILITY means a signed statement of proof acceptable to AUL of a person's medical history provided at no expense to AUL, and, if requested by AUL, medical records, tests, and/or examinations at no expense to AUL. Satisfactory Evidence of Insurability must include information and documentation, which can be used by AUL to determine if the individual is an acceptable underwriting risk and can be approved for coverage under AUL's guidelines.

GRANDFATHERED RETIREE, see Retirees, Section 4, if shown in the Subscription Agreement.

GUARANTEED ISSUE AMOUNT means the amount of coverage that does not require Evidence of Insurability. This amount is selected by the Participating Unit, shown in the Subscription Agreement, and approved in writing by AUL.

INSURED UNIT means any Eligible Unit shown in the Subscription Agreement and is insured under the policy. See Section 23.

MENTAL ILLNESS means a psychiatric or psychological condition classified in the most recent version of the Diagnostic and Statistical Manual of Mental Health Disorders (DSM), published by the American Psychiatric Association as of the date of Total Disability and has been diagnosed by a Physician. Such disorders include, but are not limited to, psychotic, emotional, behavioral disorders, or disorders related to stress or to substance abuse or dependency. If the DSM is discontinued or replaced, Mental Illness will be determined based on the diagnostic manual then published by the American Psychiatric Association on the date of Total Disability.

NON-CONTRIBUTORY INSURANCE means insurance for which You pay no portion of the premium.

PARTICIPATING UNIT means the entity which applied for and was approved by AUL for coverage. Any references to Participating Unit used in the policy shall include Insured Units.

A Participating Unit is eligible for coverage under the policy as determined by AUL. In order for the Participating Unit to remain eligible for coverage under the policy, participation must be not less than 10 insured's in each Participating Unit.

PARTICIPATING UNIT'S ANNIVERSARY DATE means the date once a year which marks when the Participating Unit became insured under the policy.

PERMANENT AND TOTAL DISABILITY/PERMANENTLY AND TOTALLY DISABLED means Your inability as determined by a Physician to engage, due to Accidental Bodily Injury or Sickness in any occupation for which You are fitted by training, education or experience. Permanent and Total Disability/Permanently and Totally Disabled must occur after You become insured under the policy and it must be conclusively determined the Permanent And Total Disability will continue for Your lifetime.

PERSONAL INSURANCE means the insurance provided under the policy for You.

PHYSICIAN means a qualified, licensed doctor of medicine or osteopathy, and any other licensed health care provider that state law requires to be licensed prior to engaging in the practice of medicine and who is, practicing within the scope of his specialty, license, and applicable law. Physician does not include any medical provider affiliated with the Participating Unit, or anyone related by blood, marriage, or domestic partnership to an Employee.

POLICY MONTH means that period of time the policy is in force beginning on the first day of a calendar month, as shown in the Title Page, and ending on the last day of that calendar month.

PORTABLE means any Employee who has been approved for and is receiving benefits under the Portability provisions. See Section 7A, Portability.

REGULAR ATTENDANCE means that You or Your Dependent:
1) are receiving periodic medical treatment and services from a Physician when medically required and according to standard medical protocol to effectively manage and treat You or Your Dependent's Disability;
2) is receiving the most appropriate treatment and care that will maximize his medical improvement and aid in Your return to work; and
3) is receiving medical care and services from a Physician whose specialty or practice is related to the Disability.

RETIREE means an individual who, on his last day of Active Work prior to retirement, was an Actively at Work Employee and who is receiving benefits under the Participating Unit's retirement plan. Retiree does not include an Employee who is receiving benefits under his retirement plan solely due to being Totally Disabled and who otherwise does not meet the Participating Unit's retirement plan's criteria for receipt of benefits, see Retirees, Section 4, if shown in the Subscription Agreement.

SICKNESS means illness, bodily disorder or disease, Mental Illness, normal pregnancy and complications of pregnancy. Complication of Pregnancy is defined as concurrent disease or abnormal conditions significantly affecting the usual medical management of pregnancy.

SUBSCRIPTION AGREEMENT means the applications for insurance executed by the Participating Unit and approved in writing by AUL.

TEMPORARY LAY-OFF means a period of time during which You are not Actively at Work due to lack of work and are not terminated from employment with the Participating Unit.

TOTAL DISABILITY AND TOTALLY DISABLED mean that because of Accidental Bodily Injury or Sickness You cannot engage in any occupation for which You are reasonably fitted by training, education, or experience. If you accept any type of employment, other than in a state-approved rehabilitation program or sheltered workshop, You will be considered fitted to that occupation.

WE, OUR, US, and AUL mean American United Life Insurance Company®.

YOU and YOUR, when used in the policy's certificate of insurance, has the same meaning as Employee.

SECTION 3 - ELIGIBILITY, ENROLLMENT, AND INDIVIDUAL EFFECTIVE DATE

DEFINITIONS

INITIAL ENROLLMENT PERIOD means either of the periods during which You may first make written application for coverage under the policy and includes:

1) For a Present Employee, the Initial Enrollment Period is shown on the Schedule of Benefits under INITIAL ENROLLMENT PERIOD.
2) For a New Employee, the Initial Enrollment Period is:
   a) the period ending on the number of days selected by the Participating Unit and as shown on the Schedule of Benefits under INITIAL ENROLLMENT PERIOD after the date the Employee becomes eligible for coverage under the policy; or
   b) the next Scheduled Enrollment Period after the date the Employee becomes eligible for coverage under the policy.

LATE ENROLLEE means a Present or New Employee who did not request coverage during his Initial Enrollment Period.

NEW EMPLOYEE means an Employee who is employed by the Participating Unit on or after the Participating Unit's Effective Date.

PRESENT EMPLOYEE means an Employee who is employed by the Participating Unit before the Participating Unit's Effective Date.

SCHEDULED ENROLLMENT PERIOD means period of days shown in the Subscription Agreement after the Participating Unit's Effective Date, during which an Employee may apply to become covered under the policy, or during which an Employee may apply to change his coverage amounts. This period must be approved in writing by AUL.

WAITING PERIOD means the period of days beginning on the Employee's hire date that an Employee must be continuously Actively at Work prior to becoming eligible for Personal Insurance. Present Employees will be given credit for time insured under the Participating Unit's prior group life insurance contract if the policy replaces the same coverage available under the prior group life insurance contract. The Waiting Period is shown in the Subscription Agreement.

ELIGIBILITY OF EMPLOYEE

On the effective date of the policy, an Employee becomes eligible for Personal Insurance if:

1) the Employee has fulfilled the Waiting Period, if any, and is Actively at Work;
2) the Employee has fulfilled the Waiting Period, if any, and is not Actively at Work due to being on an Employer-approved leave of absence other than for injury or Sickness; or
3) the Employee has fulfilled the Waiting Period, if any, and is not Actively at Work due to being on Temporary Lay-off.

ENROLLMENT

Any eligible Employee, prior to receiving coverage under the policy, must make written request for coverage under the policy to AUL on a form approved by AUL and must make timely contributions of the required amount of premium to AUL. An eligible Employee may request coverage only during an Initial or Scheduled Enrollment Period as follows:

1) During an Employee's Initial Enrollment Period, an Employee may request coverage under any options offered by AUL and as shown on the Subscription Agreement.
2) During an Employee's Scheduled Enrollment Period:
   a) If an Employee did not request coverage during his Initial Enrollment Period, he will be considered a Late Enrollee. Enrollment at a later date can only be conducted during a Scheduled Enrollment Period. Satisfactory Evidence of Insurability will be required before any coverage will be approved by AUL.
   b) An Employee may apply to increase his Life Amount with satisfactory Evidence of Insurability. See Section 6, Changes in Insurance Coverage.

INDIVIDUAL EFFECTIVE DATE OF INSURANCE

Present Employee

For an eligible Present Employee the Individual Effective Date of Insurance will be the Participating Unit's Effective Date.

New Employee

Coverage will be effective on the first day of the Coverage Month following the Waiting Period for an eligible New Employee, the Individual Effective Date of Insurance for coverage requested during the Initial Enrollment Period, the Individual Effective Date will be:

1) the date of the request, if that date is the first day of a Coverage Month; or
2) the first day of the next Coverage Month, if the request is made after the first day of a Coverage Month.

If an Employee is not Actively At Work on the date insurance would otherwise become effective, the Individual Effective Date is the date the Employee returns to full-time Active Work.

LATE ENROLLEES

FOR COVERAGE REQUESTED BY A LATE ENROLLEE DURING A SCHEDULED ENROLLMENT PERIOD, SATISFACTORY EVIDENCE OF INSURABILITY WITHOUT EXPENSE TO AUL IS REQUIRED AND THE INDIVIDUAL EFFECTIVE DATE OF INSURANCE WILL BE IDENTIFIED BY AUL.

EVIDENCE OF INSURABILITY

Evidence of Insurability is required if:

1) request is made by a Late Enrollee;
2) request is made after a termination of insurance due to failure to pay the required amount of premium timely;
3) the amount requested by the Employee during the Initial Enrollment Period exceeds the Guaranteed Issue Amount shown in the Schedule of Benefits; or
4) the Employee requests an increase in coverage not allowed under the Guaranteed Increase Benefit.

Any amount of coverage for which the Employee requests greater than the Guaranteed Issue Amount will only be available following written approval by AUL. Approval will be based on Evidence of Insurability and information satisfactory to AUL. If coverage for amounts greater than the Guaranteed Issue Amount is approved, coverage will begin on the date identified in writing by AUL. If an amount greater than the Guaranteed Issue Amount is not approved by AUL, the Life Amount will be equal to the Guaranteed Issue Amount and will be effective as set forth above.

SECTION 5 - CONTINUITY OF COVERAGE

References to Dependent used in this section apply only if the Participating Unit's coverage under the policy includes Dependent Insurance.

Coverage will be extended under this section to an Employee or Employee's Dependent who:
1) was insured under the prior carrier's group term life insurance on its termination date; but
2) was not eligible for coverage on the effective date of the Participating Unit's coverage under the policy because:
   a) in the case of an Employee, he was not Actively at Work; or
   b) in the case of a Dependent, was confined in any medical facility, rehabilitation center, convalescent care facility, nursing home or correctional facility.

Coverage may be extended if such Employee or Dependent:
1) applies to AUL for coverage on or before the effective date of the Participating Unit's coverage under the policy;
2) pays the required amount of premium; and
3) is not eligible to continue coverage under the prior carrier's group term life insurance.

The amount of coverage extended will be the lesser of:
1) the coverage for which the Employee or Dependent would have been eligible to receive under the policy, if the Employee had been Actively at Work or the Dependent had not been confined in any medical facility, rehabilitation center, convalescent care facility, nursing home or correctional facility; or
2) the coverage the Employee or Dependent received under the Participating Unit's prior carrier's group term life insurance policy minus the amount payable under that group term life policy.

The coverage under this section will terminate on the earliest of the following dates:
1) the date for which any required premium was not received by AUL;
2) the date the Personal Insurance or Dependent Insurance becomes effective under the Participating Unit's coverage under the policy;
3) the date the coverage would have terminated under the Individual or Dependent Termination Sections of the Participating Unit's coverage under the policy if the Personal Insurance or Dependent Insurance had become effective; or
4) the date the Employee or Dependent becomes eligible for coverage under the prior carrier's group term life insurance policy.

This coverage only includes the Life Amount.

SECTION 6-CHANGES IN INSURANCE COVERAGE

GUARANTEED INCREASE IN BENEFIT (GIB)

You may request an additional amount of coverage (also known as GIB) for You, or Your insured Dependents, at each AUL approved Scheduled Enrollment Period without satisfactory Evidence of Insurability, if the following conditions are met:

1) You must be under age 70; and
2) You must be Actively at Work on the effective date of the increase; and
3) an Accelerated Life Benefit has not been paid under the certificate; and
4) during the Scheduled Enrollment:
   a) if Your Life Amount is under the Guaranteed Issue Amount shown in the Schedule of Benefits, then the total amount of coverage after the increase is not greater than the Guaranteed Issue Amount; and
   b) if Your Dependent Spouse Life Amount is under the Guaranteed Issue Amount for Dependent Spouse shown in the Dependent Insurance Schedule of Benefits and Your spouse is under age 70, then the total amount of Spouse coverage after the increase is not greater than the Guaranteed Issue Amount for Dependent Spouse; and
   c) if Your Dependent Child Life Amount is under the maximum coverage option of $20,000, shown in the Dependent Insurance Schedule of Benefits, then the Child coverage option after the increase is not greater than the maximum coverage option of $20,000; and
5) The amount of coverage after the increase is not greater than the maximum amount of coverage available to You, or your Dependents; and
6) the request for Guaranteed Increase in Benefit must be on a form approved by AUL.

If there is an age reduction schedule and reductions begin prior to age 70, the GIB offered will be based on the reduced amount of coverage and Your attained age. In no event will the total amount of coverage including any GIB increases exceed the maximum Life Amount shown in the Schedule of Benefits, or five (5) times Your Annual Base Salary, whichever is less.

If You decline coverage during the Initial Enrollment Period and want to enroll at a later Scheduled Enrollment date, receipt of any coverage will first require Evidence of Insurability and information satisfactory to AUL. Approval will be based on Evidence of Insurability and information satisfactory to AUL. If coverage is approved, coverage will begin on the date identified in writing by AUL. If You are approved for coverage during the Scheduled Enrollment, You will be eligible to request the GIB at the next Scheduled Enrollment Period.

If coverage is declined following unsatisfactory Evidence of Insurability, no GIB will be available for the insured until Evidence of Insurability and information satisfactory to AUL is received. Approval will be based on Evidence of Insurability and information satisfactory to AUL. If the GIB request is approved, coverage will begin on the date identified in writing by AUL.

COVERAGE AMOUNTS REQUESTED IN EXCESS OF THE GUARANTEED INCREASE IN BENEFIT

During Scheduled Enrollment Periods, You may apply to increase coverage above the GIB, however, receipt of any coverage above the GIB will first require Evidence of Insurability and information satisfactory to AUL. Approval will be based on Evidence of Insurability and information n satisfactory to AUL. If coverage is approved, coverage will begin on the date identified in writing by AUL.

If coverage is declined following unsatisfactory Evidence of Insurability, no GIB will be available for the insured until Evidence of Insurability and information satisfactory to AUL is received. Until the GIB is approved, only the amount previously approved by AUL will be available.

EFFECTIVE DATE OF CHANGE

The amount of coverage for which You are eligible is shown in the Schedule of Benefits.

A change in coverage that does not increase the amount of coverage takes effect on:
1) the first day of the Coverage Month following any scheduled reduction;
2) the first day of the Coverage Month following AUL's written approval of the change, if the date is the first day of the Coverage Month; or
3) the first day of the next Coverage Month following AUL's written approval of the change, if the date is after the first day of the Coverage Month.

Prior to a change in coverage that increases the amount of coverage, You must be Actively at Work and the required amount of premium must be paid.

A change increasing the amount of coverage is subject to:
1) satisfactory Evidence of Insurability, at no expense to AUL; and
2) AUL’s written approval.

If You are not Actively at Work on the approved change date, any change in the amount of coverage takes effect on:
1) the date You return to Active Work, if the date is the first day of the Coverage Month; or
2) the first day of the next Coverage Month following Your return to Active Work, if the date is after the first day of the Coverage Month.

SECTION 7 - CONTINUATION OF INSURANCE

CONTINUATION OF INSURANCE

While the policy is in force and if You have ceased Active Work due to:
1) Sickness or injury, Personal Insurance and Dependent Insurance existing under the policy may be continued for 6 months following cessation of Active Work; or
2) Temporary Lay-off, Personal Insurance and Dependent Insurance existing under the policy may be continued until the 90th day following cessation of Active Work;
3) an Employer-approved leave of absence, Personal Insurance and Dependent Insurance existing under the policy may be continued until the 90th day following cessation of Active Work, or
4) an Employer-approved leave of absence allowed under the Family and Medical Leave Act (FMLA) or state law. Personal Insurance and Dependent Insurance existing under the policy may then be continued until the end of the period allowed under FMLA or state law, whichever is longer.

In all the above Continuation of Insurance situations, benefits under this section will terminate on the earliest of the following:
1) the date You return to Active Work;
2) the date the required premium payments are not received by AUL;
3) the date You die;
4) the date You begin full or part-time employment;
5) the date the policy, or the Participating Unit's coverage under the policy, terminates;
6) the date You notify the Participating Unit that You will not be returning to Active Work;
7) the date Your class is no longer offered under the policy;
8) the date You are no longer a member in an eligible class;
9) the date You make written request for termination of coverage but not prior to the date of the request; or
10) the date You enter military service for any country, except for temporary duty not scheduled for more than 30 days.

If the Participating Unit has approved more than one type of leave of absence during any one period, AUL will consider such leaves to be concurrent for the purpose of determining how long Your coverage may continue under the policy.

If You do not return to Active Work, Personal Insurance and Dependent Insurance existing under the policy terminates at the end of Continuation of Insurance period. At the end of Continuation of Insurance period You may be eligible to apply for:
1) Waiver of Premium for Total Disability, see Section 8, if available;
2) Portability, see Section 7A; or
3) the Conversion Privilege, see Section 10.

When the policy terminates, if You have ceased Active Work due to Total Disability, Your Life Insurance may be continued as defined under the Waiver of Premium for Total Disability provision, if included; or if Waiver of Premium for Total Disability is not included or if You are not eligible for waiver due to age, Your Life Insurance may be continued while You are Totally Disabled under this Continuation of Insurance provision for up to 12 months following termination of the policy. In no event will an extension of the life benefit, due to Your Total Disability, under this Continuation of Insurance provision extend beyond 12 months from the date the policy terminated.

SECTION 7A - PORTABILITY

PORTABILITY

If Your coverage ceases due to:
1) loss of eligibility under the policy due to not being Actively at Work or a reduction in hours worked;
2) termination of employment; or
3) termination of the Participating Unit's coverage under the policy and coverage is not replaced under a similar group insurance policy within 31 days following termination of coverage.

You may continue the amount of Personal Insurance and Dependent Insurance existing under the policy, minus any benefits paid under the policy without interruption until the earlier of:
1) the date premium payments are not received by AUL for You; or
2) the attainment of age 70.

To continue coverage You must submit written application and the required amount of premium to AUL within 31 days of the date coverage terminated under the policy. Failure to pay the required amount of premium to AUL timely will terminate any coverage under the policy at the end of the period for which the premium has been received. AUL reserves the right to charge an administrative fee to cover administrative expenses.

LIMITATIONS
1) If Personal Insurance is based on a function of Your Annual Base Salary, no changes in coverage due to salary increases will be allowed under Section 7A.
2) Dependent Insurance may be continued when Your Personal Insurance is continued under Section 7A.
3) Your AD&D coverage may be continued under Section 7A, subject to the provisions of the policy.
4) Dependent AD&D coverage may be continued when Your AD&D coverage is continued under Section 7A.
5) No Waiver of Premium benefits are available under Section 7A.
6) No benefits under Section 7A are available to any Employee who is not authorized to reside in the United States or whose domicile is outside of the United States.

If benefits under Section 7A terminates You may convert Your Life Amount and any Dependent Insurance to an individual policy in accordance with Section 10, Conversion Privilege.

AUL may terminate the insurance under this provision at the end of any Coverage Month by giving the Participating Unit and each Portable at least 31 days prior written notice.

See Section 26, Termination of a Portable.

SECTION 8 - WAIVER OF PREMIUM

DEFINITIONS

ELIMINATION PERIOD means a 6 month period of consecutive days of Total Disability. The Elimination Period begins on the 1st day of Total Disability and ends on the last day ending the 6 month period. You may not have more than three (3) days of Active Work during the Elimination Period.

WAIVER OF PREMIUM BENEFIT

AUL will waive further premium payments for Your Life Amount if You:
1) become Totally Disabled before age 60 and while insured under the policy;
2) remain continuously Totally Disabled during the 6 month Elimination Period;
3) submit and AUL receives proof of Total Disability within the three (3) months prior to the end of the Elimination Period;
4) submit and AUL receives acceptable proof of continuous Total Disability at least annually and as requested by AUL; and
5) are under the Regular Attendance of a Physician.

AUL also may require that You be examined:
1) at AUL's expense;
2) by a Physician of AUL's choice.

While You meet the conditions set forth above and is approved by AUL for the benefit You will retain coverage for the Life Amount without the need to make further premium payments until the first of the following occurs:
1) proof of Total Disability is not received by AUL;
2) You become employed, or are found able to be employed in an occupation for which You are reasonably fitted by training, education or experience;
3) You refuse to undergo a medical examination requested by AUL;
4) the date You are not under the Regular Attendance of a Physician;
5) proof of continuous Total Disability is not submitted within the twelfth month of any benefit period unless it was not possible to do so;
6) You attain age 70;
7) You are no longer Totally Disabled.

SECTION 8 - WAIVER OF PREMIUM

If You are not approved for this benefit, or if the Waiver of Premium benefit coverage ceases and You do not return to Active Work You may, within 31 days from notice of the adverse benefit determination or the cessation of coverage, apply to:

1) continue Your coverage, pursuant to Section 7A, Portability; or
2) convert Your Life Amount to an individual life insurance policy, pursuant to Section 10, Conversion Privilege.

If benefits under the Waiver of Premium for Total Disability end because You return to Active Work with the Participating Unit, and the policy is still in force You are eligible to apply for the coverages available to Your class.

If You die during the Elimination Period and benefits are payable under the policy Your Beneficiary will be entitled to the Life Amount.

If benefits are payable under the policy after You are approved for Waiver of Premium and You have applied and been issued an individual life insurance policy under Section 10, Conversion Privilege, any amount payable under the policy will be reduced by the amount payable under the individual life insurance policy. IN NO EVENT WILL A BENEFIT BE PAYABLE UNDER BOTH THE INDIVIDUAL LIFE INSURANCE POLICY AND THE POLICY GREATER THAN THE LIFE AMOUNT, NOR WILL ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS, IF ANY, BE PAYABLE BEYOND THE WAIVER OF PREMIUM BENEFIT FOR TOTAL DISABILITY ELIMINATION PERIOD.

SECTION 9 - INDIVIDUAL TERMINATIONS

Personal Insurance terminates on the earliest of the following dates:

1) the date the Participating Unit's coverage under the policy is terminated;
2) the last day of the Coverage Month in which You request termination but not prior to the date of the request;
3) the last day of the Coverage Month for which any required premium payment was not received by AUL;
4) the last day of the Coverage Month during which You cease to be eligible. See Section 3, Eligibility;
5) the last day of the Coverage Month during which You enter active military service for any country except for temporary duty of 30 days or less;
6) the last day of the Coverage Month during which You cease Active Work, except for an event listed in the policy in Continuation of Insurance, see Section 7, Continuation of Insurance;
7) the date of an adverse benefit determination under the Waiver of Premium provisions; or
8) the last day of the Coverage Month during which You become a Retiree, unless the Schedule of Benefits includes a specific classification for Retirees.

Accidental Death and Dismemberment coverage terminates when Personal Insurance terminates. Accidental Death and Dismemberment coverage also terminates on the earliest of the following dates:

1) the date of an adverse or positive benefit determination under the Waiver of Premium Benefit provisions;
2) the last day of the Coverage Month during which You become a Retiree, unless the Schedule of Benefits includes a specific classification for Retirees that includes AD&D Principal Sum Amounts;
3) the date Your Life Amount reduces to zero; or
4) the end of the Elimination Period.

SECTION 10 - CONVERSION PRIVILEGE

If Your coverage or a portion of it, terminates because You are no longer eligible for coverage under the policy You may apply for an individual life insurance conversion policy without evidence of insurability. The coverage amount of the individual life insurance conversion policy shall not exceed the amount of life insurance that ceases because of loss of eligibility for coverage under the policy minus the amount of any group life coverage for which You become eligible within 31 days of termination.

If Your coverage ceases due to termination of the policy You may apply for and receive an individual life insurance conversion policy if Your group life insurance has been in force with AUL for five (5) continuous years before the termination date. The coverage amount of the individual life insurance conversion policy may not exceed the LESSER of:

1) the amount of life insurance that ceases because of termination minus the amount of any group life coverage for which You become eligible within 31 days of termination; or
2) $10,000.

The conversion privilege is subject to the following:

1) Written application must be made and the first premium must be paid within 31 days after the date of termination of insurance.
2) An individual life insurance policy other than term life insurance, offered by AUL at the time of conversion, may be selected.
3) The premium on the individual life insurance policy must be at AUL's then customary rate applicable to the form and amount of the individual life insurance policy, to the class of risk to which You or Your dependent then belong, and to the individual age attained by You or Your dependent on the effective date of the individual life insurance policy.
4) The individual life insurance conversion policy takes effect on the last day of the application period and is in lieu of all benefits under the policy.

If notice of the existence of the conversion right is not given at least 15 days before the expiration of the period during which the conversion application and payment of the first premium must be made under the terms of the policy, You have an additional period within which to exercise the conversion right. The additional conversion application period created to exercise a right of conversion expires 15 days after You are given notice of the conversion right. However, irrespective of the date on which notice is given or of the absence of any notice, the additional conversion application period may not extend beyond 60 days after the expiration date of the period within which conversion application period and payment of the first premium were to be made under the terms of the policy. For purposes of this section, notice of the right of conversion may be given to You in writing, presented to You; mailed by the Participating Unit to Your last known address; or mailed by the insurer to Your last known address as furnished by the Participating Unit.

If death occurs during the conversion application period, AUL will pay the Life Amount available for conversion whether or not the application or the first premium payment has been made. After the 31-day period, no conversion application will be accepted unless it is proven that it was not possible for You to apply in a timely fashion. The individual life insurance conversion policy will not include Accidental Death benefits or any other benefits currently in force under the policy.

Premium must be paid to and received by AUL for coverage during the conversion application period.

IF DEATH OCCURS DURING THE CONVERSION APPLICATION PERIOD, IN NO EVENT WILL BENEFITS BE PAYABLE UNDER BOTH THE INDIVIDUAL CONVERSION POLICY AND THE POLICY. ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS, IF ANY, ARE NOT PAYABLE BEYOND THE DATES OUTLINED IN SECTION 9, INDIVIDUAL TERMINATIONS.

SECTION 11 - INDIVIDUAL REINSTATEMENTS

If Personal Insurance, and Dependent Insurance if any, terminates due to termination of Your employment You can apply to reinstate that coverage following return to Active Work. The following conditions apply:

1) When You return to Active Work within 30 days of termination of coverage, coverage becomes effective on the first day of the next Coverage Month following Your return to Active Work. Evidence of Insurability will not be required for any amount of coverage less than the Guaranteed Issue Amount.
2) When return to Active Work occurs after the period shown in paragraph 1 above You will be considered a New Employee and must satisfy all New Employee requirements. See Section 3, Eligibility, Enrollment, and Individual Effective Date. Evidence of Insurability will not be required for any amount of coverage less than the Guaranteed Issue Amount.
3) When the Life Amount has been converted under the Conversion Privilege, Section 10, the Life Amount available for reinstatement under the policy will be reduced by the amount of coverage under the individual life insurance policy. In no event will the amount of coverage reinstated under this Section and the amount of coverage under the individual life insurance policy be greater than the Life Amount existing on Your termination of employment.
4) Prior to applying for reinstatement, AUL must have received the required amount of premium timely.
5) The maximum amount of coverage reinstated will not exceed the maximum amount of coverage which would have been available had Your coverage not terminated.

If reinstatement is requested for any reason other than returning to Active Work, medical underwriting and satisfactory Evidence of Insurability, at no expense to AUL, will be required prior to AUL's approval of coverage. The effective date of reinstatement will be the date determined by AUL in writing.

Dependent Insurance cannot be reinstated without reinstatement of Personal Insurance. Accidental Death and Dismemberment coverage cannot be reinstated without reinstatement of Personal Insurance.

IN NO EVENT CAN AN EMPLOYEE HAVE COVERAGES FROM ALL EXISTING AUL GROUP VOLUNTARY TERM LIFE INSURANCE CONTRACTS EXCEEDING THE MAXIMUM AMOUNT SHOWN IN THE SCHEDULE OF BENEFITS.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT

DEFINITIONS

ACCIDENTAL DEATH means death due to an accident, directly and independently of all other causes.

ADDITIONAL ACCIDENTAL DEATH BENEFITS mean the Seat Belt Benefit, the Air Bag Benefit, the Repatriation Benefit, the Child Higher Education Benefit and the Child Care Benefit. The total of the Additional Accidental Death Benefits payable will not exceed 100% of Your AD&D Principal Sum shown in the Schedule of Benefits.

ACCIDENTAL DISMEMBERMENT means loss of sight, speech or hearing or severance of a body member, Loss of Use of a limb of the body or Severe Burn due to an accident, directly and independently of all other causes.

AIR BAG means an inflatable restraint device that is activated in an Automobile accident and;
1) was installed by the Automobile manufacturer;
2) is not altered after the original installation by the Automobile manufacturer;
3) is functioning properly; and
4) complies with Federal Motor Vehicle Safety Standard Number 208 (49 C.F.R. Section 571.208) for the make, model and year of the Automobile.

AUTOMOBILE means a motor vehicle properly registered with local authorities and permitted under applicable laws for use on highways.

CHILD - see SECTION 2, DEFINITIONS.

LOSS OF SIGHT means total, permanent blindness.

LOSS OF SPEECH means total, permanent and irrecoverable loss of vocal communication.

LOSS OF HEARING means total, permanent deafness in both ears which cannot be restored by any means.

LOSS OF HAND means complete severance of the hand through or above the wrist.

LOSS OF THUMB AND INDEX FINGER means complete severance of both the thumb and index finger at or above the metacarpophalangeal joints on the same hand.

LOSS OF FOOT means complete severance of the foot through or above the ankle.

LOSS OF USE OF UPPER AND LOWER LIMBS OF THE BODY means a total, permanent and irrecoverable loss of voluntary movement of the upper and lower limbs of the body which has continued for 12 continuous months.

LOSS OF USE OF BOTH LOWER LIMBS OF THE BODY means a total, permanent and irrecoverable loss of voluntary movement of both lower limbs of the body which has continued for 12 continuous months.

LOSS OF USE OF UPPER AND LOWER LIMBS ON ONE SIDE OF THE BODY means a total, permanent and irrecoverable loss of voluntary movement of the upper and lower limbs on one side of the body which has continued for 12 continuous months.

LOSS OF USE OF ONE LIMB OF THE BODY means a total, permanent and irrecoverable loss of voluntary movement of one limb of the body which has continued for 12 continuous months.

HEMIPLEGIA means the total, permanent and irrecoverable paralysis of the upper and lower limbs on the same side of the body which has continued for 12 continuous months.

MONOPLEGIA means the total, permanent and irrecoverable paralysis of one limb of the body which has continued for 12 continuous months.

PARAPLEGIA means the total, permanent and irrecoverable paralysis of both lower limbs of the body which has continued for 12 continuous months.

QUADRIPLEGIA means the total, permanent and irrecoverable paralysis of both upper and lower limbs of the body which has continued for 12 continuous months.

SEAT BELT means a properly installed safety belt meeting the standards stated in the Federal Motor Vehicle Safety Standard Number 208 (49 C.F.R. Section 571.208) for the make, model, and year of the Automobile.

SEVERE BURNS means third-degree burns on at least fifty percent of the body.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If You have an accident while insured under the policy which results in a loss or condition shown below, AUL will pay the amount shown opposite the loss or condition if:
1) the loss or condition occurs within 365 days from the date of the accident; and
2) AUL receives acceptable proof of loss of the condition.

FOR ACCIDENTAL LOSS OF	AMOUNT PAYABLE
Life	AD&D Principal Sum
Both Hands or Both Feet or Sight of Both Eyes	AD&D Principal Sum
Speech and Hearing	AD&D Principal Sum
One Hand and One Foot	AD&D Principal Sum
One Hand and Sight of One Eye	AD&D Principal Sum
One Foot and Sight of One Eye	AD&D Principal Sum
Sight of One Eye	One-half of the AD&D Principal Sum
One Hand or One Foot	One-half of the AD&D Principal Sum
Speech or Hearing	One-half of the AD&D Principal Sum
Thumb and Index Finger	One-quarter of the AD&D Principal Sum
FOR CONDITIONS OF	
Quadriplegia or Loss of Use of Upper and Lower Limbs of the Body	AD&D Principal Sum
Paraplegia or Loss of Use of Both Lower Limbs of the Body	One-half of the AD&D Principal Sum
Hemiplegia or Loss of Use of Upper and Lower Limbs on the Same Side of the Body	One-half of the AD&D Principal Sum
Monoplegia or Loss of Use of One Limb of the Body.	One-quarter of the AD&D Principal Sum
Severe burns	AD&D Principal Sum

The AD&D Principal Sum is shown in the Schedule of Benefits.

AUL will only pay a benefit for either paralysis or loss of a limb, but not a benefit for both.

The total amount payable will never exceed the AD&D Principal Sum for all losses or events sustained by You. The amount payable for loss of life is paid according to Payment of Death Benefits, Section 15. Amounts payable for other losses are paid to You.

LIMITATIONS

Benefits are not payable for loss due directly or indirectly to:
1) suicide or attempted suicide, whether sane or insane;
2) air travel as a crew member;
3) participation in a riot or from war or an act of war, whether declared or undeclared;
4) caused or contributed to by the insured's commission of or attempt to commit a criminal act under relevant state law;
5) the voluntary taking of:
   a) a prescription drug or medicine in a manner other than as prescribed by a Physician;
   b) any other federally- or state-regulated substance in an unlawful manner;
   c) non-prescription medicine, in a manner other than as indicated in the printed instructions; or
   d) poison;
6) the voluntary inhaling of gas (unless due to occupational accident);
7) Sickness other than infection occurring as a result of accidental injury;
8) voluntary use of alcohol resulting in intoxication above the legal limit;
9) voluntary use of a hallucinogen or substance causing intoxication;
10) operating a vehicle while intoxicated above the legal limit or while under the influence of hallucinogen or substance causing intoxication;
11) violation of traffic laws other than an infraction, racing, stunt-driving, or engaging in other similar activity during the accident; or
12) participation in hang-gliding, bungee jumping, skydiving, rock climbing or mountain climbing.

Notice and Proof of Injury/Accidental Death: AUL's Home Office must receive written notice of the injury/Accidental Death on which the claim is based within 31 days of the date of the accident. AUL's Home Office must receive acceptable proof of loss within 90 days after the date of the loss. Acceptable proof of loss must be furnished as follows:
1) a certified death certificate;
2) a complete and accurate AUL death claim form and if available, a copy of the police, autopsy, and medical reports related to the death;
3) a statement by the Participating Unit certifying the amount of coverage existing on the date of loss; and
4) at AUL's option, other documents or information as needed to investigate the loss and determine whether or not benefits are payable under the policy.

AUL has the right to examine You:
1) as often as necessary;
2) at AUL's expense; and
3) by a medical professional of AUL's choice.

TERMINATION OF ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

Accidental Death and Dismemberment coverage for You will terminate as outlined in Section 9, Individual Terminations.

The Participating Unit may terminate the insurance under this Section at the end of any Coverage Month by giving AUL 31 days prior written notice.

AUL may terminate the insurance under this Section at the end of any Coverage Month by giving at least 31 days prior notice to the Participating Unit.

AUL WILL STILL BE LIABLE FOR PAYMENT OF VALID CLAIMS INCURRED BEFORE THE TERMINATION DATE.

THIS COVERAGE AND ANY BENEFITS UNDER THIS SECTION ARE NOT AVAILABLE DURING THE CONVERSION APPLICATION PERIOD, DURING THE ELIMINATION PERIOD, OR WHILE ELIGIBLE FOR BENEFITS UNDER THE WAIVER OF PREMIUM PROVISIONS.

EXPOSURE

If You are unavoidably exposed to heat or cold as a direct result of a covered accident, and as a direct result of the exposure, You suffer a loss for which benefits would be payable under this Section, an AD&D benefit will be paid. Any loss associated with exposure to heat or cold must occur within 365 days of the accident.

The total amount payable will never exceed the AD&D Principal Sum for all losses sustained by You.

This provision is subject to the further limitations and provisions of Section 12.

DISAPPEARANCE

If You are an occupant in a vessel, vehicle or plane at the time of accidental destruction, sinking, or disappearance of the vessel or vehicle, and Your body cannot be found within one year of the date of the accidental destruction, sinking, or disappearance You will be presumed to have died. AUL will only presume Accidental Death if:

1) there is no evidence to the contrary;
2) there is a determination by the appropriate governmental authorities or court issuing a valid and legally binding determination that You have died;
3) a certified copy of the governmental authority findings or court order is provided to AUL; and
4) benefits would have been paid assuming a death certificate could have been issued if the body was recovered.

If You are later determined not to have died following AUL's payment of any benefits under the policy, the individuals and entities which received any portion of the amounts paid by AUL will immediately return all amounts received upon receiving information indicating You are alive.

If You are later located after AUL has paid an Accidental Death benefit, any other benefit that may be payable under the policy will be reduced by the amount of any benefit already paid.

Your coverage under the policy must exist with AUL at the time of Accidental Death. The total amount payable will not exceed the AD&D Principal Sum for all losses sustained by You. This provision is subject to further limitations and provisions of Section 12.

SEAT BELT BENEFIT

AUL will pay an Additional Accidental Death Benefit if You die as a result of a non-occupational Automobile accident while You were properly wearing a Seat Belt at the time of the accident. The following rules apply:

1) The Seat Belt Benefit equals the lesser of:
   a) 10% of Your AD&D Principal Sum shown in the Schedule of Benefits; or
   b) $25,000.
2) AUL must receive satisfactory written proof that Your death resulted from an Automobile accident and that You were properly wearing a Seat Belt at the time of the accident. A copy of all police reports must be submitted with the claim, and must show conclusively the Seat Belt was properly worn.
3) This benefit will not be paid if You, while operating the Automobile, were legally intoxicated as defined by applicable laws, violating traffic laws other than an infraction, racing, stunt-driving, or engaging in other similar activity during the accident.

In no event will the total of all Additional Accidental Death Benefits payable exceed 100% of Your AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of Section 12.

AIR BAG BENEFIT

AUL will pay an Additional Accidental Death Benefit if You die as a result of a non-occupational Automobile accident while You were properly wearing a Seat Belt at the time of the accident and the Air Bag deployed properly at the time of the accident. The following rules apply:

1) The Air Bag Benefit equals the lesser of:
   a) 10% of Your AD&D Principal Sum shown in the Schedule of Benefits; or
   b) $5,000.
2) AUL must receive satisfactory written proof that Your death resulted from an Automobile accident and that You were properly wearing a Seat Belt at the time of the accident, You were positioned in a seat that is designed to be protected by an Air Bag, and that the Air Bag deployed at the time of the accident. A copy of all police reports must be submitted with the claim, and must show conclusively the Air Bag inflated properly at the time of the accident.
3) This benefit will not be paid if You, while operating the Automobile, were legally intoxicated as defined by applicable laws, violating traffic laws other than an infraction, racing, stunt-driving, or engaging in other similar activity during the accident.

In no event will the total of all Additional Accidental Death Benefits payable exceed 100% of Your AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of Section 12.

DEFINITIONS

REASONABLE EXPENSES means usual and customary fees or charges assessed in the marketplace for the services performed.

REPATRIATION BENEFIT

AUL will pay an Additional Accidental Death Benefit if You die either greater than 200 miles away from Your principal place of residence or is outside of the country at the time of Accidental Death. The following rules apply:

1) The Repatriation Benefit equals the lesser of:
   a) Reasonable Expenses for transportation of Your body to a funeral home or mortuary near Your principal place of residence;
   b) $5,000; or
   c) 10% of Your AD&D Principal Sum Insurance shown in the Schedule of Benefits.
2) AUL must receive satisfactory written proof documenting the location of Your Accidental Death. Any Repatriation Benefit will be paid following receipt that reasonable transportation expenses were paid.
3) Only one Repatriation Benefit will be paid to the beneficiary who has paid the cost for any covered expenses, regardless of any additional coverages for which You may be insured with AUL.
4) Acceptable written proof and documentation of the reasonable transportation expenses paid must be received by AUL within 12 months of Accidental Death.

In no event will the total of the Additional Accidental Death Benefits payable exceed 100% of Your AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of Section 12.

The following definitions apply only to this section:

DEFINITIONS

ACADEMIC YEAR means the annual period of educational sessions of an accredited post-secondary educational institution.

EDUCATION EXPENSES means tuition that is assessed by the accredited post secondary educational institution and is required to be paid in order for the Child to be classified as a full time student.

ELIGIBLE STUDENT under this Section means Your unmarried Child under age 25, or other age as required by state law, who on the date of Your Accidental Death:

1) is enrolled in and is attending an accredited post-secondary educational institution on a full-time basis; or
2) is at the 12th grade level and enrolls and attends an accredited post-secondary educational institution within 16 months from the date of Your death; and
3) is dependent upon You for principal support and is claimed as a dependent on Your federal income tax return.

CHILD HIGHER EDUCATION BENEFIT

AUL will pay an Additional Accidental Death Benefit subject to the following rules:

1) The Child Higher Education Benefit payment will be no more than $4,000 for each Eligible Student per Academic Year for Education Expenses. The cumulative benefit payments for all Eligible Students will not exceed the lesser of:
   a) $20,000; or
   b) 10% of the AD&D Principal Sum shown in the Schedule of Benefits.
2) The Child Higher Education Benefit will be paid:
   a) for Education Expenses that are incurred and paid after Your Accidental Death;
   b) once annually at the conclusion of the Academic Year;
   c) not more than 5 consecutive years after the date of Your Accidental Death;
   d) until such date that the Child no longer satisfies eligibility requirements under the policy or the accredited post-secondary educational institution;
   e) following AUL's receipt of documentation showing proof of paying Education Expenses, the Child Higher Education Benefit will be paid to any named beneficiary who paid Education Expenses; and
   f) in direct proportion to the amount of Education Expenses paid by each named beneficiary.
3) If there is no Eligible Student, no Child Higher Education Benefit will be paid.
4) Child Higher Education Benefits will only be paid based on enrollment in one accredited post-secondary educational institution.
5) No annual Child Higher Education Benefits will be paid beyond the date the policy terminates. If the Participating Unit's coverage under the policy terminates within 60 days of the end of the current Academic Year, a final Child Higher Education Benefit will be paid when eligible.

In no event will the total of the Additional Accidental Death Benefits payable exceed 100% of Your AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of this Section.

SECTION 12E - ACCIDENTAL DEATH AND DISMEMBERMENT
SECTION 12E - CHILD CARE BENEFIT

The following definitions apply only to this section:

DEFINITIONS

CHILD CARE EXPENSES mean any reasonable and customary weekly or monthly child-care fees assessed by a Child Care Facility.

CHILD CARE FACILITY means a properly state-licensed child-care center not owned or operated by a member of the Child's Family.

ELIGIBLE CHILD(REN) under this Section means Your Child(ren) under the age of 13.

FAMILY means any parent, stepparent, grandparent, brother, sister, uncle or aunt.

CHILD CARE BENEFIT

AUL will pay an Additional Accidental Death Benefit subject to the following rules:

1) The Child Care Benefit applies to each Eligible Child enrolled in a Child Care Facility on the date of Your Accidental Death or subsequently enrolls in a Child Care Facility within 12 months of Your Accidental Death.
2) Only Child Care Expenses incurred and paid after Your Accidental Death will be paid.
3) No more than $4,000 will be paid for each Eligible Child per calendar year for Child Care expenses. The cumulative benefit payments for all Eligible Children will not exceed the lesser of:
   a) $20,000, or
   b) 10% of Your AD&D Principal Sum shown in the Schedule of Benefits.
4) The Child Care Benefit will be paid once per year at the completion of the calendar year to the earlier of the following:
   a) the date the Child no longer satisfies eligibility requirements;
   b) the date the Child attains age 13; or
   c) 5 consecutive years after the date of Your Accidental Death.
5) If there is no Eligible Child, no Child Care Benefit will be paid.
6) Following AUL's receipt of documentation showing proof of paying Child Care Expenses, the Child Care Benefit will be paid to any named beneficiary who paid Child Care Expenses, and in proportion to the amount of Child Care Expenses paid by each named beneficiary.
7) No Child Care Benefit will be paid beyond the date the policy terminates. If the policy terminates within 60 days of the end of the calendar year, a final Child Care Benefit will be paid when eligible.

In no event will the total of all Additional Accidental Death Benefits payable exceed 100% of Your AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of Section 12.

SECTION 13 - ACCELERATED LIFE BENEFIT

The following definitions apply only to this section:

DEFINITION

TERMINAL CONDITION means an injury or Sickness that, despite appropriate medical care, is conclusively established to AUL will result in Your death within 12 months from the date of claim, AUL may require that You be examined at AUL's expense by AUL's choice of Physician.

ACCELERATED LIFE BENEFIT

If You are Permanently and Totally Disabled and are diagnosed with a Terminal Condition and are eligible for benefits under this Section, You may apply for payment of the Accelerated Life Benefit. The amount of Accelerated Life Benefit available is shown in the Schedule of Benefits, unless any portion of Your Life Amount has already been paid. The amount of Accelerated Life Benefit available will then be based on the amount remaining after payment of any portion of the Life Amount. Benefits will be paid in one lump sum to You.

CONDITIONS

To be eligible to apply for the Accelerated Life Benefit:
1) You must have Personal Insurance;
2) You must be determined by AUL to be Permanently and Totally Disabled from any occupation;
3) You must be under age 60;
4) You must be diagnosed by a Physician with a Terminal Condition while eligible for benefits under this Section;
5) If You are subject to laws of a community property state, you must obtain Your spouse's written consent for payment to You of the Accelerated Life Benefit; and
6) You can receive an Accelerated Life Benefit only once.

PROOF REQUIRED FOR THE ACCELERATED BENEFIT

Proof is a completed claim form and other information AUL requires in order to determine whether benefits are owed under this Section. AUL may require that You be examined by a Physician selected by AUL and at AUL's expense.

LIMITATIONS

An Accelerated Life Benefit will not be paid if:
1) You have named an irrevocable Beneficiary or made an assignment of Your Life Amount;
2) all or a portion of Your Life Amount is to be paid to another person or entity pursuant to a valid court order;
3) Your coverage terminates;
4) the Participating Unit's coverage under the policy terminates, unless Continuation of Insurance is selected;
5) the Portable terminates; or
6) the policy terminates.

EFFECT OF PAYMENT OF ACCELERATED LIFE BENEFIT

After payment of an Accelerated Life Benefit, Your Life Amount payable at death to Your Beneficiary equals:
1) Your Life Amount as if an Accelerated Life Benefit payment had not been made, minus
2) the amount of the Accelerated Life Benefit paid, minus
3) the interest charge.

The interest charge equals the Accelerated Life Benefit amount, times the number of days from the date of payment to Your date of death divided by 365, times the interest rate. The interest rate will be based on the current 90-day Treasury bill rate existing on the date of payment of the Accelerated Life Benefit.

The required amount of premiums must continue to be received by AUL on the original Life Amount, unless premiums have ceased due to coverage under the Waiver of Premium benefit of the policy.

The AD&D Principal Sum, if any, will not be reduced by payment of the Accelerated Life Benefit.

The following information is used for illustrative purposes only:

Example: Life insurance in force = $100,000*
Date of receipt of proof of terminal condition = 10/31/05
Date of payment of Accelerated Life Benefit = 11/1/05
Date of death = 2/15/06
Interest rate** = 3.5%

1. Amount of Accelerated Life Benefit = .50 x $100,000 = $50,000
2. Interest Charge = $50,000 x (106 days / 365 days) x .035 = $508.22
3. Death Benefit Payable = $100,000 - $50,000 - $508.22 = $49,491.78

*Your Life Insurance amount is shown in the Schedule of Benefits in Your insurance certificate.
**The interest rate is equal to the 90-day treasury bill rate on the date of the Accelerated Life Benefit payment.

NOTE: The laws relating to Accelerated Life Benefits are complex. Employees are advised to consult with a qualified tax advisor about circumstances under which they could receive an Accelerated Life Benefit excludable under federal law. Eligibility for Public Assistance: Receipt of an Accelerated Life Benefit may affect the Employee's, their Dependent spouse's, or their family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. Employees are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect the Employee's, their Dependent spouse's, and their family's eligibility for public assistance.

SECTION 15 - PAYMENT OF DEATH BENEFITS

If You die while insured under the policy, AUL will pay the benefits owed under the policy to the Beneficiary:
1) upon timely receipt of acceptable proof of death; and
2) subject to all other provisions of the policy and to Your dated and signed designation.

The following Sections describe the manner in which death benefits are paid.

SECTION 16 - NAMING OF BENEFICIARY

BENEFICIARY means the individual, individuals or entity named by You to receive Your Life Amount.

Unless the policy provides otherwise, AUL will pay benefits according to Your Beneficiary designation.

When You apply for coverage on an AUL-approved form, You should:
1) designate the name of one or more Beneficiaries;
2) classify the Beneficiaries by order of preference, either primary or contingent; and
3) indicate distribution of the proceeds among members of the class of Beneficiaries.

If more than one primary Beneficiary is listed and no distributive share is indicated, then all primary Beneficiaries will share equally. If no primary Beneficiaries outlive You and there is no distributive share indicated among the contingent Beneficiaries, then all contingent Beneficiaries will share equally.

If the policy replaces insurance coverage of another carrier, AUL may, upon written request of the Participating Unit recognize Beneficiary designations in effect under the prior coverage as effective until a new designation is made with AUL, provided that prior designations are in a form acceptable to AUL and the Participating Unit receives AUL's written approval of the form.

CHANGING A BENEFICIARY

You may change a Beneficiary at any time by written request. The request must be completed, signed, dated and filed through the Participating Unit.

AUL may recognize a beneficiary change as of the date the form was signed by You even if You are not alive when AUL receives it. However, AUL is not liable if benefits are paid according to the previous designation before AUL receives the change. If You apply for an individual life insurance conversion policy under Section 10, Conversion Privilege and name a new Beneficiary, AUL will use any beneficiary designated in that application when determining which beneficiary to pay.

AUL reserves the right to require that any Beneficiary designation be acceptable to it and be made pursuant to applicable laws.

SECTION 17 - THE DEATH CLAIM

If You die while insured under the policy, proof of death should be furnished as soon as possible. If a claim is filed under the Waiver of Premium Section, proof should be furnished within 12 months of death. The claim will not be considered after the applicable statute of limitations has passed.

Proof of death must include:
1) a certified death certificate; and
2) a completed claim form.

AUL, at its option, may also require:
1) return of Your insurance certificate;
2) submission of pertinent medical records, including an autopsy report;
3) police reports; or
4) any other documents AUL may deem reasonably necessary to determine what benefits and to whom benefits are owed.

If the cause of death cannot be clearly established by other means, AUL reserves the right to have a medical examination performed. The examination will be performed:
1) at AUL's expense; and
2) by a Physician of AUL's choice.

If the policy is no longer in force, proof furnished more than two (2) years from the date of loss must also include:
1) proof of employment at death; and
2) proof of coverage under the policy at death.

SECTION 18 - DETERMINATION OF DEATH BENEFIT PAYEE

Once acceptable proof of death is received, AUL will determine the Beneficiaries or payees in the following order:

1) If more than one primary Beneficiary is listed and no distributive share is indicated, then all primary Beneficiaries will share equally.
2) If no primary Beneficiaries outlive You and there is no distributive share indicated among contingent Beneficiaries, then all contingent Beneficiaries will share equally.
3) If no named Beneficiaries outlive You or none were named, then at AUL's option, the closest surviving heir(s) if the benefits could be paid to these heir(s) under applicable small estate laws. Heirs will be considered in descending order of preference as follows:
   a) spouse;
   b) child(ren);
   c) parent(s); or
   d) brother(s) and sister(s).
4) If no named Beneficiaries outlive You or none were named and the benefits could not be paid to the closest surviving heir(s) under applicable small estate laws, then Your estate.

AUL may, at its option, pay the proceeds in an amount up to $2,000 to any individual appearing to AUL to be legally entitled to payment by reason of having paid funeral or other burial expenses related to Your death.

In the event You and Your Dependents should die simultaneously or if there is no clear evidence as to which individual died first, it shall be presumed that the Dependents should have predeceased You.

If any Beneficiary dies within 15 days after Your death, the Beneficiary will be treated as having died before You. This provision does not apply to any payment mailed to such Beneficiary during the 15 days following Your death, and any payment made in good faith shall fully discharge AUL.

SECTION 19 - SELECTION OF PAYMENT METHOD

The proceeds will be paid in a lump sum unless another payment method is selected or changed by giving written notice to AUL prior to Your death. If no payment method is in effect at death, the payee may select a payment method. For information concerning payment method options, You or payee should contact AUL.

Any person who becomes entitled to receive any portion of the proceeds under the policy shall be entitled to receive payment of interest if any payment is not received by such person within 30 days after the event giving rise to the obligation and after all requested information is received by AUL. Interest payable shall be calculated at an annual rate after all requested information is received by AUL. The rate of interest payable shall be the lesser of 3% or that rate, as determined from time to time by AUL, applicable to proceeds of life insurance left on deposit with AUL and subject to withdrawal on demand. For the purposes of this section, payment shall be deemed to have been received by the person when deposited by AUL in United States mail, postage prepaid, and directed to the person's last known address or the Participating Unit's address shown in AUL's records.

AUL will determine the amount payable under any payment method.

ELIGIBILITY

All Dependents must be legally authorized to reside in the United States under applicable state and federal laws.

An individual who is Your Dependent on or before the effective date the policy becomes eligible for Dependent Insurance on the later of the following dates:
1) the effective date of the Participating Unit's coverage under the policy;
2) the date You become eligible for Personal Insurance; or
3) the effective date that Dependent coverage under Section 20, Dependent Insurance is added to the Participating Unit's coverage.

An individual who becomes Your Dependent after the effective date of the policy becomes eligible for Dependent Insurance on the later of the following dates:
1) the date You become eligible for Personal Insurance;
2) the date the individual becomes Your Dependent; or
3) the effective date that Dependent coverage under Section 20, Dependent Insurance is added to the Participating Unit's coverage.

You as a condition of insuring Your Dependent(s) must make written election to AUL on a form approved by AUL and must contribute the required amount of premium to AUL on a timely basis.

INDIVIDUAL EFFECTIVE DATE OF INSURANCE

Dependent Insurance will not become effective for a Dependent until You have Personal Insurance. To receive any amount of coverage exceeding the Guaranteed Issue Amount, You must make a written election to AUL on a form approved by AUL and Your Dependent must undergo medical underwriting.

The effective date of Dependent Insurance for an eligible Dependent, subject to the further provisions of this Section, will be after the Dependent submits satisfactory Evidence of Insurability to AUL and the date AUL determines the Dependent is approved for coverage. Satisfactory Evidence of Insurability, at no expense to AUL, must be provided prior to receiving any amount of coverage greater than the Guaranteed Issue Amount.

<u>During an Employee's Initial Enrollment Period</u>

If You request Dependent Insurance during the Initial Enrollment Period, the Dependent's Individual Effective Date of Insurance will be:

1) for amounts of coverage that do not exceed the Guaranteed Issue Amount shown in the Dependent Insurance Schedule of Benefits, the effective date of Dependent Insurance for each Dependent will be Your Individual Effective Date of Insurance; or
2) for amounts of coverage exceeding the Guaranteed Issue Amount, the date identified by AUL.

<u>After an Employee's Initial Enrollment Period and within 31 days of acquiring his dependent</u>

If You request Dependent Insurance after Your Initial Enrollment Period and within 31 days of acquiring his Dependent, the Dependent's Individual Effective Date of Insurance will be:

1) for amounts of coverage that do not exceed the Guaranteed Issue Amount shown in the Dependent Insurance Schedule of Benefits, the effective date of Dependent Insurance for each Dependent will be the date the Dependent becomes eligible; or
2) for amounts of coverage exceeding the Guaranteed Issue Amount, the date identified by AUL.

<u>After an Employee's Initial Enrollment Period and after 31 days of acquiring his dependent</u>

If You request Dependent Insurance after Your Initial Enrollment Period and after 31 days of the individual becoming a Dependent You must make a written election to AUL on a form approved by AUL and the Dependent must undergo medical underwriting. The effective date of Dependent Insurance for an eligible Dependent, subject to the further provisions of this Section, will be after the Dependent submits satisfactory Evidence of Insurability to AUL and the date AUL determines the Dependent is approved for coverage. Satisfactory Evidence of Insurability, at no expense to AUL, must be provided prior to receiving any amount of coverage.

<u>After an Employee's Individual Effective Date of Insurance and within 31 days of acquiring his dependent</u>

If You request Dependent Insurance after Your Individual Effective Date of Insurance but within 31 days of the individual becoming a Dependent, the Dependent's Individual Effective Date of Insurance will be:

1) for amounts of coverage that do not exceed the Guaranteed Issue Amount shown in the Dependent Insurance Schedule of Benefits, the effective date of Dependent Insurance for each Dependent will be the first of the Coverage Month following the application; or
2) for amounts exceeding the Guaranteed Issue Amount, the date identified by AUL.

After an Employee's Individual Effective Date of Insurance and after 31 days of the individual becoming a Dependent

If You request Dependent Insurance after Your Individual Effective Date of Insurance and after 31 days of the individual becoming a Dependent You must make a written election to AUL on a form approved by AUL and the Dependent must undergo medical underwriting.

The effective date of Dependent Insurance for an eligible Dependent, subject to the further provisions of this Section, will be after the Dependent submits satisfactory Evidence of Insurability to AUL and the date AUL determines the Dependent is approved for coverage. Satisfactory Evidence of Insurability, at no expense to AUL, must be provided prior to receiving any amount of coverage.

ADDITIONAL PROVISIONS

Any Dependent who converted his insurance under the policy to an individual life insurance policy and if that individual life insurance policy is still in force, the Dependent is required prior to becoming insured again under the policy, to undergo medical underwriting and submit satisfactory Evidence of Insurability, at no expense to AUL. If the Dependent does not wish to undergo medical underwriting and submit satisfactory Evidence of Insurability, the Life Amount under the policy will be reduced by the amount of coverage under the individual life insurance policy. No coverage shall begin until the date AUL has approved the request for coverage in writing and the required amount of premium is received from the Employer.

If You have at least one Dependent Child insured under the Participating Unit's coverage under the policy, insurance amounts for any newly acquired Dependent Child that do not exceed the Guaranteed Issue Amount shown in the Dependent Insurance Schedule of Benefits becomes effective on the date that Dependent Child is acquired. No Evidence of Insurability will be required.

If You have only Dependent Child(ren) insured under the Participating Unit's coverage under the policy, insurance amounts for a newly acquired Dependent spouse requested within 31 days of acquiring the Dependent spouse will become effective:

1) for amounts within the Guaranteed Issue Amount, the date the Dependent spouse is acquired; and
2) for amounts in excess of the Guaranteed Issue Amount, the date named by AUL.

Satisfactory Evidence of Insurability will be required on amounts in excess of the Guaranteed Issue Amount.

If You have only Dependent Child(ren) insured under the Participating Unit's coverage under the policy, insurance amounts for a newly acquired Dependent spouse requested after 31 days of acquiring the Dependent spouse will require Evidence of Insurability. The spouse's Individual Effective Date of Insurance will be the date named by AUL.

If a Dependent is confined in any medical facility, rehabilitation center, convalescent care facility, nursing home or correctional facility on the date Dependent Insurance would otherwise become effective for that Dependent, the Individual Effective Date of Insurance for that Dependent is the date following the Dependent's final discharge from the medical facility, rehabilitation center, convalescent care facility, nursing home or correctional facility and the resumption of the usual and customary duties or activities of an individual in good health and of the same age and sex. For the purposes of the policy, a Dependent will not cease to be confined if one confinement is followed by another confinement, within 72 hours, for the same or a related injury or sickness. AUL may request satisfactory evidence of good health.

Also see Section 5, Continuity of Coverage.

OTHER INCREASE REQUESTS

During Scheduled Enrollment Periods, You may request to increase coverage up to the next higher amount of Dependent Insurance coverage. You must make a written election to AUL on a form approved by AUL and all Dependents must undergo medical underwriting. The effective date of Dependent Insurance for an eligible Dependent, subject to the further provisions of this Section, will be after all Dependents submit satisfactory Evidence of Insurability to AUL and the date AUL determines all Dependents are approved for coverage. Satisfactory Evidence of Insurability, at no expense to AUL, must be provided prior to receiving any amount of coverage.

EFFECTIVE DATE OF CHANGE

The amount of coverage for which a Dependent is eligible is shown in the Schedule of Benefits.

A change in coverage increasing the amount of coverage is subject to:
1) satisfactory Evidence of Insurability, at no expense to AUL; and
2) AUL's written approval.

If a Dependent is confined in any medical facility, rehabilitation center, convalescent care facility, nursing home or correctional facility on the approved change date, any increase in the amount of coverage for that Dependent takes effect on:
1) the date of the Dependent's final discharge from the medical facility, rehabilitation center, convalescent care facility, nursing home or correctional facility and the resumption of Activities of Daily Living, if the date is the first day of the Coverage Month; or
2) the first day of the next Coverage Month following the Dependent's final discharge from the medical facility, rehabilitation center, convalescent care facility, nursing home or correctional facility and the resumption of Activities of Daily Living, if the date is after the first day of the Coverage Month.

AUL may request satisfactory evidence of good health.

For the purposes of the policy, a Dependent will not cease to be confined if one confinement is followed by another confinement, within 72 hours, for the same or a related injury or sickness.

SECTION 20 - DEPENDENT INSURANCE
SECTION 20D - DEPENDENT WAIVER OF PREMIUM

The following definition applies only to this section.

DEFINITIONS

ELIMINATION PERIOD means a (6) month period of consecutive days of Total Disability. The Elimination Period begins on the 1st day of Total Disability and ends on the last day ending the (6) month period. You may not have more than three (3) days of Active Work during the Elimination Period.

WAIVER OF PREMIUM BENEFIT

If the Waiver of Premium benefit request is not approved, or if the Waiver of Premium benefit coverage ceases and You do not return to Active Work You may, within 31 days from notice of the non-approval or the cessation of coverage, elect to:

1) continue his group Dependent coverage, as described in Section 7, Continuation of Insurance;
2) continue his group Dependent coverage, as described in Section 7A, Portability; or
3) convert his Dependent coverage to an individual policy, as described in Section 10, Conversion Privilege.

If You have been approved for Waiver of Premium benefit under the policy and You remain Totally Disabled, AUL will waive further premium payments for Your Dependent Life Insurance, and AD&D if applicable, until the first of the following occurs:

1) Your coverage under Waiver of Premium benefit terminates for any reason;
2) the Dependent Child attains the limiting age;
3) in the case of a Dependent legal spouse, divorce; or
4) the Participating Unit's coverage under the policy, or this section, or this provision terminates.

INDIVIDUAL TERMINATIONS

A Dependent's insurance terminates on the earliest of the following dates:

1) the date the Participating Unit's coverage under the policy or this section is terminated; or
2) the last day of the Coverage Month in which You request termination, but not prior to the date of the request;
3) the last day of the Coverage Month for which any required premium payment was not received by AUL;
4) the last day of the Coverage Month during which the Dependent ceases to be eligible;
5) the date Personal Insurance terminates;
6) the date the Waiver of Premium benefit request for You is approved, unless the Dependent Waiver of Premium benefit is shown on the Schedule of Benefits;
7) the date of an adverse benefit determination under the Waiver of Premium provisions, if applicable; or
8) the last day of the Coverage Month during which You become a Retiree, unless the Schedule of Benefits includes a specific classification for Retirees.

A Dependent's Accidental Death and Dismemberment Insurance terminates whenever any of the above events occur. A Dependent's Accidental Death and Dismemberment Insurance also terminates on the date the Dependent's Life Insurance amount reduces to zero.

CONVERSION PRIVILEGE

If a Dependent's coverage, or a portion of it, terminates because the Dependent is no longer eligible for coverage under the policy, the Dependent may apply for an individual life insurance conversion policy without evidence of insurability. The coverage amount of the individual life insurance conversion policy shall not exceed the amount of life insurance that ceases because of loss of eligibility for coverage under the policy minus the amount of any group life coverage for which the Dependent becomes eligible within 31 days of termination.

If the Dependent's coverage ceases due to termination of the policy, the Dependent may apply for and receive an individual life insurance conversion policy if the Dependent's group life insurance has been in force with AUL for five (5) continuous years before the termination date. The coverage amount of the individual life insurance conversion policy may not exceed the LESSER of:

1) the amount of life insurance that ceases because of termination minus the amount of any group life coverage for which the Dependent becomes eligible within 31 days of termination; or
2) $10,000.

The conversion privilege is subject to the following:

1) Written application must be made and the first premium must be paid within 31 days after the date of termination of insurance.
2) An individual life insurance policy, other than term life insurance, offered by AUL at the time of conversion, may be selected.
3) The premium on the individual policy must be at AUL's then customary rate applicable to the form and amount of the individual life insurance policy, to the class of risk to which You or Your dependent then belongs, and to the individual age attained by You or Your dependent on the effective date of the individual life insurance policy.
4) The individual life insurance conversion policy takes effect on the last day of the application period and is in lieu of all benefits under the policy.

If notice of the existence of the conversion right is not given at least 15 days before the expiration of the period during which the conversion application and payment of the first premium must be made under the terms of the policy, the Dependent has an additional period within which to exercise the conversion right. The additional conversion application period created to exercise a right of conversion expires 15 days after the Dependent is given notice of the conversion right. However, irrespective of the date on which notice is given or of the absence of any notice, the additional conversion application period may not extend beyond 60 days after the expiration date of the period within which conversion application and payment of the first premium were to be made under the terms of the policy. For purposes of this section, notice of the right of conversion may be given to the Dependent in writing presented to the Employee; mailed by the Participating Unit to the last known address of the Dependent; or mailed by AUL to the last known address of the Dependent as furnished by the Participating Unit.

If death occurs during the conversion application period, AUL will pay the Dependent Life Amount available for conversion whether or not the application or the first premium payment has been made. After the 31-day period, no conversion application will be accepted unless it is proven that it was not possible for the Dependent to apply in a timely fashion. The individual life insurance conversion policy will not include Accidental Death benefits or any other benefits currently in force under the policy.

Premium must be paid to and received by AUL for coverage during the conversion application period.

IF DEATH OCCURS DURING THE CONVERSION APPLICATION PERIOD, IN NO EVENT WILL BENEFITS BE PAYABLE UNDER BOTH THE INDIVIDUAL CONVERSION POLICY AND THE POLICY. ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS, IF ANY, ARE NOT PAYABLE BEYOND THE DATES OUTLINED IN SECTION 9 AND 20E, INDIVIDUAL TERMINATIONS.

See Individual Reinstatements, Section 11.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If a Dependent has an accident while insured under the Participating Unit's coverage under the policy which results in a loss or condition as shown below, AUL will pay the amount shown opposite the loss or condition if:
1) the loss or condition occurs within 365 days from the date of the accident; and
2) AUL receives acceptable proof of loss or condition.

FOR ACCIDENTAL LOSS OF	AMOUNT PAYABLE
Life	AD&D Principal Sum
Both Hands or Both Feet or Sight of Both Eyes	AD&D Principal Sum
Speech and Hearing	AD&D Principal Sum
One Hand and One Foot	AD&D Principal Sum
One Hand and Sight of One Eye	AD&D Principal Sum
One Foot and Sight of One Eye	AD&D Principal Sum
Sight of One Eye	One-half of the AD&D Principal Sum
One Hand or One Foot	One-half of the AD&D Principal Sum
Speech or Hearing	One-half of the AD&D Principal Sum
Thumb and Index Finger	One-quarter of the AD&D Principal Sum
FOR CONDITIONS OF	
Quadriplegia or Loss of Use of Upper and Lower Limbs of the Body	AD&D Principal Sum
Paraplegia or Loss of Use of Both Lower Limbs of the Body	One-half of the AD&D Principal Sum
Hemiplegia or Loss of Use of Upper and Lower Limbs on the Same Side of the Body	One-half of the AD&D Principal Sum
Monoplegia or Loss of Use of One Limb of the Body.	One-quarter of the AD&D Principal Sum
Severe burns	AD&D Principal Sum

The AD&D Principal Sum is shown in the Schedule of Benefits.

AUL will only pay a benefit amount for either paralysis or loss of a limb, but not a benefit amount for both.

The total amount payable for all losses or conditions sustained by one Dependent in one accident will never exceed the AD&D Principal Sum. Amounts payable shall be paid to You or to the Beneficiary named by You if You are not living.

DEPENDENT ACCIDENTAL DEATH AND DISMEMBERMENT

ADDITIONAL ACCIDENTAL DEATH BENEFITS mean the Seat Belt Benefit, the Air Bag Benefit, the Repatriation Benefit, the Spouse Child Higher Education Benefit and the Spouse Child Care Benefit. The total of the Additional Accidental Death Benefits payable will not exceed 100% of a Dependent's AD&D Principal Sum shown in the Schedule of Benefits.

LIMITATIONS

Benefits are not payable for loss due directly or indirectly to:

1) suicide or attempted suicide, whether sane or insane;
2) air travel as a crew member;
3) participation in a riot or from war or an act of war, whether declared or undeclared;
4) caused or contributed to by the insured’s commission of or attempt to commit a criminal act under relevant state law;
5) the voluntary taking of:
   a) a prescription drug or medicine in a manner other than as prescribed by a Physician;
   b) any other federally- or state-regulated substance in an unlawful manner;
   c) non-prescription medicine, in a manner other than as indicated in the printed instructions; or
   d) poison;
6) the voluntary inhaling of gas (unless due to occupational accident);
7) Sickness other than infection occurring as a result of accidental injury;
8) voluntary use of alcohol resulting in intoxication above the legal limit;
9) voluntary use of a hallucinogen or substance causing intoxication;
10) operating a vehicle while intoxicated above the legal limit or while under the influence of hallucinogen or substance causing intoxication;
11) violation of traffic laws other than an infraction, racing, stunt-driving, or engaging in other similar activity during the accident; or
12) participation in hang-gliding, bungee jumping, skydiving, rock climbing or mountain climbing.

Notice and Proof of Injury/Accidental Death: AUL's Home Office must receive written notice of injury/Accidental Death on which claim is based within 31 days of the date of the accident. AUL's Home Office must receive acceptable proof of loss within 90 days after the date of the loss. Acceptable proof of loss must be furnished as follows:

1) a certified death certificate;
2) a complete and accurate AUL death claim form and if available, a copy of the police, autopsy, and medical reports related to the death;
3) a statement by the Participating Unit certifying the amount of coverage existing on the date of loss; and
4) at AUL's option, other documents or information as needed to investigate the loss and determine whether or not benefits are payable under the policy.

AUL has the right to examine the Dependent:

1) as often as necessary;
2) at AUL's expense; and
3) by a medical professional of AUL's choice.

TERMINATION OF DEPENDENT ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Dependent Accidental Death and Dismemberment coverage on Your Dependents will terminate as outlined in the Individual Terminations provision of this section.

The Participating Unit may terminate the insurance under this section at the end of any Coverage Month by giving AUL 31 days prior written notice.

AUL may terminate the insurance provided under this section at the end of any Coverage Month by giving at least 31 days prior notice to the Participating Unit.

AUL WILL STILL BE LIABLE FOR PAYMENT OF VALID CLAIMS INCURRED BEFORE THE TERMINATION DATE.

THIS COVERAGE AND ANY BENEFITS UNDER THIS SECTION ARE NOT AVAILABLE DURING THE CONVERSION APPLICATION PERIOD, DURING THE ELIMINATION PERIOD OR WHILE ELIGIBLE FOR ANY BENEFITS UNDER THE WAIVER OF PREMIUM BENEFIT PROVISION.

EXPOSURE

If a Dependent is unavoidably exposed to the heat or cold as a direct result of a covered accident, and as a direct result of the exposure, the Dependent suffers a loss for which benefits would be payable under this Section, an AD&D benefit will be paid. Any loss associated with exposure to heat or cold must occur within 365 days of the accident.

The total amount payable will never exceed the AD&D Principal Sum for all losses sustained by the Dependent.

This provision is subject to the further limitation and provisions of Section 20.

DISAPPEARANCE

If a Dependent is an occupant in a vessel, vehicle, or plane at the time of accidental destruction, sinking, or disappearance of the vessel, vehicle, and the Dependent's body cannot be found within one year of the date of the accidental destruction, sinking, or disappearance, the Dependent will be presumed to have died. AUL will only presume Accidental Death if:

1) there is no evidence to the contrary;
2) there is a determination by the appropriate governmental authorities or court issuing a valid and legally binding determination that the Dependent has died;
3) a certified copy of the governmental authority findings or court order is provided to AUL; and
4) benefits would have been paid assuming a death certificate could have been issued if the body was recovered.

If the Dependent is later determined not to have died following AUL's payment of any benefits under the policy, the individuals and entities which received any portion of the amounts paid by AUL will immediately return all amounts received upon receiving information indicating the Dependent is alive.

If the Dependent is later located after AUL has paid an Accidental Death benefit, any other benefit that may be payable under the policy will be reduced by the amount of any benefit already paid.

Coverage under the policy must exist with AUL at the time of Accidental Death. The total amount payable will not exceed the AD&D Principal Sum for all losses sustained by the Dependent. This provision is subject to further limitations and provisions of Section 20.

SEAT BELT BENEFIT

AUL will pay an Additional Accidental Death Benefit, if a Dependent dies as a result of a non-occupational Automobile accident while the Dependent is properly wearing a Seat Belt at the time of the accident. The following rules apply:

1) The Seat Belt Benefit equals the lesser of:
   a) 10% of the Dependent's AD&D Principal Sum shown in the Schedule of Benefits; or
   b) $5,000.
2) AUL must receive satisfactory written proof that the Dependent's death resulted from an Automobile accident and that the Dependent was properly wearing a Seat Belt at the time of the accident. A copy of all police reports must be submitted with the claim, and must show conclusively the Seat Belt was properly worn.
3) This benefit will not be paid if the Dependent, while operating the Automobile, was legally intoxicated as defined by applicable laws, violating traffic laws other than infraction, racing, or stunt-driving.

In no event will the total of all Additional Accidental Death Benefits payable exceed 100% of a Dependent’s AD&D Principal Sum shown in the Schedule of Benefits.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of Section 20.

AIR BAG BENEFIT

AUL will pay an Additional Accidental Death Benefit if the Dependent dies as a result of a non-occupational Automobile accident while the Dependent is properly wearing a Seat Belt at the time of the accident and the Air Bag deployed properly at the time of the accident. The following rules apply:

1) The Air Bag Benefit equals the lesser of:
   a) 10% of the Dependent's AD&D Principal Sum shown in the Schedule of Benefits; or
   b) $5,000.
2) AUL must receive satisfactory written proof that the Dependent's death resulted from an Automobile accident and that the Dependent was properly wearing a Seat Belt at the time of the accident, the Dependent was positioned in a seat that is designed to be protected by an Air Bag, and that the Air Bag deployed at the time of the accident. A copy of all police reports must be submitted with the claim, and must show conclusively the Air Bag inflated properly at the time of the accident.
3) This benefit will not be paid if the Dependent, while operating the Automobile, was legally intoxicated as defined by applicable laws, violating traffic laws other than an infraction, racing, stunt-driving, or engaging in other similar activity during the accident.

In no event will the total of all Additional Accidental Death Benefits payable exceed 100% of a Dependent's AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of Section 20.

DEFINITIONS

REASONABLE EXPENSES means usual and customary fees or charges assessed in the marketplace for the services performed.

REPATRIATION BENEFIT

AUL will pay an Additional Accidental Death Benefit if the Dependent dies either greater than 200 miles away from his principal place of residence or is outside of the country at the time of Accidental Death. The following rules apply:

1) The Repatriation Benefit equals the lesser of:
   a) Reasonable Expenses for transportation of the Dependent's body to a funeral home or mortuary near Your principal place of residence;
   b) $5,000; or
   c) 10% of the Dependent's AD&D Principal Sum as shown in the Schedule of Benefits.
2) AUL must receive satisfactory written proof documenting the location of the Dependent's Accidental Death. Any Repatriation Benefit will be paid following receipt that reasonable transportation expenses were paid.
3) Only one Repatriation Benefit will be paid to the beneficiary who has paid the cost for any covered expenses, regardless of any additional coverages for which the Dependent may be insured with AUL.
4) Acceptable written proof and documentation of the reasonable transportation expenses paid must be received by AUL within 12 months of Accidental Death.

In no event will the total of the Additional Accidental Death Benefits payable exceed 100% of a Dependent's AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of Section 20.

SECTION 20 - DEPENDENT INSURANCE
SECTION 20G-4 - DEPENDENT ACCIDENTAL DEATH
SPOUSE CHILD HIGHER EDUCATION BENEFIT

DEFINITIONS

ACADEMIC YEAR means the annual period of educational sessions of an accredited post-secondary educational institution.

EDUCATION EXPENSES means tuition that is assessed by the accredited post secondary educational institution and is required to be paid in order for the Child to be classified as a full time student.

ELIGIBLE STUDENT under this Section means the Spouse's unmarried Child under age 25 or other age as required by state law, who on the date of the Spouse's Accidental Death:

1) is enrolled in and is attending an accredited post-secondary educational institution on a full-time basis; or
2) is at the 12th grade level and enrolls and attends an accredited post-secondary educational institution within 16 months from the date of the Spouse's death; and
3) is dependent upon the Spouse for principal support and is claimed as a dependent on the Spouse's federal income tax return.

SPOUSE and domestic partner as used in Section 20 have the same meaning as Spouse.

SPOUSE CHILD HIGHER EDUCATION BENEFIT

AUL will pay an Additional Accidental Death Benefit, for a Spouse who dies as a result of a covered accident, subject to the following rules:

1) The Spouse Child Higher Education Benefit payment will be no more than $2,000 for each Eligible Student per Academic Year for Education Expenses. The cumulative benefit payments for all Eligible Students will not exceed the lesser of:
   a) $10,000; or
   b) 10% of the Spouse's AD&D Principal Sum shown in the Schedule of Benefits.
2) The Spouse Child Higher Education Benefit will be paid:
   a) for Education Expenses that are incurred and paid after the Spouse's Accidental Death;
   b) once annually at the conclusion of the Academic Year;
   c) not for more than 5 consecutive years after the date of the Spouse's Accidental Death;
   d) until such date that the Child no longer satisfies eligibility requirements under the policy or the accredited post-secondary educational institution;
   e) following AUL's receipt of documentation showing proof of paying Education Expenses, the Child Higher Education Benefit will be paid to any named beneficiary who paid Education Expenses; and
   f) in direct proportion to the amount of Education Expenses paid by each named beneficiary.
3) If there is no Eligible Student, no Spouse Child Higher Education Benefit will be paid.
4) Spouse Child Higher Education Benefits will only be paid based on enrollment in one accredited post-secondary educational institution.
5) No annual Spouse Child Higher Education Benefits will be paid beyond the date the policy terminates. If the Participating Unit's coverage under the policy terminates within 60 days of the end of the current Academic Year, a final Spouse Child Higher Education Benefit will be paid when eligible.

In no event will the total of the Additional Accidental Death Benefits payable exceed 100% of a Spouse's AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of this Section.

SECTION 20 - DEPENDENT INSURANCE
SECTION 20G-4 - DEPENDENT ACCIDENTAL DEATH
SPOUSE CHILD HIGHER EDUCATION BENEFIT

DEFINITIONS

CHILD CARE EXPENSES mean any reasonable and customary weekly or monthly child-care fees assessed by a Child Care Facility.

CHILD CARE FACILITY means a properly state-licensed child-care center not owned or operated by a member of the Child's Family.

ELIGIBLE CHILD(REN) under this Section means the Spouse's and/or domestic partner's (thereafter, within this Spouse Child Care Benefit Section, references to Spouse includes domestic partner) Child under the age of 13.

FAMILY means any parent, stepparent, grandparent, brother, sister, uncle or aunt.

SPOUSE CHILD CARE BENEFIT

AUL will pay an Additional Accidental Death Benefit, for a Spouse who dies as a result of a covered accident, subject to the following rules:

1) The Spouse Child Care Benefit applies to each Eligible Child enrolled in a Child Care Facility on the date of the Spouse's Accidental Death or subsequently enrolls in a Child Care Facility within 12 months of the Spouse's Accidental Death.
2) Only Child Care Expenses incurred and paid after the Spouse's Accidental Death will be paid.
3) No more than $2,000 will be paid for each Eligible Child per calendar year for Child Care expenses. The cumulative benefit payments for all Eligible Children will not exceed the lesser of:
   a) $10,000;
   b) 10% of the Spouse's AD&D Principal Sum shown in the Schedule of Benefits; or
   c) 5 consecutive years after the date of the Spouse's Accidental Death.
4) The Spouse Child Care Benefit will be paid once per year at the completion of the calendar year to the earlier of the following:
   a) the date the Child no longer satisfies eligibility requirements;
   b) the date the Child attains age 13; or
   c) 5 consecutive years after the date of the Spouse's Accidental Death.
5) If there is no Eligible Child no Child Care Benefit will be paid.
6) Following AUL's receipt of documentation showing proof of paying Child Care Expenses, the Spouse's Child Care Benefit will be paid to the individual/entity identified under Section 20J who has paid Child Care Expenses, and in proportion to the amount of Child Care Expenses paid by each named beneficiary.
7) No Spouse Child Care Benefit will be paid beyond the date the policy terminates. If the Participating Unit's coverage under the policy terminates within 60 days of the end of the calendar year, a final Spouse Child Care Benefit will be paid when eligible.

In no event will the total of all Additional Accidental Death Benefits payable exceed 100% of a Spouse's AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of this Section.

SECTION 20 - DEPENDENT INSURANCE
SECTION 20H - DEPENDENT SPOUSE ACCELERATED LIFE

The following definition applies only to this section:

DEFINITION

TERMINAL CONDITION means an injury or Sickness that, despite appropriate medical care, is conclusively established to AUL will result in the Dependent spouse's death and/or domestic partner's death (thereafter, within this Dependent Spouse Accelerated Life Benefit Section, references to Spouse includes domestic partner) within 12 months from the date of claim. AUL may require that the Dependent spouse be examined at AUL's expense by AUL's choice of Physician.

DEPENDENT SPOUSE ACCELERATED LIFE BENEFIT

If a Dependent spouse, under age 60, is Permanently and Totally Disabled and is diagnosed with a Terminal Condition and is eligible for benefits under this Section You may apply for payment of the Dependent Spouse Accelerated Life Benefit. The amount of Dependent Spouse Accelerated Life Benefit available is shown in the Schedule of Benefits, unless any portion of the Dependent Spouse's Life Amount has already been paid. The amount of Dependent Spouse Accelerated Life Benefit available will then be based on the amount remaining after payment of any portion of the Life Amount. Benefits will be paid in one lump sum to You.

CONDITIONS

To be eligible to request payment of the Dependent Spouse Accelerated Life Benefit:
1) You must have Dependent Insurance that includes this Dependent Spouse Accelerated Life Benefit provision;
2) Your Dependent spouse must be diagnosed by a Physician with a Terminal Condition while eligible for benefits under this Section and must be less than age 60;
3) A Dependent who is subject to laws of a community property state, obtains the spouse's written consent for payment to the Employee of the Dependent Spouse Accelerated Life Benefit; and
4) You can receive a Dependent Spouse Accelerated Life Benefit only once.

PROOF REQUIRED FOR THE DEPENDENT SPOUSE ACCELERATED BENEFIT

Proof is a completed claim form and any other information AUL requires in order to determine whether benefits are owed under this Section. AUL may require that the Dependent spouse be examined by a Physician selected by AUL and at AUL's expense.

LIMITATIONS

A Dependent Spouse Accelerated Life Benefit will not be paid if:
1) the Dependent spouse's coverage under the policy terminates;
2) the Participating Unit's coverage under the policy terminates, unless Continuation of Insurance is selected;
3) the Portable terminates; or
4) the policy or provision terminates.

EFFECT OF PAYMENT OF DEPENDENT SPOUSE ACCELERATED LIFE BENEFIT

After payment of a Dependent Spouse Accelerated Life Benefit, the Dependent spouse's Life Insurance amount payable at death to You equals:

1) the amount of the Dependent spouse's Life Insurance as if a Dependent Spouse Accelerated Life Benefit payment had not been made, minus
2) the Dependent Spouse Accelerated Life Benefit payment, minus
3) the interest charge.

The interest charge equals the Dependent Spouse Accelerated Life Benefit amount times the number of days from the date of payment to the Dependent spouse's date of death, divided by 365, times the interest rate. The interest rate will be based on the current 90-day treasury bill rate existing on the date of payment of the Dependent Spouse Accelerated Life Benefit.

Dependent Insurance premiums continue to be due and payable on the original Dependent Insurance amount, unless premiums have ceased due to the Dependent Spouse's coverage under the Dependent Life Insurance Waiver of Premium provision, if any, of the policy.

The Dependent Spouse's Accidental Death and Dismemberment Insurance, if any, will not reduce due to payment of the Dependent Spouse Accelerated Life Benefit as long as the Dependent Spouse's Accidental Death and Dismemberment Insurance remains inforce.

The following information is used for illustrative purposes only:

Example: Dependent spouse life insurance coverage in force = $50,000*
Date of receipt of proof of terminal condition = 10/31/05
Date of payment of Accelerated Life Benefit = 11/1/05
Date of death = 2/15/06
Interest rate** = 3.5%

1) Amount of Accelerated Life Benefit = .50 x $50,000 = $25,000
2) Interest Charge = $25,000 x (106 days / 365 days) x .035 = $254.11
3) Death Benefit Payable = $50,000 - $25,000 - $254.11 = $24,745.89

*The Dependent spouse's Life Insurance amount is shown in the Schedule of Benefits in the Employee's insurance certificate.
**The interest rate is equal to the 90-day treasury bill rate on the date of the Accelerated Life Benefit payment.

NOTE: The laws relating to Accelerated Life Benefits are complex. Employees are advised to consult with a qualified tax advisor about circumstances under which they could receive an Accelerated Life Benefit excludable under federal law. Eligibility for Public Assistance: Receipt of an Accelerated Life Benefit may affect the Employee's, their Dependent spouse's, or their family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. Employees are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect the Employee's, their Dependent spouse's, and their family's eligibility for public assistance.

SECTION 20 - DEPENDENT INSURANCE
SECTION 20J - DEPENDENT PAYMENT OF DEATH BENEFITS

PAYMENT OF DEATH BENEFITS

Upon the death of an insured Dependent, benefits will be paid:
1) to You;
2) to Your Beneficiary, if You are not living; or
3) as provided in Section 18, Determination of Death Benefit Payee.

Benefits will be paid in a lump sum.

SECTION 20K - DEPENDENT TERMINATION

TERMINATION OF THIS SECTION

The Participating Unit may terminate this section at the end of any Coverage Month by giving AUL 31 days prior written notice.

AUL may terminate the insurance provided under this section at the end of any Coverage Month by giving at least 31 days prior notice to the Participating Unit.

AUL WILL STILL BE LIABLE FOR PAYMENT OF VALID CLAIMS INCURRED BEFORE THE TERMINATION DATE.

SECTION 21 - GENERAL POLICY PROVISIONS

ENTIRE CONTRACT: The policy, the enrollment forms of the individuals, the application of the Participating Unit, the application/Subscription Agreement of the Participating Unit, and any amendments made from time to time constitute the entire contract.

AMENDMENT and CHANGES: A Participating Unit's coverage under the policy may be amended by mutual agreement between the Participating Unit and AUL but without prejudice to any valid claim incurred prior to the effective date of the amendment. The policy may be changed or corrected by AUL at any time. However, no change in the Participating Unit's coverage under the policy will be valid unless written notice is provided by AUL containing the signature of its Chief Executive Officer or Secretary. No agent may or has the authority to waive, alter or change any terms and conditions of the policy or coverage.

SUBSCRIPTION AGREEMENT: An approved copy of the Subscription Agreement will be given to the Participating Unit when coverage is approved and offered by AUL. All statements made by an Employee or Dependents are deemed representations and not warranties. No statement made by an Employee or a Dependent may be used in any contest unless a copy of the instrument containing the statement is or has been furnished to the Employee or Dependent or, in the event of death or incapacity of the Employee or Dependent, to the Employee's or Dependent's Beneficiary or personal representative.

INCONTESTABILITY: The validity of the policy may not be contested, except for nonpayment of premiums, after the policy has been in force for two years after its date of issue, no statement made by a Participating Unit or an Employee or a Dependent relating to his insurability may be used in contesting the validity of the insurance with respect to which the statement was made, unless: (1) the insurance has not been in force for a period of two years or longer; and (2) the statement is contained in a written instrument signed by the Employee or the Dependent. All statements made by the Employee or Dependents insured are to be deemed representations and not warranties, and that other than a misrepresentation of a material fact no statement made by any person insured may be used in any contest unless a copy of the instrument containing the statement is or has been furnished to the Employee or Dependents or, in the event of death or incapacity of the Employee or Dependent, to the Employee's or Dependent's beneficiary or personal representative.

INSURANCE FRAUD: AUL wants to ensure that its customers do not incur additional insurance costs as a result of the act of insurance fraud. AUL promises to focus on all means necessary to support fraud detection, investigation and prosecution.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison

RELATIONSHIP: AUL and the Participating Unit are, and will remain, independent contractors. Nothing in the policy shall be construed as making the parties joint ventures or as creating a relationship of employer and employee, master and servant, or principal and agent. Neither party has any power, right or authority to bind the other or to assume or create any obligation or responsibility on behalf of the other. AUL and the Participating Unit each retain exclusive control of their time and methods to perform their respective duties. AUL and the Participating Unit will employ, pay and supervise their own employees and pay their own expenses during the term of the policy.

GRACE PERIOD: Premiums are due monthly and must be received by AUL within the required time frame for coverage to remain in force. The Employee is entitled to a grace period of 31 calendar days for the payment of any premium due except the first. During the grace period, the insurance coverage shall continue in force, unless AUL has received written notice of termination in advance of date of termination and in accordance with the terms of the policy. A Participating Unit is liable to AUL for the payment of a pro rata premium for the time the policy was in force during the grace period. If the required amount of premium is not received by the end of the grace period, the insurance will terminate as of the last day of coverage for which premium was paid.

LEGAL ACTION: No legal action may be brought to obtain benefits under the policy:

1) for at least 60 days after proof of loss has been furnished and before arbitration is held pursuant to the arbitration provisions in the policy; or
2) after five (5) years from the time written proof of loss is required to have been furnished to AUL.

CONFORMITY WITH STATE LAWS: Any provision of the policy in conflict with the laws of the state in which it is delivered is amended to conform to the minimum requirements of those laws.

DATA AND RECORDS: The Participating Unit must furnish information which AUL reasonably requires. The Participating Unit's documents which may have a bearing on the insurance shall be open for inspection by AUL at all reasonable times.

GENDER PRONOUNS: Whenever the male pronoun is used, it shall also mean the female.

ERISA APPEAL GUIDELINES WHEN POLICY IS GOVERNED BY ERISA: If a claimant wishes to appeal AUL's decision, claimants are allowed 60 days following receipt of a notification of an adverse benefit determination within which to appeal the determination. Claimants are allowed the opportunity to submit written comments, documents, records, and other information relating to the claim for benefits. The claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claimant's claim for benefits. Whether a document, record, or other information is relevant to a claim for benefits shall be determined by reference to paragraph (m)(8) of 29 C.F.R. Section 2560.503-1. AUL's review will take into account all comments, documents, records, and other information submitted by the claimant relating to the claim, without regard to whether such information was submitted or considered in the initial benefit determination. A claimant has a right to obtain the information about any voluntary appeal procedures offered by the plan described in paragraph (c)(3)(iv) of 29 C.F.R. Section 2560.503-1 and has a right to bring an action under section 502(a) of ERISA. A final determination will be provided pursuant to 29 C.F.R. Section 2560.503-1.

CERTIFICATES: AUL will issue certificates to the Participating Unit for delivery to the insured Employee. The certificate will summarize the Participating Unit's coverage under the policy and will state:
1) the benefits provided; and
2) to whom the benefits are payable.

If there is any discrepancy between the provisions of any certificate and the provisions of the policy, the provisions of the policy will govern.

ASSIGNMENT: A Participating Unit may not assign any benefits or rights under the policy without first receiving AUL's written approval.

You may make an absolute assignment of all benefits and rights of his coverage. Any coverage is assignable to the extent permitted by the law except that no collateral assignment is permitted. No assignment is binding unless filed with AUL in a form acceptable to it. AUL assumes no responsibility for the validity or effect of any assignment.

CLAIMS OF CREDITORS: The benefits paid under the policy will be exempt from the claims of creditors to the maximum extent permitted by law.

CLERICAL ERROR: Clerical error on the part of the Participating Unit or AUL will not invalidate insurance otherwise in force or continue insurance otherwise terminated. Upon discovery of an error, an equitable adjustment will be made in the premiums and/or benefits, if appropriate.

MISSTATEMENT OF AGE: If the age of an Employee or Dependent has been misstated, the benefits will be payable based on the true facts. Premium adjustment will be made so that AUL will receive the actual premium required based on the true facts. Any adjustment of benefits due to the correction of age will also be made.

ARBITRATION: Any controversy or claim arising out of or relating to the policy, the sale or solicitation of the policy, or its breach thereof whether in tort, contract, breach of duty (including but not limited to) any alleged fiduciary, good faith and fair dealing duties, shall be decided by arbitration in accordance with the Federal Arbitration Act, the procedures of the commercial arbitration rules of the American Arbitration Association, and this agreement. The Court of Arbitrators, which is to be held in the county seat where the Participating Unit resides, shall consist of three (3) arbitrators familiar with group insurance and employee welfare benefit plans. The selection of the arbitrators shall be conducted within 30 days after proper service of a demand for arbitration. One of the arbitrators shall be appointed by AUL, one by the insured, and the third shall be selected by the first two appointees prior to the beginning of arbitration. Should the two arbitrators be unable to agree upon the choice of a third, the appointment shall be left to the President or any Vice President of the American Arbitration Association. The arbitrators shall decide by a majority of votes, the award shall be in writing, the decision shall be signed by a majority of the arbitrators, and they shall include a statement regarding the reasons for the disposition of any claim. Judgment on the award rendered by the arbitrators may be entered by any court having jurisdiction thereof. The parties are not precluded from challenging the decision under the Federal Arbitration Act or applicable law. Unless not allowed under applicable law, each party shall bear the expense of its own attorney and arbitrator, and shall share equally with the other party the expenses of the third arbitrator and of the arbitration.

The parties agree that AUL is engaged in interstate commerce, and the transaction is governed by the Federal Arbitration Act, 9 U.S.C. Sections 1-16.

Consistent with the expedited nature of arbitration, each party will, upon the written request of the other party, promptly provide the other with copies of documents relevant to the issues raised by any claim or counterclaim on which the producing party may rely in support of or in opposition to any claim or defense. Any dispute regarding discovery, or the relevance or scope thereof, shall be determined by the arbitrator(s), which determination shall be conclusive. All discovery shall be completed within 60 days following the appointment of the arbitrator(s) or longer following mutual agreement by the parties.

SECTION 22 - PREMIUM PAYMENT

Each premium is remitted in United States dollars by the Participating Unit or by the Portable to AUL on or before its due date. Upon the request of the Participating Unit and the written consent of AUL, the interval of payment may be changed. Payment of any premium does not maintain the insurance in force beyond the end of the period for which the premium has been paid or after the policy has terminated except as provided under the Grace Period or Portable provision.

AUL reserves the right to change premium rates on:

1) any date after the Participating Unit's coverage has been in effect for 3 years by giving written notice to the Participating Unit at least 45 days before the date the change is to become effective;
2) any date the benefit or eligibility provisions of the policy are changed;
3) any date the number of Employee's insured through the changes by 25% or more;
4) any date an Insured Unit is added to the policy; or
5) any date on which AUL learns any information provided by the Participating Unit prior to and after the date of the application for insurance was not true or accurate and would have changed any coverage, changed the premium rates, and/or would have required further evaluation by AUL prior to AUL's approval of coverage.

Increases in premium due to:

1) age bracket changes, if any; or
2) salary changes (if benefits are based on a function of salary)

will be effective on the Participating Unit's Anniversary Date following the date of change.

SECTION 23 - INSURED UNITS

PROVISIONS APPLICABLE TO ELIGIBLE UNITS

The Participating Unit is liable for all premiums due for an Insured Unit during any period of time it is an Insured Unit under the policy.

EFFECTIVE DATE

Insurance for an Eligible Unit becomes effective on:
1) the effective date of the policy is when the Eligible Unit is approved for coverage by AUL and shown in the Subscription Agreement; or
2) the effective date of an amendment to the policy showing AUL has added and approved the Eligible Unit for coverage.

TERMINATION

Insurance for an Insured Unit ceases on the earliest of the following dates:
1) the date the Insured Unit no longer meets the definition of an Eligible Unit;
2) the date the Insured Unit ceases active business operations or is placed in bankruptcy or receivership;
3) the date the Insured Unit loses its entity by means of dissolution, merger, or otherwise;
4) the date the Insured Unit is eliminated as an Insured Unit by an amendment to or change in the policy; or
5) the last day of the Coverage Month for which any required premium payment is not made for the Insured Unit's insurance.

Any rights of an Employee whose insurance is terminated due to the termination of an Insured Unit are determined the same as if the Participating Unit’s coverage under the policy had terminated on that date.

Any references to Participating Unit or Employer used in the policy shall include Insured Units.

SECTION 24 - TERMINATION OF THE POLICY

AUL may terminate the policy at the end of any Coverage Month by giving at least 45 days prior notice to the Participating Unit or Portable. AUL will still be liable for payment of valid claims incurred and benefits owed under the policy before the termination date.

SECTION 25 - TERMINATION OF A PARTICIPATING UNIT

Insurance for a Participating Unit ceases on the earliest of:

1) the date the Participating Unit no longer meets the definition of the Participating Unit or assigns the policy to another entity without AUL's written approval;
2) the date the Participating Unit ceases business operations or is placed in bankruptcy or receivership;
3) the date the Participating Unit loses its entity by means of dissolution, merger, majority change in ownership, transfer of assets, transfer of employees to another entity, etc or otherwise;
4) the date the Participating Unit is removed as a Participating Unit by an amendment to or change in the policy;
5) the last date of the Coverage Month for which the required premium payment is made;
6) the last day of a Coverage Month, provided that AUL has given at least 31 days prior written notice to the Participating Unit;
7) the last day of a Coverage Month, if the Participating Unit has given AUL at least 31 days prior written notice;
8) the date, as determined by AUL, that the Participating Unit fails to promptly furnish any information which AUL may reasonably require;
9) the date, as determined by AUL, that the Participating Unit, without good and sufficient cause, fails to perform in good faith its duties pertaining to the policy; or
10) the date on which AUL learns any information provided by the Participating Unit prior to and after the date of the application for insurance was not true or accurate and the policy would not have been issued had AUL known the true facts.

If an Employee's insurance is terminated due to the termination of a Participating Unit, the Employee's rights under the policy are determined as the date the Participating Unit's coverage terminated.

If the policy terminates, the Participating Unit will remain liable to AUL for unpaid premiums for periods during which the coverage existed.

Following termination of Coverage for a Participating Unit or Employee, reinstatement of the coverage will only occur following evaluation and AUL's written approval.

SECTION 26 - TERMINATION OF A PORTABLE

Insurance for a Portable unit terminates on the earliest of:

1) the last date of the Coverage Month for which the required premium payment is made;
2) the last day of the Coverage Month in which the Portable requests termination, but not prior to the request;
3) the last day of the Coverage Month during which the Portable attains age 70;
4) the date the Portable becomes insured for AUL Group Voluntary Term Life Insurance through an Employer; or
5) the last day of a Coverage Month, provided that AUL has given at least 31 days prior written notice to the Portable.

Following termination of coverage for Portable, reinstatement of the coverage will only occur following evaluation and AUL's written approval.

Upon termination of the Portable, an insured person may elect coverage under a life insurance conversion policy.

NOTICE TO INSUREDS

AUL wants all of its customers to be satisfied customers. We welcome your questions and concerns as opportunities for us to serve you better.

If you should have any questions concerning your insurance, please contact:

AMERICAN UNITED LIFE INSURANCE COMPANY®
P.O. BOX 368
INDIANAPOLIS, INDIANA 46206-0368

1-800-553-5318

The Group Division's toll-free number is answered between the hours of 7:30 a.m. and 5:00 p.m. by friendly, knowledgeable staff members. All you have to do is call.

UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL *of* OMAHA COMPANY

YOUR GROUP VOLUNTARY LONG-TERM DISABILITY BENEFITS

FOR EMPLOYEES OF:

District School Board of Hendry County

CLASS(ES):

All Eligible Employees

REVISION EFFECTIVE DATE:

January 1, 2024

PUBLICATION DATE:

December 4, 2023

NOTICE(S)

THIS CERTIFICATE DESCRIBES THE BENEFITS THAT ARE AVAILABLE TO YOU. PLEASE READ YOUR CERTIFICATE CAREFULLY. THE POLICY IS ISSUED IN THE STATE OF FLORIDA AND PROVIDES ALL OF THE BENEFITS REQUIRED BY APPLICABLE FLORIDA LAW.

FRAUD WARNING
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE(S)

If you have any questions about or concerns with this insurance, please first contact the Policyholder or your benefits administrator. If, after doing so, you still have a question or concern, you may contact us at:

United of Omaha Life Insurance Company
3300 Mutual of Omaha Plaza
Omaha, Nebraska 68175
Call Toll-Free: 1-800-877-5176
www.mutualofomaha.com

When contacting us, please have your Policy number available.

NEED ASSISTANCE? If you have a question or wish to obtain information about your coverage, or you require assistance in resolving a complaint, please contact us at 1-800-877-5176.

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CERTIFICATE OF INSURANCE

UNITED OF OMAHA LIFE INSURANCE COMPANY

Home Office:
3300 Mutual of Omaha Plaza
Omaha, Nebraska 68175

Capitalized terms used in this section have the meanings assigned to them in the Definitions section of this Certificate.

United of Omaha Life Insurance Company certifies that Group Policy Number GUPR-ARHP (the Policy) has been issued to District School Board of Hendry County (the Policyholder).

Insurance is provided for Employees of the Policyholder subject to the terms and conditions of the Policy.

Please read this Certificate carefully. The benefits described in this Certificate are effective only if you are eligible for the insurance, become insured and remain insured as described in this Certificate and according to the terms and conditions of the Policy.

If the provisions of this Certificate and those of the Policy do not agree, the provisions of the Policy will apply. The Policy is part of a contract between United of Omaha Life Insurance Company and the Policyholder, and may be amended, changed or terminated without your consent or notice to you.

This Certificate replaces any certificate previously issued under the Policy.

The Policy is nonparticipating, therefore it will pay no dividends.

James T. Blackledge
Chief Executive Officer

Jay C. Vanbeat
Corporate Secretary

SCHEDULE

This Schedule describes some of the terms and conditions of the Policy including, but not limited to, the maximum amounts of benefits payable under the Policy, exclusions and limitations. For a complete description of the terms and conditions of the Policy, refer to the appropriate section of this Certificate.

The benefits described in this Schedule are effective only if you are eligible for the insurance, become insured and remain insured as described in this Certificate and according to the terms and conditions of the Policy. Capitalized terms used in this section have the meanings assigned to them in the Definitions section of this Certificate.

POLICY INFORMATION

Minimum Work Hours Required:	20 hours per week
Eligibility Present Waiting Period:	None
Eligibility Future Waiting Period:	30 day
When Insurance Begins:	The first day of the month that coincides with or follows the day the Employee becomes eligible. Additional eligibility conditions apply as described in the Certificate.
Elimination Period:	The Elimination Period is the later of: a) 90 calendar days; or b) the date your Policyholder-sponsored short-term disability benefits from us end.

BENEFITS

Monthly Benefit Percentage:	60%
Maximum Monthly Benefit:	$7,500
Minimum Monthly Benefit:	$100

Maximum Benefit Period:

Age at Disability	Maximum Benefit Period
61 or less	to age 65, Your SSNRA, or 3 years and 6 months, whichever is longest;
62	Your SSNRA, or 3 years and 6 months, whichever is longer;
63	Your SSNRA, or 3 years, whichever is longer;
64	Your SSNRA, or 2 years and 6 months, whichever is longer;
65	2 years;
66	1 year and 9 months;
67	1 year and 6 months;
68	1 year and 3 months;
69 or older	1 year.

Own Occupation Definition:	2 years
Conversion:	Included
Reasonable Accommodation Benefit:	The lesser of 100% for covered services expenses, $5,000 or an amount equal to the total Gross Monthly Benefit.
Survivor Benefit:	3 months
Vocational Rehabilitation Benefit:	5%

LIMITATIONS

Substance Abuse Limitation:	24 months while insured under the Policy
Mental Disorder Limitation:	24 months while insured under the Policy

Pre-existing Condition Limitation: 3/3/12

LONG-TERM DISABILITY BENEFITS

If you become Disabled due to an Injury or Sickness, while insured under the Policy, we will pay the Monthly Benefit. Benefits begin after you satisfy the Elimination Period.

ELIMINATION PERIOD

The Elimination Period is the later of:

a) 90 calendar days; or
b) the date your Policyholder-sponsored short-term disability benefits from us end.

For purposes of accumulating days of Disability to satisfy the Elimination Period, the following will apply:

a) a period of Disability will be treated as continuous during the Elimination Period unless Disability stops for more than 90 accumulated days during the Elimination Period; and
b) days in which you return to work for a full work day as verified by Policyholder records will not count towards the Elimination Period.

The Elimination Period begins on the first day of Disability. If you are not continuously Disabled, the Elimination Period must be satisfied within a period of time which does not exceed two times the length of the Elimination Period; otherwise, a new Elimination Period will apply.

MONTHLY BENEFIT CALCULATION

When less than a full month of Disability benefits is due, a pro rata benefit will be paid for each day of Disability. This pro rata benefit is equal to 1/30th of your Monthly Benefit.

Monthly Benefit for Total Disability

If you are Disabled and earning less than 20% of your Basic Monthly Earnings, the Monthly Benefit while Disabled is the lesser of:

a) 60% of your Basic Monthly Earnings, less Other Income Sources; or
b) the Maximum Monthly Benefit, less any Other Income Sources.

Monthly Benefit for Partial Disability

You may work for wage or profit and, after a Monthly Benefit has been paid for 2 years, receive up to 85% of your Basic Monthly Earnings while Disabled. As an incentive to work while Disabled, you will receive the Monthly Benefit for Total Disability, unless the sum of:

a) the Gross Monthly Benefit while you are Disabled; plus
b) Current Earnings;

exceeds 100% of your Basic Monthly Earnings. If this sum exceeds 100% of your Basic Monthly Earnings, the Monthly Benefit for Partial Disability will be reduced by that excess amount.

OTHER INCOME SOURCES

We take into account the total of all your income from other sources of income in determining the amount of your Monthly Benefit. Your Other Income Sources include any amounts you receive or are eligible to receive as a result of your Disability or the Sickness and/or Injury that caused, in whole or in part, your Disability. Other Income Sources also include retirement payments and family leave benefits received for any reason.

Other Income Sources include:

a) payments under:
    1. a workers' compensation law;
    2. an occupational disease law;
    3. the Jones Act, (Title 46 United States Code Section 688); or
    4. any other law of similar intent;

b) any amount under another group short-term or long-term disability insurance policy or plan for which the Policyholder has paid any part of the cost or for which the Policyholder has made payroll deductions, except any group short-term or long-term disability insurance policy or plan underwritten by United of Omaha Life Insurance Company;
c) disability income payments under any:
    1. state compulsory benefit act or law;
    2. government retirement system as a result of your job with the Policyholder; or
    3. work loss provision in a no-fault motor vehicle insurance plan, as allowed by state law;
d) any amount you receive as a result of any city, state or federal or Policyholder-sponsored family leave benefit or any other law, rule or regulation providing a family leave benefit;
e) the amount you:
    1. receive as retirement payments when you reach the normal retirement age defined under the Policyholder's Retirement Plan;
    2. voluntarily elect to receive as retirement payments prior to reaching the normal retirement age defined under the Policyholder's Retirement Plan; or
    3. receive or are eligible to receive as a disability benefit under the Policyholder's Retirement Plan prior to reaching the normal retirement age;
f) any amount payable as:
    1. salary continuance, except paid time off (PTO) that is not specified as sick leave, and vacation; but including maternity;
    2. sick leave; or
    3. severance allowance;
g) any amount from a third party (after subtracting attorneys' fees) by judgment, settlement or otherwise;
h) any amount from any unemployment insurance law or program; and
i) any benefits you or your Spouse or Dependent Child receive or are eligible to receive as a result of your disability or retirement payments under:
    1. the U.S. Social Security Act;
    2. the Canada Pension Plan;
    3. the Quebec Pension Plan;
    4. the Railroad Retirement Act;
    5. any similar plan or act.

We will not reduce your Monthly Benefit by your Social Security retirement income if your Disability begins after your Social Security Normal Retirement Age and you were already receiving Social Security retirement benefits.

Any income benefits your Spouse or Dependent Child receives or is eligible to receive as a result of his or her own disability under the U.S. Social Security Act are not included in Other Income Sources.

EXPLANATION OF OTHER INCOME SOURCES

You must apply for and pursue Other Income Sources for which you are or may become eligible, including but not limited to Social Security disability and/or dependent benefits, and do what is needed to obtain them. If your application or claim for Other Income Sources is denied, we may require that you appeal the decision to a level that is satisfactory to us and provide written proof of all levels of appeal.

As part of your proof of Disability, we require that you furnish evidence to us that you have applied for and pursued Other Income Sources for which you are or may become eligible.

After the initial reduction for each type of Other Income Sources, we will not further reduce your Monthly Benefit due to any cost of living increases payable under such type of Other Income Sources.

Other Income Sources that are paid in a lump sum will be prorated on a monthly basis over a period for which the sum is given. If no time period is stated, the sum will be prorated on a monthly basis over the lesser of the following:
a) the Policy's Maximum Benefit Period; or
b) 12 equal payments.

If Other Income Sources are paid on a retroactive basis, we may reduce or suspend the Monthly Benefit to recover any overpayment.

Regardless of how funds from a Retirement Plan are distributed, we will consider your contributions and the Policyholder's contributions to be distributed simultaneously during your lifetime.

We will pay the full amount of the Monthly Benefit if you:
a) apply for Other Income Sources; and
b) sign our Reimbursement Agreement.

Until you have signed our Reimbursement Agreement and have given written proof to us that application has been made or all available appeals have been exhausted for Other Income Sources, we may:
a) estimate your Other Income Sources; and
b) reduce your Monthly Benefit by that amount.

If we reduce your benefit on this basis, and if all of your appeals are denied, we will restore your Monthly Benefit amount and refund any underpayment to you in a lump sum.

ASSISTANCE WITH FILING FOR SOCIAL SECURITY DISABILITY BENEFITS

We can arrange for advice regarding your claim for Social Security disability benefits and assist you with your application or appeal. In order to be eligible for assistance, you must be receiving Monthly Benefits from us.

Receiving Social Security disability benefits may enable:
a) you to receive Medicare after 24 months of disability payments;
b) you to protect your Social Security retirement benefits; and
c) your family to be eligible for Social Security disability benefits.

We can arrange assistance in obtaining Social Security disability benefits by:
a) helping you find appropriate representation;
b) obtaining medical and vocational evidence; and
c) reimbursing pre-approved case management expense.

MINIMUM BENEFIT

As long as you are Disabled your Monthly Benefit will never be less than $100, unless we reduce the Monthly Benefit to recover an overpayment, as provided for in the REFUND TO US provision. If we reduce the Monthly Benefit to recover an overpayment, your Monthly Benefit may be reduced to zero until we fully recover the overpayment.

MAXIMUM BENEFIT PERIOD

If you are Disabled because of an Injury or Sickness, we will pay benefits as follows, subject to any limitations described in this Certificate.

Age at Disability	**Maximum Benefit Period**
61 or less	to age 65, your Social Security Normal Retirement Age (SSNRA), or 3 years and 6 months, whichever is longest;
62	your SSNRA, or 3 years and 6 months, whichever is longer;
63	your SSNRA, or 3 years, whichever is longer;
64	your SSNRA, or 2 years and 6 months, whichever is longer;

65…… 2 years;
66…… 1 year and 9 months;
67…… 1 year and 6 months;
68…… 1 year and 3 months;
69 or over…… 1 year.

WHEN DISABILITY BENEFITS END

Benefits will be paid during a period of Disability until the earliest of the day:

a) you are no longer Disabled;
b) you die;
c) the Maximum Benefit Period ends;
d) you fail to provide us satisfactory proof of continuous Disability;
e) you fail to provide us satisfactory Proof of Earnings;
f) you have been incarcerated or imprisoned for 31 days or longer;
g) you fail to comply with our request for a medical examination as explained in the INDEPENDENT EXAMINATION provision of the Claims Provisions;
h) you are able to pursue any health exam required to obtain your professional license, occupational license, or certification and do not do so;
i) you are not under Regular Medical Care for the Injury or Sickness that caused the Disability;
j) you are able to return to work with the Policyholder on a part-time or Full-Time basis and do not do so; or
k) we have paid you 12 Monthly Benefit payments, if you reside outside the U.S., its territories or possessions, or Canada. You will be considered to reside outside the U.S., its territories or possessions, or Canada for a total of six months or more during any twelve consecutive month period during which you were continuously Disabled.

If you are eligible to receive Disability payments on the day the Policy ends, benefits will continue subject to all other Policy provisions.

RECURRENT DISABILITY

A Recurrent Disability will be treated as part of your prior claim and you will not be required to satisfy a new Elimination Period if:

a) you were continuously insured under the Policy from the date benefits ended for your prior claim to the date your Recurrent Disability begins; and
b) your Recurrent Disability occurs within 180 days after the date benefits ended for your prior claim.

In order to prevent over-insurance because of duplication of benefits, benefits payable under this provision will cease if benefits are payable to you under any other Policyholder-sponsored group long-term disability income policy or plan.

LIMITATIONS

Substance Abuse

If you are Disabled and your Disability is a result of Substance Abuse, your benefits will be limited to a total of 24 months while insured under the Policy, unless you are confined as resident inpatient in a Hospital due to your dependency at the end of that 24-month period. The Monthly Benefit will continue to be paid during such confinement.

If you are still Disabled when you are discharged from a Hospital, the Monthly Benefit will be paid for a recovery period of up to 90 additional days. If you become re-confined as a resident inpatient in a Hospital during the recovery period for at least 14 consecutive days, benefits will be paid for the duration of the confinements.

Mental Disorder

If you are Disabled and your Disability is a result of a Mental Disorder, your benefits will be limited to a total of 24 months while insured under the Policy, unless you are confined as resident inpatient in a Hospital due to your Mental Disorder at the end of that 24-month period. The Monthly Benefit will continue to be paid during such confinement.

If you are still Disabled when you are discharged from a Hospital, the Monthly Benefit will be paid for a recovery period of up to 90 additional days. If you become re-confined as a resident inpatient in a Hospital during the recovery period for at least 14 consecutive days, benefits will be paid for the duration of the confinements.

If you are Disabled as a result of more than one condition above, the limitation periods will run concurrently for all limited conditions.

Pre-Existing Condition Limitation

We will not provide benefits for any Disability caused by, attributable to or resulting from a Pre-existing Condition, unless such Disability begins the day after the earlier of:

a) a 3-month period has passed from the time you were continuously insured under the Policy and during which no treatment or service was received for that condition; or
b) a 12-month period has passed from the time you were continuously insured under the Policy.

In addition, we will not provide benefits for:

a) any increase in your insurance;
b) the addition by amendment of a benefit under the Policy; or
c) the election after initial enrollment of any benefit provided by amendment to the Policy;

unless stated or allowed in the Policy, for any Disability caused by, attributable to or resulting from a Pre-existing Condition, unless such Disability begins 12 months or more after the date of the increase or change.

EXCLUSIONS

We will not pay benefits for any Disability or loss which:

a) results from an act of declared or undeclared war or armed aggression;
b) results from your Participation in a Riot or your commission of or attempt to commit a felony or any type of assault or battery;
c) results from elective or cosmetic surgery or procedures, or resulting complications (unless such surgery or procedure is medically necessary for the appropriate diagnosis and treatment of your Injury or Sickness in accordance with generally accepted medical standards);
d) results, whether you are sane or insane, from:
    1. an intentionally self-inflicted Injury or Sickness; or
    2. attempted suicide;
e) results from Substance Abuse, except as specifically provided in the Limitations section;
f) results from a Mental Disorder, except as specifically provided in the Limitations section;
g) is caused by Substance Abuse, while you are not being actively supervised by and receiving continuing treatment from a rehabilitation center or designated institution approved for such treatment by an appropriate body in the governing jurisdiction, or if none, by us;
h) occurs while you are incarcerated or imprisoned for any period exceeding 31 days;
i) is solely a result of a failed drug test; or
j) is solely a result of a loss of a professional license, occupational license, or certification.

ADDITIONAL BENEFITS

Capitalized terms used in this section have the meanings assigned to them in the Definitions section of this Certificate.

REASONABLE ACCOMMODATION BENEFIT

While you are receiving Disability benefits from us, we may pay a Reasonable Accommodation Benefit to the Policyholder if it will enable you to return to work. The purpose of this benefit is to cover costs incurred by the Policyholder to make workplace modifications to assist you. Covered services include:

a) tools, special seating, equipment and/or furniture;
b) accessible parking space;
c) labor costs for installation; and
d) other services reasonably necessary to help you return to work.

If we determine benefits are payable, we will pay the Policyholder the lesser of:

a) 100% of the expense incurred for covered services;
b) $5,000; or
c) an amount equal to the total Gross Monthly Benefit that would be payable for the Maximum Benefit Period, less any benefits already paid.

We will pay the benefit once we determine:

a) you have the physical and mental capability to perform your Regular Occupation or another job for the Policyholder based on your education, training and experience;
b) there is reasonable prospect the workplace modification will help you return to Active Eligibility based on input from you, your Physician and the Policyholder;
c) there must be reasonable expectation that rehabilitation services will help you return to Active Eligibility; and
d) the Policyholder has incurred expenses for the services.

SURVIVOR BENEFIT

We will pay a Survivor Benefit to your Eligible Survivor when we receive proof that you died:

a) after being Disabled for 180 days; and
b) while receiving or eligible to receive a Monthly Benefit under the Policy.

The Survivor Benefit will be a lump sum amount equal to three times your Monthly Benefit for the month immediately prior to your death. We will pay the Survivor Benefit to your Eligible Survivor. If there is more than one Eligible Survivor, the Survivor Benefit will be divided equally among such Eligible Survivors. If there are no Eligible Survivors, the Survivor Benefit will not be paid.

If payment becomes due to your Dependent Child or Dependent Children, the payment will be made to:

a) your Dependent Child; or
b) a person legally authorized to receive payments on the Dependent Child's or Dependent Children's behalf. This payment will be valid and effective against all claims by the Dependent Child or Dependent Children or by others representing or claiming to represent such Dependent Child or Dependent Children.

VOCATIONAL REHABILITATION BENEFIT

While you are receiving Disability benefits from us, we may pay for a vocational rehabilitation program if it will help you return to some type of work.

The rehabilitation program may start at your or your Physician's request, or we may suggest it. Any rehabilitation program must be mutually agreed upon between you and us. The program must be approved in writing by us before it begins. Covered services may include, but are not limited to:

a) worksite modification and/or special equipment;
b) job placement assistance, including resume preparation;

c) retraining for a new occupation;
d) educational expenses;
e) other services reasonably necessary to help you return to work.

Eligibility for vocational rehabilitation assistance is based on your education, training, experience and physical/mental capabilities. To qualify for covered services:

a) your Disability must prevent you from performing some or all of the Material Duties of your Regular Occupation;
b) you must have the physical and mental capability to complete a rehabilitation program; and
c) there must be reasonable expectation that rehabilitation services will help you return to Active Work.

We will make the final determination of any vocational rehabilitation services provided, eligibility for participation and any continued benefit payments. If you fail to participate without Good Cause once we have started to pay vocational rehabilitation benefits, it may result in reduction or termination of Disability benefits. Reduction of benefits will be based on your income potential if you were employed after a vocational rehabilitation program.

We will not duplicate benefits under this provision that are payable under the Reasonable Accommodation Benefit section.

Additional Benefit for IWRP

A more comprehensive type of vocational rehabilitation program involves the development of an Individual Written Rehabilitation Plan (IWRP). If you participate in an IWRP, we will increase the Monthly Benefit by 5% and continue to pay Disability benefits. Eligibility for further payment of the Monthly Benefit will be assessed at the completion of the IWRP.

We will develop the IWRP, which may include input from you, your Physician and the Policyholder. The IWRP will describe:

a) the vocational rehabilitation goals and services;
b) our duties, your duties and those of any third parties associated with the IWRP;
c) the times and dates of the vocational rehabilitation services;
d) the expected duration of the IWRP; and
e) all costs associated with the services.

ELIGIBILITY

Capitalized terms used in this section have the meanings assigned to them in the Definitions section of this Certificate.

WHEN YOU BECOME ELIGIBLE FOR INSURANCE (ELIGIBILITY WAITING PERIOD)

If you are Actively Working on the Policy Effective Date, you become eligible for insurance on the Policy Effective Date.

If you are not eligible for insurance on the Policy Effective Date, or if you are hired after the Policy Effective Date, you become eligible for insurance the day after you complete the 30 day Eligibility Waiting Period.

The day you become eligible for insurance may not be the same as the day your insurance begins. The WHEN YOUR INSURANCE BEGINS provision describes the day your insurance begins.

WHEN INSURANCE BEGINS

You must enroll for any insurance requiring an election by submitting a Written Request for insurance. The Written Request must be submitted to the Policyholder no later than 31 days after the day you become eligible. If the Written Request for insurance is not submitted within the required time frame, you must provide Evidence of Insurability.

You become insured on the first day of the month that coincides with or follows the latest of the day:

a) you become eligible and are Actively Working; or
b) your Written Request is properly completed and signed, if required.

You must provide Evidence of Insurability if it is required. You become insured for any amount of insurance that requires Evidence of Insurability on the later of;

a) the first day of the month that coincides with or follows the day we approve Evidence of Insurability; or
b) the January 1st that follows the day we approve Evidence of Insurability provided Evidence of Insurability is properly completed, signed, received and approved by us between November 1st and November 30th if due to an annual enrollment period.

EVIDENCE OF INSURABILITY

Evidence of Insurability is required for:

a) insurance elected more than 31 days after the date you become eligible;
b) any increase in the amount of your insurance after the initial election of insurance, unless otherwise stated or allowed in the Policy;
c) an Employee who was eligible for insurance under a Prior Plan but did not elect such insurance; or
d) an Employee whose amount of insurance elected under the Policy is in excess of the amount of insurance that was in-force under a Prior Plan the day before the Policy Effective Date, unless elected during a Subsequent Enrollment Period or as otherwise stated or allowed in the Policy.

If Evidence of Insurability is required, we may require that such evidence be provided at your expense.

EXCEPTIONS TO WHEN INSURANCE BEGINS

This provision does not apply if you are eligible for insurance under the CONTINUITY OF INSURANCE UPON TRANSFER OF INSURANCE CARRIER provision.

If you are not Actively Working due to:

a) Injury or Sickness;
b) confinement in a Hospital as an inpatient;
c) confinement or assignment to a bed as a resident inpatient in any institution or facility other than a Hospital; or

d) being housebound and under the care or supervision of a Physician;

on the day insurance would otherwise begin, insurance will not take effect until the day after you are released by your Physician and you return to Active Work.

If you are not Actively Working when insurance would otherwise begin for reasons other than those listed above, insurance will not take effect until the day you return to Active Work.

CONTINUITY OF INSURANCE UPON TRANSFER OF INSURANCE CARRIER

If you are not Actively Working on the Policy Effective Date due to Injury or Sickness, but were covered under a Prior Plan on the day before the Policy Effective Date, upon payment of the premium, you will be insured under the Policy if you resume Active Work.

EFFECT OF A PRE-EXISTING CONDITION WITH PRIOR COVERAGE

Prior Group Disability Plan Coverage Maintained by the Policyholder

If you become insured under the Policy on the Policy Effective Date and were insured under a Prior Plan, any benefits payable under the Policy for a Disability due to a Pre-existing Condition will be determined as follows:

a) If you cannot satisfy the PRE-EXISTING CONDITION LIMITATION provision of the Policy, but have satisfied the pre-existing condition provision under the Prior Plan, giving consideration towards continuous time insured under both plans, we will pay the lesser of the benefit:
    1. that would have been paid under the Prior Plan; or
    2. payable under the Policy.
b) If you cannot satisfy the PRE-EXISTING CONDITION LIMITATION provision under the Policy or of the Prior Plan, no benefit under the Policy will be payable.

Prior Group Disability Plan Coverage Not Maintained by the Policyholder

If you become insured under the Policy after the Policy Effective Date and were insured under an employer's group long-term disability plan provided by your previous employer, and not maintained by the Policyholder, within 31 days prior to the day you become employed with the Policyholder, any benefits payable under the Policy for a Disability due to a Pre-existing Condition will be determined as follows:

a) If you cannot satisfy the PRE-EXISTING CONDITION LIMITATION provision of the Policy, but have satisfied the pre-existing condition provision under your prior group disability plan, giving consideration towards continuous time insured under both plans, we will pay the lesser of the benefit:
    1. that would have been paid under your prior group long-term disability plan; or
    2. payable under the Policy.
b) If you cannot satisfy the PRE-EXISTING CONDITION LIMITATION provision under the Policy or your prior group long-term disability plan, no benefit under the Policy will be payable.

In order to qualify under this provision, you must provide the following supporting documentation within 31 days from the date we request this information:

a) a copy of your prior employer's long-term disability plan; and
b) payroll records or other documentation verifying you were insured under your prior employer's group long-term disability plan.

THE FIRST ENROLLMENT PERIOD

You may elect insurance during the First Enrollment Period.

SUBSEQUENT ENROLLMENT PERIODS

You may elect, drop, increase, decrease or change insurance during a Subsequent Enrollment Period.

WHEN ELECTION CHANGES ARE PERMITTED

You may elect, drop, increase, decrease or change insurance as allowed by the Policyholder. Any election of or increase in insurance will require Evidence of Insurability unless otherwise stated or allowed in the Policy.

CHANGES TO INSURANCE BENEFITS

Any allowable change in the benefits, class or amount of insurance, whether requested by you or the Policyholder, or as a result of the terms of the Policy, will take effect on the first day of the month that coincides with or follows the date of the request or the change, or the first day of the month that coincides with or follows the day we approve Evidence of Insurability (if required by us), whichever is later.

For any increase in insurance, we will use the Policyholder's records and/or the premium we receive to verify that the amount of insurance requested is the appropriate insurance amount you are eligible for under the terms of the Policy.

If you are not Actively Working on the day any increase in insurance would otherwise take effect, the increase becomes effective the first day of the month that coincides with or follows the day you return to Active Work.

In no event will any change take effect during a period of Disability.

REINSTATEMENT OF INSURANCE

You may be eligible to reinstate insurance that has ended in accordance with this provision. For any insurance requiring an election, you must submit a Written Request to reinstate insurance within 31 days of your return to Active Work. We will require Evidence of Insurability if the amount of insurance being requested exceeds the amount of insurance in effect on your last day of Active Work.

Reinstated insurance will take effect on the first day of the month that coincides with or follows the date of the Written Request, or the first day of the month that coincides with or follows the day we approve Evidence of Insurability (if required by us), whichever is later. If you are not Actively Working on the day the reinstated insurance would otherwise take effect, insurance becomes effective on the day you return to Active Work.

Non-Payment of Premium or Voluntary Termination of Insurance

If insurance ends because you do not pay premium or you voluntarily terminate insurance, we will require Evidence of Insurability to reinstate insurance.

Involuntary Reduction in Hours

If insurance ends because you are no longer Actively Working due to an involuntary reduction of hours worked, insurance may be reinstated without satisfying another Eligibility Waiting Period if you return to Active Work within 90 days from the date insurance ended.

Rehired Employee Due to Layoff or Termination

If insurance ends because you are no longer Actively Working due to layoff or termination of employment with the Policyholder, insurance may be reinstated without satisfying another Eligibility Waiting Period if you are rehired and return to Active Work within 90 days from the date insurance ended. All other Policy provisions, except the PRE-EXISTING CONDITION LIMITATION provision, apply. Credit will be given towards satisfaction of the PRE-EXISTING CONDITION LIMITATION provision previously served under the Policy.

Rehired Employee Due to Leave of Absence

If insurance ends because you are no longer Actively Working due to an approved leave of absence, insurance may be reinstated within 90 days from the date insurance ended without satisfying another Eligibility Waiting Period upon return to Active Work. If insurance ends because you are no longer Actively Working due to military leave, insurance may be reinstated upon return to Active Work within 31 days of discharge from active duty without satisfying another Eligibility Waiting Period. All other Policy provisions, except the PRE-EXISTING CONDITION LIMITATION provision, apply. Credit will be given towards satisfaction of the PRE-EXISTING CONDITION LIMITATION provision previously served under the Policy.

Transfer From Portability

If insurance is obtained under the PORTABILITY provision while you are not Actively Working , insurance may be reinstated up to the amount of insurance that was in effect on the last day of Active Work. Any insurance provided through the Portability Policy will terminate upon reinstatement of insurance as an Actively Working Employee.

WHEN INSURANCE ENDS

Insurance ends:

a) the day you are no longer eligible for insurance under the Policy;
b) the day you begin active duty in the Armed Forces, National Guard or Reserves of any state or country (except for temporary active duty of 31 days or less), unless otherwise stated or allowed in the Policy;
c) the day the Policy terminates; or
d) in accordance with the GRACE PERIOD provision.

If you are Disabled on the day the Policy terminates, benefits will continue subject to the WHEN DISABILITY BENEFITS END provision in the Schedule.

EXCEPTIONS TO WHEN INSURANCE ENDS

If your insurance would otherwise end, you may be able to continue insurance under one of the following provisions:

a) CONTINUATION OF INSURANCE DURING DISABILITY (WITH WAIVER OF PREMIUM)
b) CONTINUATION OF INSURANCE FOR FEDERAL AND STATE LAWS
c) PORTABILITY

CONTINUATION OF INSURANCE DURING DISABILITY (WITH WAIVER OF PREMIUM)

If you become Disabled, your insurance will continue without payment of premium for as long as you are entitled to receive Monthly Benefits, except that premium must be paid during the Elimination Period. Any premium for your insurance that is payable by you will be waived from the first day of the month following the end of the Elimination Period through the last day of the month in which your last Disability benefit payment under the Policy is issued.

CONTINUATION OF INSURANCE FOR FEDERAL AND STATE LAWS

If there is a conflict between this provision and any other provision of the Policy, this provision controls.

The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances. You may be able to continue insurance from the day you cease to be Actively Working due to one of these laws.

Any insurance continued under this provision is subject to the following conditions:

a) insurance may not be continued beyond the time period allowed by FMLA, USERRA or applicable federal or state law that allows for continuation;
b) the amount of insurance may not be increased while insurance is continued under this provision; and
c) we continue to receive premium payment when due (premiums must be paid by you or on your behalf).

Insurance under this provision ends on the day the earliest of the day:

a) the time period in a) in the preceding paragraph has been satisfied;
b) you return to Active Work;
c) you begin full-time employment with an employer other than the Policyholder; or
d) the Policy terminates.

Insurance under this provision also ends in accordance with the GRACE PERIOD provision.

If continued insurance under this provision ends and you have not returned to Active Work, you may be able to continue or obtain insurance under the PORTABILITY provision.

See the OPTIONS FOR PAYMENT OF PREMIUM FOR CONTINUED INSURANCE provision in the Premium Payments section of this Certificate for premium payment options.

PORTABILITY

When Employment or Class Membership Ends

If group disability insurance ends because your employment or membership in a class (as shown under Classification(s) on the Schedule) ends, you have the right to continue group disability insurance under this provision.

When Portability Coverage is Available

Portability coverage is available when:

a) you are under age 70;
b) you are not Disabled;
c) you are not retired;
d) you are not on a leave of absence;
e) you are not absent due to a labor strike;
f) you are not covered under any other similar individual or group disability coverage; and
g) you were insured under the Policy (and the plan it replaced, if applicable) for at least twelve consecutive months immediately prior to the date your employment or membership in a class ended.

How to Request Continued Coverage Under this Provision

The portability period is the period of time that is 31 days from the date insurance under the Policy ends ("Portability Period"). You must submit a Written Request for insurance under the Portability Policy. The Written Request and the initial premium due must be submitted within the Portability Period. Evidence of Insurability is not required unless an increased level of insurance is requested.

The Group Disability Insurance Portability Policy

Group insurance continued under this provision is available under another group disability insurance policy (the "Portability Policy") issued by us, as available at the time insurance under this provision is requested. If you become insured under the Portability Policy, you will receive a certificate of insurance that describes the terms and conditions of coverage under the Portability Policy.

The Portability Policy may not provide all of the same benefits or have all the same terms and conditions that are included in the Policy. In addition, the premium rates charged for insurance under the Portability Policy may not be the same as the premium rates charged for insurance under the Policy. The benefits and premium rates of our Portability Policy are described on our portability request form. You may contact the Policyholder or us to obtain our request form. The Portability Policy is subject to change.

The continued group insurance coverage under the Portability Policy is available as a result of portability rights that arise solely from the Policy, as arranged for you as an employee welfare benefit subject to the Employee Retirement Income Security Act of 1974, as amended.

When Portability Coverage Ends

Insurance coverage continued under this provision will end in accordance with the terms of the Portability Policy.

PREMIUM PAYMENTS

Capitalized terms used in this section have the meanings assigned to them in the Definitions section of this Certificate.

PAYMENT OF PREMIUM THROUGH PAYROLL DEDUCTION

You are responsible for the payment of premiums for insurance under the Policy.

Premium is automatically deducted from your pay by the Policyholder, then remitted to us, as authorized by you during the enrollment process. Please contact the Policyholder for information regarding your deductions.

Payment of premium does not guarantee eligibility for coverage.

OPTIONS FOR PAYMENT FOR PREMIUM FOR APPROVED CONTINUATION OF INSURANCE

When insurance is continued, we must receive premium payment when due for insurance to remain effective, unless otherwise stated or allowed in the Policy. Premium payment may be made in the following ways:

a) the Policyholder may pay the premiums; or
b) you may pay premium to the Policyholder who will then submit premium to us.

Contact the Policyholder to determine which option is available to you.

Payment of premium does not guarantee eligibility for coverage.

GRACE PERIOD

There is a grace period of 45 days for payment of premium. This means that, except for the initial premium, if premium is not paid on or before the date it is due, the premium must be paid in the 45-day grace period that follows. We consider premium to be paid on the date we receive it.

Insurance will stay in force during the grace period as long as premium is paid before the end of the grace period. If we receive written notice requesting cancellation of insurance on a current or future date, the grace period will not apply. Coverage will end on the cancellation date specified in such notice, as long as the full premium has been paid up to that date.

If premium is not paid by the end of the grace period, insurance will end the day after the last day of the grace period.

PREMIUM AND PREMIUM CHANGES

The premium for insurance under the Policy is a monthly rate that applies to you.

If you request a change in the amount of insurance, the Policyholder will provide you with notice of your new premium amount upon request if you are responsible for the payment of premiums for insurance.

If there is a change in the amount of the premium for insurance in accordance with the terms of the Policy, the Policyholder will provide you with notice of the change at least 45 days prior to the date of the change if you are responsible for the payment of premium for insurance.

Premium amounts will change if:

a) you reach the Attained Age of the next higher age band in the premium rate structure for the Policy; or
b) premium rates under the Policy change.

CLAIMS PROVISIONS

Capitalized terms used in this section have the meanings assigned to them in the Definitions section of this Certificate.

CLAIM FORMS

Before benefits are considered, we must be given written proof of Disability. A claim form can be requested from the Plan Administrator, from us or obtained on our website.

NOTICE OF CLAIMS

A request for a claim form should be made within 20 days after a Disability occurs or as soon as reasonably possible.

PROOF OF DISABILITY

Written proof of Disability must be given to us within 90 days after the end of the Elimination Period. If it is not reasonably possible to give us proof within the required time, we will not reduce or deny a claim for this reason if proof is supplied as soon as reasonably possible. In any case, proof must be given no more than 12 months from the time specified, unless you were legally incapacitated.

Proof of Earnings, proof of continued Disability, Regular Medical Care and any Other Income Sources must be given to us upon request. This proof must be received within 45 days of our request. If it is not, benefits may be denied or suspended.

INDEPENDENT EXAMINATION

We may require you to be examined by a Physician or vocational rehabilitation expert as we direct to assist in determining whether benefits are payable. You may not impose any conditions on an examination such as pre-approval of the examiner, attendance of a third party or audio/video recording of the examination.

We will pay for these examinations; however, you may be responsible for fees associated with failure to notify the examination office of your appointment cancellation within the required amount of time specified by the examiner. We may recover this fee by reducing benefits that are payable. We will not require more than a reasonable number of examinations.

HOW TO OBTAIN PLAN BENEFITS

Forward the completed claim form for proof of Disability to:
United of Omaha Life Insurance Company
3300 Mutual of Omaha Plaza
Omaha, Nebraska 68175

You will be responsible for any fees charged by your Physician for completing a claim form.

CLAIM ASSISTANCE

For assistance with filing a claim or an explanation of how a claim was paid, contact:
United of Omaha Life Insurance Company
3300 Mutual of Omaha Plaza
Omaha, Nebraska 68175
Call Toll-Free: 1-800-877-5176

PAYMENT OF CLAIMS

Benefits will be paid immediately after we receive acceptable written proof of Disability and any other required supporting information.

Benefits will be paid to you, except benefits unpaid at your death may be paid, at our option, to:

a) your Eligible Survivor; or
b) your estate.

CLAIM REVIEW AND APPEAL PROCESS

Claim Review

We will notify you in writing of our decision to either approve or deny a claim within 31 days of the date it is received by us. If we deny your claim in whole or in part, we will explain the reasons for our denial in our notice. If you disagree with the reasons given, you or your authorized representative may ask that we reconsider your claim through the appeal process.

Appeal Process

To appeal a denied claim, you or your authorized representative must notify us within 180 days after receiving notice of our denial and ask that we reconsider our original benefit decision. Your appeal request must be submitted to us in writing or electronically and should state the reasons you believe the claim denial was incorrect. You should also include any additional information, documents or other materials that might allow us to change our original decision. Send your appeal request to us at our Omaha, Nebraska address shown in the CLAIMS ASSISTANCE provision.

Within 60 days after receiving your appeal request, we will notify you or your authorized representative in writing of our final claim decision. If we need more time due to circumstances beyond our control, we will inform you of our need for an extension prior to the end of this time frame.

Notice

If the administration of the Policy is subject to the Employee Retirement Income Security Act of 1974 (ERISA), you may contact the U.S. Department of Labor, Employee Benefits Security Administration (EBSA) for further review of your claim or to ask questions about your rights under ERISA.

MODE OF PAYMENT

Benefits will be paid monthly by us.

REFUND TO US

If it is found that we paid more benefits than we should have paid under the Policy, we have the right to a refund from you or the recipient of benefits.

We also have a right to a refund for any payments due to:

a) fraud or misrepresentation;
b) any error we make in processing a claim;
c) you or your agent's failure to provide complete information;
d) your not being eligible for coverage; or
e) your receipt of or right to payment from Other Income Sources.

You or the recipient of benefits must reimburse us in full. We will determine the repayment method, including without limitation, reducing or withholding your Monthly Benefit or any benefits payable to you under this or any other group insurance policy issued by us. We will credit any such payments to the refund until the refund is fully recovered.

If it is found that we paid less benefits than we should have paid under the Policy, we will make additional payment(s), as necessary.

STANDARD PROVISIONS

Capitalized terms used in this section have the meanings assigned to them in the Definitions section of this Certificate.

INSURANCE CONTRACT

The insurance contract consists of:

a) the Policy (which includes this Certificate);
b) the Policyholder's signed application attached to the Policy; and
c) any signed application for you (if applicable).

CHANGES IN THE INSURANCE CONTRACT

The insurance contract may be changed (including reducing or terminating benefits or increasing premium costs) any time we and the Policyholder both agree to a change. No one else has the authority to change the insurance contract. A change in the insurance contract:

a) does not require your consent; and
b) must be:
    1. in writing;
    2. made a part of the Policy; and
    3. signed by our authorized representative in our home office.

A change may affect any class of Insured Persons included in the Policy.

INCONTESTABILITY

We will not contest this Policy after it has been in force for two years during your lifetime, except for nonpayment of premium.

Statements in an application are considered representations and not warranties. We will not use any statements in your application to deny a claim or to contest the validity of this insurance unless we provide you, your beneficiary or legal representative with a copy of that application.

LEGAL ACTIONS

No legal action can be brought until at least 60 days after we have been given proof of loss. No legal action can be brought more than five years after the date proof of loss is required, unless otherwise required by state law in your state of residence.

CONFORMITY WITH STATE AND FEDERAL LAW

Any provision of the Policy which, on its effective date, is in conflict with the law of the federal government or the state in which an Insured Person resides on such date is hereby amended to conform to the minimum requirements of such law.

DEFINITIONS

The defined terms used in this Certificate and Policy are shown in this section. With the exception of *our, we, us, you, your and yourself*, we have capitalized these terms wherever they appear to make them easier for you to find.

The definitions set forth below apply to both the singular and plural versions of the defined term.

Actively Working, *Active Work* means you are:

a) performing the normal duties of your Regular Job for the Policyholder on a regular and continuous basis 20 or more hours each week; and
b) receiving compensation from the Policyholder for work performed for the Policyholder.

You will be considered to be actively working on any day that is a regular paid holiday or day of vacation, or regular or scheduled non-working day, provided you were actively working on the last preceding regular work day.

Attained Age means your age as of the Policy Anniversary that coincides with or follows your birthday. For example, if your 50th birthday is on April 1, 2023 and the Policy Anniversary is January 1, you will reach the attained age of 50 on January 1, 2024.

Basic Monthly Earnings means 1/12th of the compensation received under your annual contract with the Policyholder in effect during the current contract year immediately prior to the day on which your Disability began. If you were employed with the Policyholder for part of the current contract year, basic monthly earnings means your average gross monthly earnings for the months worked while employed. Basic monthly earnings will be verified by premium we have received.

We require Proof of Earnings.

Certificate means this document that describes the benefits, terms, conditions, exclusions and limitations of the insurance provided under the Policy.

Claimant means the person who submits a claim for benefits, including the authorized representative of such person.

Current Earnings means any actual pre-tax monthly income you receive while you are working and eligible to receive a Monthly Benefit, or the pre-tax earnings you could receive if you were working at your Maximum Capacity. If your current earnings fluctuate, we may average your current earnings over the most recent three-month period and continue your claim provided the average does not exceed the percentage of Basic Monthly Earnings allowed by the Policy. A Monthly Benefit is not payable for any month during which your current earnings exceed that percentage.

Deferred Compensation means a plan or arrangement under the following Internal Revenue Code (IRC) sections or any other plan or arrangement defined as deferred compensation under the IRC:

a) 401(k);
b) 403(b);
c) 408(k);
d) 409A; or
e) 457.

Dependent Child means a citizen, permanent resident or lawful resident of the United States who is:

a) your natural born, legally adopted or foster child;
b) your stepchild or child of your domestic partner or civil union partner or equivalent; or
c) any other child who lives with you in a regular parent/child relationship and who qualifies as your dependent as defined in the U.S. Internal Revenue Code.

A dependent child does not include:

a) your child who is married, in a domestic partnership, in a civil union partnership or equivalent;
b) your child if the child has been legally adopted by another person; or
c) a child placed in your home by a social service agency which retains control over the child.

Disability and *Disabled* mean that because of an Injury or Sickness, a significant change in your mental or physical functional capacity has occurred and:

a) during the Elimination Period, you are prevented from performing at least one of the Material Duties of your Regular Occupation on a part-time or Full-Time basis; and
b) after the Elimination Period, you are:
    1. prevented from performing at least one of the Material Duties of your Regular Occupation on a part-time or Full-Time basis; and
    2. unable to generate Current Earnings which exceed 99% of your Basic Monthly Earnings due to that same Injury or Sickness.

After a Monthly Benefit has been paid for 2 years, *Disability* and *Disabled* mean you are unable to perform all of the Material Duties of any Gainful Occupation.

Disability is determined relative to your ability or inability to work. It is not determined by the availability of a suitable position with the Policyholder.

Eligibility Waiting Period means a continuous period of Active Work that you must satisfy before becoming eligible for insurance as described in the WHEN YOU BECOME ELIGIBLE FOR INSURANCE (ELIGIBILITY WAITING PERIOD) provision.

Eligible Survivor means your Spouse, if living; otherwise, it means your Dependent Child under age 26. An eligible survivor must be living at the time of your death.

Elimination Period means the number of consecutive days of Disability which must be satisfied before you are eligible to receive benefits. The elimination period is shown in the Schedule.

Employee means a person who is:
a) a citizen or permanent resident of the United States; or
b) lawfully and legally able to work in the United States pursuant to applicable federal and state laws; and
c) receiving compensation from the Policyholder for work performed for the Policyholder at:
    1. the Policyholder's usual place of business;
    2. an alternative work site at the direction of the Policyholder; or
    3. a location to which the employee must travel to perform the job.

An employee does not include a person:
a) who resides outside the United States for a period in excess of 12 consecutive months unless written approval has been received from our authorized representative in our home office;
b) working for the Policyholder on a seasonal or temporary basis; or
c) performing services for the Policyholder as an independent contractor, including persons for whom income is reported on a 1099 form or subject to the terms of a leasing agreement between the Policyholder and a leasing organization.

Evidence of Insurability means proof of good health acceptable to us. This proof may be obtained through questionnaires, physical exams or written documentation, as required by us.

Family means Spouse, former Spouse, children, parents, grandparents, grandchildren, brothers, sisters and the spouses (or domestic partner or civil union partner or equivalent) of such individuals.

First Enrollment Period means the 31-day period following the day you become eligible for insurance under the Policy or any Prior Plan.

Full-Time means working the required number of hours to be considered a full-time employee of the Policyholder.

Gainful Occupation means an occupation you are reasonably suited for by training, education or experience.

Good Cause means documented physical or mental impairments that:
a) prevent you from being rehabilitated;
b) interfere with a medical program you are currently participating in; or
c) conflict with any other program you are participating in that will enable you to return to active employment.

Gross Monthly Benefit means your Monthly Benefit amount before any reduction for Other Income Sources and Current Earnings.

Hospital means a facility that is accredited, approved, certified or licensed as a general hospital by the proper authority of the state in which it is located to provide care and treatment for the condition causing confinement. A hospital does not include a facility or institution or part thereof which is licensed or used principally as a clinic, convalescent home, rest home, nursing home or home for the aged, halfway house or board and care facilities.

Injury means bodily harm that:

a) is a direct result of an accident requiring treatment by a Physician;
b) is independent of bodily infirmity, Sickness or medical or surgical treatment, and all other causes; and
c) occurs after the Policy Effective Date and while you are insured under the Policy.

Insured Person means a person who is insured under the Policy.

Material Duties means the essential tasks, functions, and operations relating to an occupation that cannot be reasonably omitted or modified. In no event will we consider working more than the required Full-Time hours per week in itself to be a part of material duties.

Maximum Capacity means, based on your medical restrictions and limitations:

a) during the first 24 months of Disability payments, the greatest extent of work you are able to do in your Regular Occupation; and
b) after 24 months of Disability payments, the greatest extent of work you are able to do in any occupation that is reasonably available and for which you are reasonably fitted by education, training, or experience.

Maximum Monthly Benefit means the maximum dollar amount of disability benefit you may receive per month as shown in the Schedule.

Mental Disorder means any condition or disease, regardless of its cause, listed in the most recent edition of the International Classification of Diseases (ICD) and the Diagnostic and Statistical Manual of Mental Disorders (DSM) as a mental disorder. Not included in this definition are conditions or diseases related to Substance Abuse.

Monthly Benefit means the amount of disability benefit you may receive per month as described in the Schedule.

Other Income Source(s) has the meaning set forth in the Other Income Sources provision of the Schedule.

Our, We, Us means United of Omaha Life Insurance Company.

Participation in a Riot means actively participating in a tumultuous disturbance of the peace by three or more persons assembling together of their own authority with intent to mutually assist one another in an illegal or legal act.

Physician means a legally qualified medical doctor who is licensed to practice medicine, prescribe drugs or perform surgery, or any other licensed healthcare provider who is deemed to be the same as a legally qualified medical doctor. The physician must be acting within the scope of his/her license. A physician does not include you or any Family member.

Plan Administrator means the person or entity designated as the plan administrator for the Policyholder's group disability plan.

Policy means the group policy issued to the Policyholder by us, including this Certificate.

Policy Anniversary means January 1 of each Policy Year.

Policy Effective Date means January 1, 2014.

Policy Year means the period commencing on the Policy Effective Date and ending on the next succeeding Policy Anniversary and, thereafter, each 12-month period commencing on the Policy Anniversary.

Policyholder means District School Board of Hendry County.

Policyholder's Retirement Plan means any Retirement Plan:

a) which is part of any federal, state, county, municipal, or association retirement system; and
b) for which you are eligible as a result of employment with the Policyholder.

Pre-existing Condition means any Injury or Sickness for which you received medical treatment, advice or consultation, care or services, including diagnostic measures, or had drugs or medicines prescribed or taken in the 3 months prior to the date that you become insured under the Policy.

A pre-existing condition does not include a condition revealed on an application for insurance unless excluded by a signed waiver attached to the contract.

Prior Plan means any similar insurance policy:

a) replaced by insurance under part or all of the Policy; and
b) in effect and maintained, sponsored by or available through the Policyholder on the day before the Policy Effective Date.

Proof of Earnings means:

a) copies of your U.S. individual income tax returns and business income tax returns, including all forms, schedules and attachments, if applicable;
b) payroll records; and
c) any other records we request.

Regular Medical Care means treatment, consultations and diagnostic services that are appropriate and provided, ordered or prescribed by a Physician whose specialty is suitable for treating your Injury or Sickness. Such care must be received in-person at a frequency that is appropriate to effectively manage and treat your Injury or Sickness according to generally accepted medical standards.

Regular Occupation means the occupation you are routinely performing when your Disability begins. Your regular occupation is not limited to your specific position held with the Policyholder, but will instead be considered to be a similar position or activity based on job descriptions included in the most current edition of the U.S. Department of Labor Dictionary of Occupational Titles (DOT) and the Occupational Informational Network (O*NET). We have the right to substitute or replace the DOT and O*NET with another service or other information that we determine to be of comparable purpose, with or without notice. To determine your regular occupation, we will look at your occupation as it is normally performed in the national economy, instead of how work tasks are performed for a specific employer, at a specific location, or in a specific area or region.

Reimbursement Agreement means the written agreement that we provide to you and you agree to repay us any overpayment resulting from your or your Spouse's or Dependent Child's receipt of Other Income Sources.

Retirement Plan means a plan that:

a) provides benefits to you, either in a lump sum or in the form of periodic payments, upon the later of:
    1. early or normal retirement as defined in the plan;
    2. early or normal retirement under the U.S. Social Security Act; or
    3. disability, if the payment does not reduce the amount of money which would have been paid at the normal retirement age under the plan if the disability had not occurred; and
b) is not funded wholly by your contributions.

A retirement plan does not include a profit-sharing plan or a plan such as a 401(k), a thrift plan, an individual retirement account (IRA), a tax sheltered annuity (TSA), a stock ownership plan, a pension plan for partners, a military pension or disability income plan, a retirement plan from another plan sponsor or a Deferred Compensation plan.

Sickness means a physical or mental disease, illness, infection, disorder or condition, including pregnancy, that requires treatment by a Physician. Disability resulting from a sickness must occur while you are insured under the Policy. Sickness includes the donation of an organ in a non-experimental organ transplant procedure.

Social Security Normal Retirement Age (SSNRA) means your normal retirement age under the U. S. Social Security Act.

The Social Security Normal Retirement Age table is available online at www.ssa.gov/OACT/ProgData/nrs/html or any other online website address which replaces this address.

Spouse means the person to whom you are legally married. Spouse also includes your domestic partner, civil union partner or equivalent, as recognized and allowed by law in your jurisdiction of residence.

Subsequent Enrollment Period means any period of time designated for enrollment by the Policyholder and agreed to in writing by our authorized representative in our home office.

Substance Abuse means any condition or disease, regardless of its cause, listed in the most recent edition of the International Classification of Diseases or Controlled Substance Act as an alcohol or drug related condition or disease.

Written Request means a request that is signed, dated and submitted to the Policyholder or us. The request must be on a form we supply or be in a form and content acceptable to us.

You, Your, Yourself means the Employee who may be eligible or insured under the Policy.

Group Voluntary Long-Term Disability Benefits

District School Board of Hendry County

Group Number: G000ARHP

United of Omaha Life Insurance Company

Home Office:
3300 Mutual of Omaha Plaza
Omaha, Nebraska 68175



UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL *of* OMAHA COMPANY

GROUP VOLUNTARY LONG-TERM DISABILITY CERTIFICATE SUMMARY



This summary describes some of the terms and conditions of the Policy. For a complete description of the terms and conditions of the Policy, refer to the appropriate section of the Certificate, available from the Policyholder. A person is not necessarily entitled to insurance because he or she received this summary. A person is only entitled to insurance if he or she is eligible in accordance with the terms of the Policy. This summary was published on December 4, 2023.

POLICY INFORMATION

Policyholder:	District School Board of Hendry County
Policy Effective Date:	January 1, 2014
Policy Anniversary:	January 1
Policy Number:	GUPR-ARHP
Group Number:	G000ARHP
Classification:	All Eligible Employees
Minimum Work Hours Required:	20 hours per week
Eligibility Present Waiting Period:	None
Eligibility Future Waiting Period:	30 day
When Insurance Begins:	The first day of the month that coincides with or follows the day the Employee becomes eligible. Additional eligibility conditions apply as described in the Certificate.
Elimination Period:	The Elimination Period is the later of: a) 90 calendar days; or b) the date your Policyholder-sponsored short-term disability benefits from us end.

BENEFITS

Monthly Benefit Percentage:	60%
Maximum Monthly Benefit:	$7,500
Minimum Monthly Benefit:	$100
Maximum Benefit Period:	**Age at Disability** ..... **Maximum Benefit Period** 61 or less..... to age 65, Your SSNRA, or 3 years and 6 months, whichever is longest; 62 ..... Your SSNRA, or 3 years and 6 months, whichever is longer; 63 ..... Your SSNRA, or 3 years, whichever is longer; 64 ..... Your SSNRA, or 2 years and 6 months, whichever is longer; 65 ..... 2 years; 66 ..... 1 year and 9 months; 67 ..... 1 year and 6 months; 68 ..... 1 year and 3 months; 69 or older..... 1 year.
Own Occupation Definition:	2 years
Conversion:	Included

Reasonable Accommodation Benefit:	The lesser of 100% for covered services expenses, $5,000 or an amount equal to the total Gross Monthly Benefit.
Survivor Benefit:	3 months
Vocational Rehabilitation Benefit:	5%

LIMITATIONS

Substance Abuse Limitation:	24 months while insured under the Policy
Mental Disorder Limitation:	24 months while insured under the Policy
Pre-existing Condition Limitation:	3/3/12

United of Omaha Life
Insurance Company
A Mutual of Omaha Company
3300 Mutual of Omaha Plaza | Omaha, NE 68175

Home Office: 3300 Mutual of Omaha Plaza, Omaha, Nebraska 68175

This Policy is issued to **District School Board of Hendry County** (the "Policyholder").

This Policy is a legal contract between the Policyholder and us. It is issued in consideration of payment of premiums and the Policyholder's application. **PLEASE READ THIS POLICY CAREFULLY.**

This Policy is issued in and will be interpreted by the laws of the State of Florida, without giving effect to the principles of conflicts of law of that state or any other state, territory or district. Any part of this Policy which is in conflict with the laws of the State of Florida is changed to conform to the minimum requirements of that state's laws.

This Policy is effective January 1, 2014 at the Policyholder's main office.

We agree to pay benefits subject to the terms, conditions, and limitations of this Policy.

The Certificate is made a part of this Policy.

GROUP POLICY NO. GUPR-ARHP

As Revised: January 1, 2024

Publication Date: December 4, 2023

UNITED OF OMAHA LIFE INSURANCE COMPANY

James T. Blackledge
Chief Executive Officer

Daryl A. Vankat
Corporate Secretary

GENERAL PROVISIONS

Capitalized terms are defined in the Certificate or other documents made a part of this Policy.

PREMIUM CHANGES

We reserve the right to change premium rates any time after:

a) the most recent premium rate guarantee date described in this Policy;
b) there is an increase or decrease of 10% or more in the Policyholder's Employee population or the number of Employees insured under this Policy*;*
c) our liability or cost of administration is changed due to a change in federal, state, or local law, statute or regulation;
d) this Policy's terms are changed;
e) coverage is reinstated following the Policyholder's failure to pay premium during the grace period; or
f) a division, subsidiary, associated company, affiliated company or an eligible class is added to or deleted from this Policy.

We must give the Policyholder at least 180 days advance written notice of any premium rate change.

PAYMENT OF PREMIUMS

The premium for this Policy equals the sum of the individual premiums for each Insured Person as described in the Premium Rider. The first premium is due on the effective date of this Policy. Subsequent premiums are due on the first day of each subsequent month or other modal period agreed to in writing by an authorized representative in our home office. Premium payments must be made to our home office or to a location we designate, using a payment method we accept. We will consider premium to be paid on the date we receive it.

GRACE PERIOD

There is a grace period of 45 days for payment of premium. This means that, except for the initial premium, if premium is not paid on or before the date it is due, the premium must be paid in 45-day grace period that follows. We consider premium to be paid on the date we receive it.

Insurance will stay in force during the grace period as long as premium is paid before the end of the grace period. If we receive written notice requesting cancellation of insurance on a current or future date, the grace period will not apply. Coverage will end on the cancellation date specified in such notice, as long as the full premium has been paid up to that date.

If premium is not paid by the end of the grace period, insurance will end the day after the last day of the grace period.

TERMINATION

Following at least 60 days advance written notice to the Policyholder, we have the right to terminate this Policy if:

a) the number of Employees insured is less than 10 or less than 25% of those eligible for insurance;
b) the Policyholder does not perform one or more of its duties under this Policy;
c) the Policyholder relocates to a state where this Policy is not marketed;
d) our liability or cost of administration is changed due to a change in federal, state, or local law, statute or regulation;
e) there is an increase or decrease of 15% or more in the Policyholder's Employee population or the number of Employees insured under this Policy*;*
f) a division, subsidiary, associated company, affiliated company or an eligible class is added to or deleted from this Policy; or
g) we decide to non-renew a class of business.

The Policyholder has the right to terminate this Policy at any time. The Policyholder must give us written notice of at least 31 days before the date this Policy is to terminate, unless the Policyholder gives us written notice that this Policy will terminate during the grace period.

This Policy will automatically terminate the day after the last day of the grace period if the Policyholder fails to pay its portion of the premium.

If this Policy terminates for any reason:

a) all unpaid premiums up to the date of termination are due, including premiums for the grace period or any part of the grace period; and
b) all unpaid premiums are due no later than the date of termination.

Termination of this Policy will not affect benefits otherwise payable for a claim incurred while this Policy is in force.

REINSTATEMENT AFTER TERMINATION

If this Policy terminates for any reason, the Policyholder may request to reinstate it. We will reinstate only if:

a) an authorized representative in our home office agrees in writing to reinstate this Policy;
b) the Policyholder agrees in writing to accept any written conditions of reinstatement that we impose;
c) all past due premiums are paid, including any premium for the time insurance was in effect during the grace period; and
d) the premium due from the date of reinstatement until the next premium due date is paid.

CERTIFICATES

We will electronically issue the Policyholder a Certificate form for delivery by the Policyholder to each Insured Person. The Certificate describes the benefits, terms, conditions, exclusions and limitations of the insurance provided under this Policy.

ENTIRE CONTRACT AND CHANGES

The entire contract of insurance consists of this Policy, the Certificate, the Policyholder's signed application, any supplemental applications made part of the Certificate, any riders and any endorsements.

This insurance contract may be changed any time we and the Policyholder both agree to a change. No one else has the authority to change the insurance contract. No change in this Policy will be effective until approved by our authorized representative in our home office. Such approval must be in writing and attached to and made a part of this Policy.

EXTENSION OF BENEFITS

There is no time limit on payment of claims that were incurred when this Policy was in force.

MISSTATEMENT OF AGE OR GENDER

If an Insured Person's age or gender is misstated, we may adjust the premium or the benefits payable. An adjustment of the benefits payable will be based on what the premium would have purchased at the correct age or gender.

INCONTESTABILITY

We will not contest this Policy after it has been in force two years, except for nonpayment of premium.

POLICYHOLDER RESPONSIBILITIES

The Policyholder will notify:

a) list billed classes - both the Insured Person and us when the Insured Person's insurance under this Policy ends if the Insured Person ceases to be eligible for insurance under this Policy;
b) each Insured Person and us when insurance under this Policy ends if this Policy is terminated and is not replaced by another policy or plan with no interruption in coverage; and
c) list billed classes - us when the amount of insurance coverage for which an Insured Person is eligible changes.

Notice shall be provided within 31 days from the date insurance ends or, for any list billed classes, the amount of insurance coverage changes for the Insured Person. Notice to the Insured Person shall include information about any options available to continue or obtain insurance.

If we do not receive notice under a) above within this 31 day time period, we may require the Policyholder to reimburse us for the amount of any claims paid on behalf of any ineligible person and/or any dependents of such person during the time the person was ineligible. The Policyholder must reimburse us for claims under this provision within 60 days after receipt of our written request for payment.

The Policyholder is responsible for keeping the following records:

a) persons insured by classification and any persons eligible but not insured;
b) the amount of money the Policyholder contributes toward premiums;
c) beneficiary designation information, if applicable; and
d) any other information which we may reasonably request.

The Policyholder will provide us with copies of these records upon request. These records must be open to us for inspection at any reasonable time.

The Policyholder will provide, as we require, any information on our forms which is needed for insurance administration. The Policyholder is responsible for enrolling eligible persons for coverage under this Policy and performing other administrative duties agreed to by us. The Policyholder will perform its responsibilities in accordance with the terms of this Policy and our policies and procedures. The Policyholder may delegate some of its responsibilities to a third party.

The Policyholder and any third party utilized by the Policyholder to perform such administrative functions, act on behalf of the Policyholder and do not represent us or act on our behalf. The Policyholder and such third party have no authority to alter or expand our liability under this Policy and have no authority to waive, modify or compromise any defense or right we may have under this Policy.

The Policyholder agrees to indemnify and hold us harmless from and against any and all claims, actions, damages, liability and expenses, including, without limitation, reasonable attorneys' fees, arising from or related to the failure of the Policyholder, or a third party to whom the Policyholder has delegated its responsibilities, to perform its responsibilities in accordance with the terms of this Policy or our policies and procedures.

ASSIGNMENT

No assignment of this Policy is binding upon us unless an officer in our home office agrees to it in writing and not until it is recorded with us at our home office.

PREMIUM RIDER

This rider is made a part of Group Policy GUPR-ARHP.

This rider is effective January 1, 2024.

CLASS(ES)

All Eligible Employees

LONG-TERM DISABILITY INSURANCE PREMIUMS

The monthly premium for long-term disability insurance is as follows:

Attained Age of Employee	**per $100 of Monthly Covered Payroll**
< 20	$0.209
20 - 24	$0.209
25 - 29	$0.209
30 - 34	$0.209
35 - 39	$0.339
40 - 44	$0.339
45 - 49	$0.618
50 - 54	$0.618
55 - 59	$0.979
60 - 64	$0.979
65 - 69	$1.026
70 - 99	$1.026

Monthly Covered Payroll means the total amount of basic monthly earnings for which all Employees are insured under the Policy.

RATE GUARANTEE DATE

January 1, 2026 or any date thereafter agreed to in writing by our authorized representative in our home office.

PREMIUM ALLOCATION

The total amount of premium paid or remitted by the Policyholder for this Policy and any other group insurance policy the Policyholder has with us or any of our affiliates ("Other Policy") will be allocated to this Policy and each Other Policy on a pro-rata basis. This means that if the Policyholder does not pay or remit the full premium that is due for this Policy or any Other Policy by the due date, the full amount of premium for this Policy and each Other Policy will be past due, resulting in termination of this Policy and each Other Policy in accordance with the applicable grace period for this Policy and each Other Policy.

PUBLICATION DATE

December 4, 2023

UNITED OF OMAHA LIFE INSURANCE COMPANY

Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL *of* OMAHA COMPANY

YOUR GROUP VOLUNTARY SHORT-TERM DISABILITY BENEFITS

FOR EMPLOYEES OF:

District School Board of Hendry County

CLASS(ES):

All Eligible Employees

REVISION EFFECTIVE DATE:

January 1, 2024

PUBLICATION DATE:

December 4, 2023

NOTICE(S)

THIS CERTIFICATE DESCRIBES THE BENEFITS THAT ARE AVAILABLE TO YOU. PLEASE READ YOUR CERTIFICATE CAREFULLY. THE POLICY IS ISSUED IN THE STATE OF FLORIDA AND PROVIDES ALL OF THE BENEFITS REQUIRED BY APPLICABLE FLORIDA LAW.

FRAUD WARNING
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE(S)

If you have any questions about or concerns with this insurance, please first contact the Policyholder or your benefits administrator. If, after doing so, you still have a question or concern, you may contact us at:

United of Omaha Life Insurance Company
3300 Mutual of Omaha Plaza
Omaha, Nebraska 68175
Call Toll-Free: 1-800-877-5176
www.mutualofomaha.com

When contacting us, please have your Policy number available.

NEED ASSISTANCE? If you have a question or wish to obtain information about your coverage, or you require assistance in resolving a complaint, please contact us at 1-800-877-5176.

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CERTIFICATE OF INSURANCE

UNITED OF OMAHA LIFE INSURANCE COMPANY

Home Office:
3300 Mutual of Omaha Plaza
Omaha, Nebraska 68175

Capitalized terms used in this section have the meanings assigned to them in the Definitions section of this Certificate.

United of Omaha Life Insurance Company certifies that Group Policy Number GUC-ARHP (the Policy) has been issued to District School Board of Hendry County (the Policyholder).

Insurance is provided for Employees of the Policyholder subject to the terms and conditions of the Policy.

Please read this Certificate carefully. The benefits described in this Certificate are effective only if you are eligible for the insurance, become insured and remain insured as described in this Certificate and according to the terms and conditions of the Policy.

If the provisions of this Certificate and those of the Policy do not agree, the provisions of the Policy will apply. The Policy is part of a contract between United of Omaha Life Insurance Company and the Policyholder, and may be amended, changed or terminated without your consent or notice to you.

This Certificate replaces any certificate previously issued under the Policy.

The Policy is nonparticipating, therefore it will pay no dividends.

James T. Blackledge
Chief Executive Officer

Jay C. Vanbeat
Corporate Secretary

SCHEDULE

This Schedule describes some of the terms and conditions of the Policy including, but not limited to, the maximum amounts of benefits payable under the Policy, exclusions and limitations. For a complete description of the terms and conditions of the Policy, refer to the appropriate section of this Certificate.

The benefits described in this Schedule are effective only if you are eligible for the insurance, become insured and remain insured as described in this Certificate and according to the terms and conditions of the Policy. Capitalized terms used in this section have the meanings assigned to them in the Definitions section of this Certificate.

POLICY INFORMATION

Minimum Work Hours Required:	20 hours per week
Eligibility Present Waiting Period:	None
Eligibility Future Waiting Period:	30 day
When Insurance Begins:	The first day of the month that coincides with or follows the day the Employee becomes eligible. Additional eligibility conditions apply as described in the Certificate.
Elimination Period:	
Injury:	14 calendar days
Sickness:	14 calendar days

BENEFITS

Weekly Benefit Percentage:	60%
Maximum Weekly Benefit:	$1,730
Minimum Weekly Benefit:	$25
Maximum Benefit Period:	11 weeks
Conversion:	Included
Reasonable Accommodation Benefit:	The lesser of 100% for covered services expenses, $1,000 or an amount equal to the total Gross Weekly Benefit.
Survivor Benefit:	Included
Vocational Rehabilitation Benefit:	5%

LIMITATION

Pre-existing Condition Limitation:	3/6

SHORT-TERM DISABILITY BENEFITS

If you become Disabled due to an Injury or Sickness, while insured under the Policy, we will pay the Weekly Benefit. Benefits begin after you satisfy the Elimination Period.

ELIMINATION PERIOD

You must satisfy the Elimination Period with consecutive days of Disability to receive benefits. The Elimination Period begins on the first day of Disability.

If your Disability is a result of an Injury, the Elimination Period is 14 calendar days. If your Disability begins more than 7 calendar days after your Injury date, the Elimination Period for Sickness applies.

If your Disability is a result of a Sickness, the Elimination Period is 14 calendar days.

WEEKLY BENEFIT CALCULATION

When less than a full week of Disability benefits is due, a pro rata benefit will be paid for each day of Disability. This pro rata benefit is equal to 1/7th of your Weekly Benefit.

Weekly Benefit for Total Disability

If you are Disabled and earning less than 20% of your Basic Weekly Earnings, the Weekly Benefit while Disabled is the lesser of:

a) 60% of your Basic Weekly Earnings, less Other Income Sources; or
b) the Maximum Weekly Benefit, less any Other Income Sources.

Weekly Benefit for Partial Disability

If you are Disabled and you are able to generate Current Earnings of at least 20% and not more than 99% of your Basic Weekly Earnings, the Weekly Benefit payable is the Weekly Benefit for Total Disability, unless the sum of:

a) the Gross Weekly Benefit while you are Disabled; plus
b) Other Income Sources you receive or are eligible to receive; plus
c) Current Earnings while you are Disabled

exceeds 100% of your Basic Weekly Earnings. If this sum exceeds 100% of your Basic Weekly Earnings, the Weekly Benefit will be reduced by the amount in excess of 100% of your Basic Weekly Earnings.

OTHER INCOME SOURCES

We take into account the total of all your income from other sources of income in determining the amount of your Weekly Benefit. Your Other Income Sources include any amounts you receive or are eligible to receive as a result of your Disability or the Sickness and/or Injury that caused, in whole or in part, your Disability. Other Income Sources also include retirement payments and family leave benefits received for any reason.

Other Income Sources include:

a) payments under:
    1. a workers' compensation law;
    2. an occupational disease law;
    3. the Jones Act, (Title 46 United States Code Section 688); or
    4. any other act or law of similar intent;
b) any amount under another group or individual short-term or long-term disability insurance policy or plan for which the Policyholder has paid any part of the cost, except any group short-term or long-term disability insurance policy or plan underwritten by United of Omaha Life Insurance Company;
c) disability income payments under any:
    1. state compulsory benefit act or law;
    2. government retirement system as a result of your job with the Policyholder; or

3. work loss provision in a no-fault motor vehicle insurance plan, as allowed by state law;

d) the amount you:
   1. receive as retirement payments when you reach the normal retirement age defined under the Policyholder's Retirement Plan;
   2. voluntarily elect to receive as retirement payments prior to reaching the normal retirement age defined under the Policyholder's Retirement Plan; or
   3. receive or are eligible to receive as a disability benefit under the Policyholder's Retirement Plan prior to reaching the normal retirement age;
e) any amount payable as:
   1. salary continuance, except paid time off (PTO) that is not specified as sick leave, and vacation; but including maternity;
   2. sick leave; or
   3. severance allowance;
f) any amount from a third party (after subtracting attorneys' fees) by judgment, settlement or otherwise;
g) any amount from any unemployment insurance law or program; and
h) any benefits you or your Spouse or Dependent Child receive or are eligible to receive as a result of your disability or retirement payments under:
   1. the U.S. Social Security Act;
   2. the Canada Pension Plan;
   3. the Quebec Pension Plan;
   4. the Railroad Retirement Act;
   5. any public employee retirement plan;
   6. any teachers employment retirement plan; or
   7. any similar plan or act.

We will not reduce your Weekly Benefit by your Social Security retirement income if your Disability begins after your Social Security Normal Retirement Age and you were already receiving social Security retirement benefits.

Any income benefits your Spouse or Dependent Child receives or is eligible to receive as a result of his or her own disability under the U.S. Social Security Act are not included in Other Income Sources.

EXPLANATION OF OTHER INCOME SOURCES

You must apply for and pursue Other Income Sources for which you are or may become eligible, including but not limited to Social Security disability and/or dependent benefits, and do what is needed to obtain them. If your application or claim for Other Income Sources is denied, we may require that you appeal the decision to a level that is satisfactory to us and provide written proof of all levels of appeal.

As part of your proof of Disability, we require that you furnish evidence to us that you have applied for and pursued Other Income Sources for which you are or may become eligible.

After the initial reduction for each type of Other Income Sources, we will not further reduce your Weekly Benefit due to any cost of living increases payable under such type of Other Income Sources.

Other Income Sources that are paid in a lump sum will be prorated on a weekly basis over a period for which the sum is given. If no time period is stated, the sum will be prorated on a weekly basis over the lesser of the following:

a) the Policy's Maximum Benefit Period; or
b) 12 equal payments.

If Other Income Sources are paid on a retroactive basis, we may reduce or suspend the Weekly Benefit to recover any overpayment.

Regardless of how funds from a Retirement Plan are distributed, we will consider your contributions and the Policyholder's contributions to be distributed simultaneously during your lifetime.

We will pay the full amount of the Weekly Benefit if you:

a) apply for Other Income Sources; and
b) sign our Reimbursement Agreement.

Until you have signed our Reimbursement Agreement and have given written proof to us that application has been made or all available appeals have been exhausted for Other Income Sources, we may:

a) estimate your Other Income Sources; and
b) reduce your Weekly Benefit by that amount.

If we reduce your benefit on this basis, and if all of your appeals are denied, we will restore your Weekly Benefit amount and refund any underpayment to you in a lump sum.

MINIMUM BENEFIT

If subtracting Other Income Sources from your Gross Weekly Benefit results in a zero benefit, a Weekly Benefit of $25 is paid, unless we reduce the Weekly Benefit to recover an overpayment, as provided for in the REFUND TO US provision. If we reduce the Weekly Benefit to recover an overpayment, your Weekly Benefit may be reduced to zero until we fully recover the overpayment.

MAXIMUM BENEFIT PERIOD

The maximum number of weeks that benefits are payable for a continuous period of Disability is 11 weeks.

WHEN DISABILITY BENEFITS END

Benefits will be paid during a period of Disability until the earliest of the day:

a) you are no longer Disabled;
b) you die;
c) the Maximum Benefit Period ends;
d) you fail to provide us satisfactory proof of continuous Disability;
e) you fail to provide us satisfactory Proof of Earnings;
f) you have been incarcerated or imprisoned for 31 days or longer;
g) you fail to comply with our request for a medical examination as explained in the INDEPENDENT EXAMINATION provision of the Claims Provisions;
h) you are able to pursue any health exam required to obtain your professional license, occupational license, or certification and do not do so;
i) you are not under Regular Medical Care for the Injury or Sickness that caused the Disability; or
j) you are able to return to work with the Policyholder on a part-time or Full-Time basis and do not do so.

If you are eligible to receive Disability payments on the day the Policy ends, benefits will continue subject to all other Policy provisions.

RECURRENT DISABILITY

A Recurrent Disability will be treated as part of your prior claim and you will not be required to satisfy a new Elimination Period if:

a) you were continuously insured under the Policy from the date benefits ended for your prior claim to the date your Recurrent Disability begins; and
b) your Recurrent Disability occurs within 90 days after the date benefits ended for your prior claim.

In order to prevent over insurance because of duplication of benefits, benefits payable under this provision will cease if benefits are payable to you under any other Policyholder-sponsored group long-term disability income policy or plan.

PRE-EXISTING CONDITION LIMITATION

We will not provide benefits for any Disability caused by, attributable to or resulting from a Pre-existing Condition, unless such Disability begins 6 months or more after you are continuously insured under the Policy.

In addition, we will not provide benefits for:

a) any increase in your insurance;
b) the addition by amendment of a benefit under the Policy; or
c) the election after initial enrollment of any benefit provided by amendment to the Policy;

unless stated or allowed in the Policy, for any Disability caused by, attributable to or resulting from a Pre-existing Condition, unless such Disability begins 6 months or more after the date of the increase or change.

EXCLUSIONS

We will not pay benefits for any Disability or loss which:

a) results from an act of declared or undeclared war or armed aggression;
b) results from your Participation in a Riot or your commission of or attempt to commit a felony or any type of assault or battery;
c) results from elective or cosmetic surgery or procedures, or resulting complications (unless such surgery or procedure is medically necessary for the appropriate diagnosis and treatment of your Injury or Sickness in accordance with generally accepted medical standards);
d) results, whether you are sane or insane, from:
    1. an intentionally self-inflicted Injury or Sickness; or
    2. attempted suicide;
e) occurs while you are incarcerated or imprisoned for any period exceeding 31 days;
f) is solely a result of a failed drug test; or
g) is solely a result of a loss of a professional license, occupational license, or certification.

ADDITIONAL BENEFITS

Capitalized terms used in this section have the meanings assigned to them in the Definitions section of this Certificate.

REASONABLE ACCOMMODATION BENEFIT

While you are receiving Disability benefits from us, we may pay a Reasonable Accommodation Benefit to the Policyholder if it will enable you to return to work. The purpose of this benefit is to cover costs incurred by the Policyholder to make workplace modifications to assist you. Covered services include:

a) tools, special seating, equipment and/or furniture;
b) accessible parking space;
c) labor costs for installation; and
d) other services reasonably necessary to help you return to work.

If we determine benefits are payable, we will pay the Policyholder the lesser of:

a) 100% of the expense incurred for covered services;
b) $1,000; or
c) an amount equal to the total Gross Weekly Benefit that would be payable for the Maximum Benefit Period, less any benefits already paid.

We will pay the benefit once we determine:

a) you have the physical and mental capability to perform your Regular Job or another job for the Policyholder based on your education, training and experience;
b) there is reasonable prospect the workplace modification will help you return to Active Eligibility based on input from you, your Physician and the Policyholder;
c) the reasonable accommodation is complete; and
d) the Policyholder has incurred expenses for the services.

The total amount of the Reasonable Accommodation Benefit is payable once per Disability.

SURVIVOR BENEFIT

We will pay a Survivor Benefit to your Eligible Survivor when we receive proof that you died:

a) after being Disabled for 14 days; and
b) while receiving or eligible to receive a Weekly Benefit under the Policy.

The Survivor Benefit will be a lump sum amount equal to the total Weekly Benefit that would be payable for the Maximum Benefit Period, less any benefits already paid to you. We will pay the Survivor Benefit to your Eligible Survivor. If there is more than one Eligible Survivor, the Survivor Benefit will be divided equally among such Eligible Survivors. If there are no Eligible Survivors, the Survivor Benefit will not be paid.

If payment becomes due to your Dependent Child or Dependent Children, the payment will be made to:

a) your Dependent Child; or
b) a person legally authorized to receive payments on the Dependent Child's or Dependent Children's behalf. This payment will be valid and effective against all claims by the Dependent Child or Dependent Children or by others representing or claiming to represent such Dependent Child or Dependent Children.

VOCATIONAL REHABILITATION BENEFIT

While you are receiving Disability benefits from us, we may pay for a vocational rehabilitation program if it will help you return to some type of work.

The rehabilitation program may start at your or your Physician's request, or we may suggest it. Any rehabilitation program must be mutually agreed upon between you and us. The program must be approved in writing by us before it begins. Covered services may include, but are not limited to:

a) worksite modification and/or special equipment;
b) job placement assistance, including resume preparation;
c) retraining for a new occupation;
d) educational expenses;
e) other services reasonably necessary to help you return to work.

Eligibility for vocational rehabilitation assistance is based on your education, training, experience and physical/mental capabilities. To qualify for covered services:

a) your Disability must prevent you from performing some or all of the Material Duties of your Regular Job;
b) you must have the physical and mental capability to complete a rehabilitation program; and
c) there must be reasonable expectation that rehabilitation services will help you return to Active Eligibility.

We will make the final determination of any vocational rehabilitation services provided, eligibility for participation and any continued benefit payments If you fail to participate without Good Cause once we have started to pay vocational rehabilitation benefits, it may result in reduction or termination of Disability benefits. Reduction of benefits will be based on your income potential if you were employed after a vocational rehabilitation program.

We will not duplicate benefits under this provision that are payable under the Reasonable Accommodation Benefit section.

Additional Benefit for IWRP

A more comprehensive type of vocational rehabilitation program involves the development of an Individual Written Rehabilitation Plan (IWRP). If you participate in an IWRP, we will increase the Weekly Benefit by 5% and continue to pay Disability benefits. Eligibility for further payment of the Weekly Benefit will be assessed at the completion of the IWRP.

We will develop the IWRP, which may include input from you, your Physician and the Policyholder. The IWRP will describe:

a) the vocational rehabilitation goals and services;
b) our duties, your duties and those of any third parties associated with the IWRP;
c) the times and dates of the vocational rehabilitation services;
d) the expected duration of the IWRP; and
e) all costs associated with the services.

ELIGIBILITY

Capitalized terms used in this section have the meanings assigned to them in the Definitions section of this Certificate.

WHEN YOU BECOME ELIGIBLE FOR INSURANCE (ELIGIBILITY WAITING PERIOD)

If you are Actively Working on the Policy Effective Date, you become eligible for insurance on the Policy Effective Date.

If you are not eligible for insurance on the Policy Effective Date, or if you are hired after the Policy Effective Date, you become eligible for insurance the day after you complete the 30 day Eligibility Waiting Period.

The day you become eligible for insurance may not be the same as the day your insurance begins. The WHEN YOUR INSURANCE BEGINS provision describes the day your insurance begins.

WHEN INSURANCE BEGINS

You must enroll for any insurance requiring an election by submitting a Written Request for insurance. The Written Request must be submitted to the Policyholder no later than 31 days after the day you become eligible. If the Written Request for insurance is not submitted within the required time frame, you must provide Evidence of Insurability.

You become insured on the first day of the month that coincides with or follows the latest of the day:

a) you become eligible and are Actively Working; or
b) your Written Request is properly completed and signed, if required.

You must provide Evidence of Insurability if it is required. You become insured for any amount of insurance that requires Evidence of Insurability on the first day of the month that coincides with or follows the day we approve Evidence of Insurability.

EVIDENCE OF INSURABILITY

Evidence of Insurability is required for:

a) insurance elected more than 31 days after the date you become eligible;
b) any increase in the amount of your insurance after the initial election of insurance, unless otherwise stated or allowed in the Policy;
c) an Employee who was eligible for insurance under a Prior Plan but did not elect such insurance; or
d) an Employee whose amount of insurance elected under the Policy is in excess of the amount of insurance that was in-force under a Prior Plan the day before the Policy Effective Date, unless elected during a Subsequent Enrollment Period or as otherwise stated or allowed in the Policy.

If Evidence of Insurability is required, we may require that such evidence be provided at your expense.

EXCEPTIONS TO WHEN INSURANCE BEGINS

This provision does not apply if you are eligible for insurance under the CONTINUITY OF INSURANCE UPON TRANSFER OF INSURANCE CARRIER provision.

If you are not Actively Working due to:

a) Injury or Sickness;
b) confinement in a Hospital as an inpatient;
c) confinement or assignment to a bed as a resident inpatient in any institution or facility other than a Hospital; or
d) being housebound and under the care or supervision of a Physician;

on the day insurance would otherwise begin, insurance will not take effect until the day after you are released by your Physician and you return to Active Work.

If you are not Actively Working when insurance would otherwise begin for reasons other than those listed above, insurance will not take effect until the day you return to Active Work.

CONTINUITY OF INSURANCE UPON TRANSFER OF INSURANCE CARRIER

If you are not Actively Working on the Policy Effective Date due to Injury or Sickness, but were covered under a Prior Plan on the day before the Policy Effective Date, upon payment of the premium, you will be insured under the Policy if you resume Active Work.

EFFECT OF A PRE-EXISTING CONDITION WITH PRIOR COVERAGE

Prior Individual or Group Disability Plan Coverage

If you become insured under the Policy on the Policy Effective Date and were insured under a Prior Plan and that plan is no longer in effect, we will pay the benefit payable under the Policy. The PRE-EXISTING CONDITION LIMITATION provision of the Policy will not apply.

If you were insured under a newly acquired affiliate or subsidiary's individual or group disability plan on the day before becoming insured under the Policy, the PRE-EXISTING CONDITION LIMITATION provision of the Policy will not apply.

THE FIRST ENROLLMENT PERIOD

You may elect insurance during the First Enrollment Period.

SUBSEQUENT ENROLLMENT PERIODS

You may elect, drop, increase, decrease or change insurance during a Subsequent Enrollment Period.

WHEN ELECTION CHANGES ARE PERMITTED

You may elect, drop, increase, decrease or change insurance as allowed by the Policyholder. Any election of or increase in insurance is subject to the PRE-EXISTING CONDITION LIMITATION provision of the Policy as of the effective date of the increase, unless otherwise stated or allowed in the Policy.

CHANGES TO INSURANCE BENEFITS

Any allowable change in the benefits, class or amount of insurance, whether requested by you or the Policyholder, or as a result of the terms of the Policy, will take effect on the first day of the month that coincides with or follows the date of the request or the change, or the first day of the month that coincides with or follows the day we approve Evidence of Insurability (if required by us), whichever is later.

For any increase in insurance, we will use the Policyholder's records and/or the premium we receive to verify that the amount of insurance requested is the appropriate insurance amount you are eligible for under the terms of the Policy.

If you are not Actively Working on the day any increase in insurance would otherwise take effect, the increase becomes effective the first day of the month that coincides with or follows the day you return to Active Work.

In no event will any change take effect during a period of Disability.

REINSTATEMENT OF INSURANCE

You may be eligible to reinstate insurance that has ended in accordance with this provision. For any insurance requiring an election, you must submit a Written Request to reinstate insurance within 31 days of your return to Active Work. We will require Evidence of Insurability if the amount of insurance being requested exceeds the amount of insurance in effect on your last day of Active Work.

Reinstated insurance will take effect on the first day of the month that coincides with or follows the date of the Written Request, or the first day of the month that coincides with or follows the day we approve Evidence of Insurability (if required by us), whichever is later. If you are not Actively Working on the day the reinstated insurance would otherwise take effect, insurance becomes effective on the day you return to Active Work.

Non-Payment of Premium or Voluntary Termination of Insurance

If insurance ends because you do not pay premium or you voluntarily terminate insurance, we will require Evidence of Insurability to reinstate insurance.

Involuntary Reduction in Hours

If insurance ends because you are no longer Actively Working due to an involuntary reduction of hours worked, insurance may be reinstated without satisfying another Eligibility Waiting Period if you return to Active Work within 90 days from the date insurance ended.

Rehired Employee Due to Layoff or Termination

If insurance ends because you are no longer Actively Working due to layoff or termination of employment with the Policyholder, insurance may be reinstated without satisfying another Eligibility Waiting Period if you are rehired and return to Active Work within 90 days from the date insurance ended. All other Policy provisions, except the PRE-EXISTING CONDITION LIMITATION provision, apply. Credit will be given towards satisfaction of the PRE-EXISTING CONDITION LIMITATION provision previously served under the Policy.

Rehired Employee Due to Leave of Absence

If insurance ends because you are no longer Actively Working due to an approved leave of absence, insurance may be reinstated within 90 days from the date insurance ended without satisfying another Eligibility Waiting Period upon return to Active Work. If insurance ends because you are no longer Actively Working due to military leave, insurance may be reinstated upon return to Active Work within 31 days of discharge from active duty without satisfying another Eligibility Waiting Period. All other Policy provisions, except the PRE-EXISTING CONDITION LIMITATION provision, apply. Credit will be given towards satisfaction of the PRE-EXISTING CONDITION LIMITATION provision previously served under the Policy.

Transfer From Portability

If insurance is obtained under the PORTABILITY provision while you are not Actively Working , insurance may be reinstated up to the amount of insurance that was in effect on the last day of Active Work. Any insurance provided through the Portability Policy will terminate upon reinstatement of insurance as an Actively Working Employee.

WHEN INSURANCE ENDS

Insurance ends:

a) the day you are no longer eligible for insurance under the Policy;
b) the day you begin active duty in the Armed Forces, National Guard or Reserves of any state or country (except for temporary active duty of 31 days or less), unless otherwise stated or allowed in the Policy;
c) the day the Policy terminates; or
d) in accordance with the GRACE PERIOD provision.

If you are Disabled on the day the Policy terminates, benefits will continue subject to the WHEN DISABILITY BENEFITS END provision in the Schedule.

EXCEPTIONS TO WHEN INSURANCE ENDS

If your insurance would otherwise end, you may be able to continue insurance under one of the following provisions:

a) CONTINUATION OF INSURANCE DURING DISABILITY (WITH WAIVER OF PREMIUM)
b) CONTINUATION OF INSURANCE FOR FEDERAL AND STATE LAWS
c) PORTABILITY

CONTINUATION OF INSURANCE DURING DISABILITY (WITH WAIVER OF PREMIUM)

If you become Disabled, your insurance will continue without payment of premium for as long as you are entitled to receive Weekly Benefits. Any premium for your insurance that is payable by you will be waived from the first day of the month following the date of your approved Disability through the last day of the month in which your last Disability benefit payment under the Policy is issued.

CONTINUATION OF INSURANCE FOR FEDERAL AND STATE LAWS

If there is a conflict between this provision and any other provision of the Policy, this provision controls.

The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances. You may be able to continue insurance from the day you cease to be Actively Working due to one of these laws.

Any insurance continued under this provision is subject to the following conditions:

a) insurance may not be continued beyond the time period allowed by FMLA, USERRA or applicable federal or state law that allows for continuation;
b) the amount of insurance may not be increased while insurance is continued under this provision; and
c) we continue to receive premium payment when due (premiums must be paid by you or on your behalf).

Insurance under this provision ends on the day the earliest of the day:

a) the time period in a) in the preceding paragraph has been satisfied;
b) you return to Active Work;
c) you begin full-time employment with an employer other than the Policyholder; or
d) the Policy terminates.

Insurance under this provision also ends in accordance with the GRACE PERIOD provision.

If continued insurance under this provision ends and you have not returned to Active Work, you may be able to continue or obtain insurance under the PORTABILITY provision.

See the OPTIONS FOR PAYMENT OF PREMIUM FOR CONTINUED INSURANCE provision in the Premium Payments section of this Certificate for premium payment options.

PORTABILITY

When Employment or Class Membership Ends

If group disability insurance ends because your employment or membership in a class (as shown under Classification(s) on the Schedule) ends, you have the right to continue group disability insurance under this provision.

When Portability Coverage is Available

Portability coverage is available when:

a) you are under age 70;
b) you are not Disabled;
c) you are not retired;
d) you are not on a leave of absence;

e) you are not absent due to a labor strike;
f) you are not covered under any other similar individual or group disability coverage; and
g) you were insured under the Policy (and the plan it replaced, if applicable) for at least six consecutive months immediately prior to the date your employment or membership in a class ended.

How to Request Continued Coverage Under this Provision

The portability period is the period of time that is 31 days from the date insurance under the Policy ends ("Portability Period"). You must submit a Written Request for insurance under the Portability Policy. The Written Request and the initial premium due must be submitted within the Portability Period. Evidence of Insurability is not required unless an increased level of insurance is requested.

The Group Disability Insurance Portability Policy

Group insurance continued under this provision is available under another group disability insurance policy (the "Portability Policy") issued by us, as available at the time insurance under this provision is requested. If you become insured under the Portability Policy, you will receive a certificate of insurance that describes the terms and conditions of coverage under the Portability Policy.

The Portability Policy may not provide all of the same benefits or have all the same terms and conditions that are included in the Policy. In addition, the premium rates charged for insurance under the Portability Policy may not be the same as the premium rates charged for insurance under the Policy. The benefits and premium rates of our Portability Policy are described on our portability request form. You may contact the Policyholder or us to obtain our request form. The Portability Policy is subject to change.

The continued group insurance coverage under the Portability Policy is available as a result of portability rights that arise solely from the Policy, as arranged for you as an employee welfare benefit subject to the Employee Retirement Income Security Act of 1974, as amended.

When Portability Coverage Ends

Insurance coverage continued under this provision will end in accordance with the terms of the Portability Policy.

PREMIUM PAYMENTS

Capitalized terms used in this section have the meanings assigned to them in the Definitions section of this Certificate.

PAYMENT OF PREMIUM THROUGH PAYROLL DEDUCTION

You are responsible for the payment of premiums for insurance under the Policy.

Premium is automatically deducted from your pay by the Policyholder, then remitted to us, as authorized by you during the enrollment process. Please contact the Policyholder for information regarding your deductions.

Payment of premium does not guarantee eligibility for coverage.

OPTIONS FOR PAYMENT FOR PREMIUM FOR APPROVED CONTINUATION OF INSURANCE

When insurance is continued, we must receive premium payment when due for insurance to remain effective, unless otherwise stated or allowed in the Policy. Premium payment may be made in the following ways:

a) the Policyholder may pay the premiums; or
b) you may pay premium to the Policyholder who will then submit premium to us.

Contact the Policyholder to determine which option is available to you.

Payment of premium does not guarantee eligibility for coverage.

GRACE PERIOD

There is a grace period of 45 days for payment of premium. This means that, except for the initial premium, if premium is not paid on or before the date it is due, the premium must be paid in the 45-day grace period that follows. We consider premium to be paid on the date we receive it.

Insurance will stay in force during the grace period as long as premium is paid before the end of the grace period. If we receive written notice requesting cancellation of insurance on a current or future date, the grace period will not apply. Coverage will end on the cancellation date specified in such notice, as long as the full premium has been paid up to that date.

If premium is not paid by the end of the grace period, insurance will end the day after the last day of the grace period.

PREMIUM AND PREMIUM CHANGES

The premium for insurance under the Policy is a monthly rate that applies to you.

If you request a change in the amount of insurance, the Policyholder will provide you with notice of your new premium amount upon request if you are responsible for the payment of premiums for insurance.

If there is a change in the amount of the premium for insurance in accordance with the terms of the Policy, the Policyholder will provide you with notice of the change at least 45 days prior to the date of the change if you are responsible for the payment of premium for insurance.

Premium amounts will change if:

a) you reach the Attained Age of the next higher age band in the premium rate structure for the Policy; or
b) premium rates under the Policy change.

CLAIMS PROVISIONS

Capitalized terms used in this section have the meanings assigned to them in the Definitions section of this Certificate.

CLAIM FORMS

Before benefits are considered, we must be given written proof of Disability. A claim form can be requested from the Plan Administrator, from us or obtained on our website.

NOTICE OF CLAIMS

A request for a claim form should be made within 20 days after a Disability occurs or as soon as reasonably possible.

PROOF OF DISABILITY

Written proof of Disability must be given to us within 90 days after the end of the Elimination Period. If it is not reasonably possible to give us proof within the required time, we will not reduce or deny a claim for this reason if proof is supplied as soon as reasonably possible. In any case, proof must be given no more than 12 months from the time specified, unless you were legally incapacitated.

Proof of Earnings, proof of continued Disability, Regular Medical Care and any Other Income Sources must be given to us upon request. This proof must be received within 45 days of our request. If it is not, benefits may be denied or suspended.

INDEPENDENT EXAMINATION

We may require you to be examined by a Physician or vocational rehabilitation expert as we direct to assist in determining whether benefits are payable. You may not impose any conditions on an examination such as pre-approval of the examiner, attendance of a third party or audio/video recording of the examination.

We will pay for these examinations; however, you may be responsible for fees associated with failure to notify the examination office of your appointment cancellation within the required amount of time specified by the examiner. We may recover this fee by reducing benefits that are payable. We will not require more than a reasonable number of examinations.

HOW TO OBTAIN PLAN BENEFITS

Forward the completed claim form for proof of Disability to:
United of Omaha Life Insurance Company
3300 Mutual of Omaha Plaza
Omaha, Nebraska 68175

You will be responsible for any fees charged by your Physician for completing a claim form.

CLAIM ASSISTANCE

For assistance with filing a claim or an explanation of how a claim was paid, contact:
United of Omaha Life Insurance Company
3300 Mutual of Omaha Plaza
Omaha, Nebraska 68175
Call Toll-Free: 1-800-877-5176

PAYMENT OF CLAIMS

Benefits will be paid immediately after we receive acceptable written proof of Disability and any other required supporting information.

Benefits will be paid to you, except benefits unpaid at your death may be paid, at our option, to:

a) your Eligible Survivor; or
b) your estate.

CLAIM REVIEW AND APPEAL PROCESS

Claim Review

We will notify you in writing of our decision to either approve or deny a claim within 31 days of the date it is received by us. If we deny your claim in whole or in part, we will explain the reasons for our denial in our notice. If you disagree with the reasons given, you or your authorized representative may ask that we reconsider your claim through the appeal process.

Appeal Process

To appeal a denied claim, you or your authorized representative must notify us within 180 days after receiving notice of our denial and ask that we reconsider our original benefit decision. Your appeal request must be submitted to us in writing or electronically and should state the reasons you believe the claim denial was incorrect. You should also include any additional information, documents or other materials that might allow us to change our original decision. Send your appeal request to us at our Omaha, Nebraska address shown in the CLAIMS ASSISTANCE provision.

Within 60 days after receiving your appeal request, we will notify you or your authorized representative in writing of our final claim decision. If we need more time due to circumstances beyond our control, we will inform you of our need for an extension prior to the end of this time frame.

Notice

If the administration of the Policy is subject to the Employee Retirement Income Security Act of 1974 (ERISA), you may contact the U.S. Department of Labor, Employee Benefits Security Administration (EBSA) for further review of your claim or to ask questions about your rights under ERISA.

MODE OF PAYMENT

Benefits will be paid weekly by us.

REFUND TO US

If it is found that we paid more benefits than we should have paid under the Policy, we have the right to a refund from you or the recipient of benefits.

We also have a right to a refund for any payments due to:

a) fraud or misrepresentation;
b) any error we make in processing a claim;
c) you or your agent's failure to provide complete information;
d) your not being eligible for coverage; or
e) your receipt of or right to payment from Other Income Sources.

You or the recipient of benefits must reimburse us in full. We will determine the repayment method, including without limitation, reducing or withholding your Weekly Benefit or any benefits payable to you under this or any other group insurance policy issued by us. We will credit any such payments to the refund until the refund is fully recovered.

If it is found that we paid less benefits than we should have paid under the Policy, we will make additional payment(s), as necessary.

STANDARD PROVISIONS

Capitalized terms used in this section have the meanings assigned to them in the Definitions section of this Certificate.

INSURANCE CONTRACT

The insurance contract consists of:

a) the Policy (which includes this Certificate);
b) the Policyholder's signed application attached to the Policy; and
c) any signed application for you (if applicable).

CHANGES IN THE INSURANCE CONTRACT

The insurance contract may be changed (including reducing or terminating benefits or increasing premium costs) any time we and the Policyholder both agree to a change. No one else has the authority to change the insurance contract. A change in the insurance contract:

a) does not require your consent; and
b) must be:
    1. in writing;
    2. made a part of the Policy; and
    3. signed by our authorized representative in our home office.

A change may affect any class of Insured Persons included in the Policy.

INCONTESTABILITY

We will not contest this Policy after it has been in force for two years during your lifetime, except for nonpayment of premium.

Statements in an application are considered representations and not warranties. We will not use any statements in your application to deny a claim or to contest the validity of this insurance unless we provide you, your beneficiary or legal representative with a copy of that application.

LEGAL ACTIONS

No legal action can be brought until at least 60 days after we have been given proof of loss. No legal action can be brought more than five years after the date proof of loss is required, unless otherwise required by state law in your state of residence.

CONFORMITY WITH STATE AND FEDERAL LAW

Any provision of the Policy which, on its effective date, is in conflict with the law of the federal government or the state in which an Insured Person resides on such date is hereby amended to conform to the minimum requirements of such law.

DEFINITIONS

The defined terms used in this Certificate and Policy are shown in this section. With the exception of *our, we, us, you, your and yourself*, we have capitalized these terms wherever they appear to make them easier for you to find.

The definitions set forth below apply to both the singular and plural versions of the defined term.

Actively Working, *Active Work* means you are:

a) performing the normal duties of your job for the Policyholder on a regular and continuous basis 20 or more hours each week; and
b) receiving compensation from the Policyholder for work performed for the Policyholder.

You will be considered to be actively working on any day that is a regular paid holiday or day of vacation, or regular or scheduled non-working day, provided you were actively working on the last preceding regular work day.

Attained Age means your age as of the Policy Anniversary that coincides with or follows your birthday. For example, if your 50th birthday is on April 1, 2023 and the Policy Anniversary is January 1, you will reach the attained age of 50 on January 1, 2024.

Basic Weekly Earnings means 1/52nd of the compensation received under your annual contract with the Policyholder in effect during the current contract year immediately prior to the day on which your Disability began. If you were employed with the Policyholder for part of the current contract year, basic weekly earnings means your average gross weekly earnings for the weeks worked while employed. Basic weekly earnings will be verified by premium we have received.

We require Proof of Earnings.

Certificate means this document that describes the benefits, terms, conditions, exclusions and limitations of the insurance provided under the Policy.

Claimant means the person who submits a claim for benefits, including the authorized representative of such person.

Current Earnings means any actual pre-tax weekly income you receive while you are working and eligible to receive a Weekly Benefit, or the pre-tax earnings you could receive if you were working at your Maximum Capacity. If your current earnings fluctuate, we may average your current earnings over the most recent three-month period and continue your claim provided the average does not exceed the percentage of Basic Weekly Earnings allowed by the Policy. A Weekly Benefit is not payable for any week during which your current earnings exceed that percentage.

Deferred Compensation means a plan or arrangement under the following Internal Revenue Code (IRC) sections or any other plan or arrangement defined as deferred compensation under the IRC:

a) 401(k);
b) 403(b);
c) 408(k);
d) 409A; or
e) 457.

Dependent Child means a citizen, permanent resident or lawful resident of the United States who is:

a) your natural born, legally adopted or foster child;
b) your stepchild or child of your domestic partner or civil union partner or equivalent; or
c) any other child who lives with you in a regular parent/child relationship and who qualifies as your dependent as defined in the U.S. Internal Revenue Code.

A dependent child does not include:

a) your child who is married, in a domestic partnership, in a civil union partnership or equivalent;
b) your child if the child has been legally adopted by another person; or
c) a child placed in your home by a social service agency which retains control over the child.

Disability and *Disabled* mean that because of an Injury or Sickness, a significant change in your mental or physical functional capacity has occurred and:

a) during the Elimination Period, you are prevented from performing at least one of the Material Duties of your Regular Job (on a part-time or Full-Time basis); and
b) after the Elimination Period, you are:
    1. prevented from performing at least one of the Material Duties of your Regular Job (on a part-time or Full-Time basis); and
    2. unable to generate Current Earnings which exceed 99% of your Basic Weekly Earnings due to that same Injury or Sickness.

Disability is determined relative to your ability or inability to work. It is not determined by the availability of a suitable position with the Policyholder.

Eligibility Waiting Period means a continuous period of Active Work that you must satisfy before becoming eligible for insurance as described in the WHEN YOU BECOME ELIGIBLE FOR INSURANCE (ELIGIBILITY WAITING PERIOD) provision.

Eligible Survivor means your Spouse, if living; otherwise, it means your Dependent Child under age 26. An eligible survivor must be living at the time of your death.

Elimination Period means the number of consecutive days of Disability which must be satisfied before you are eligible to receive benefits. The elimination period is shown in the Schedule.

Employee means a person who is:
a) a citizen or permanent resident of the United States; or
b) lawfully and legally able to work in the United States pursuant to applicable federal and state laws; and
c) receiving compensation from the Policyholder for work performed for the Policyholder at:
    1. the Policyholder's usual place of business;
    2. an alternative work site at the direction of the Policyholder; or
    3. a location to which the employee must travel to perform the job.

An employee does not include a person:
a) who resides outside the United States for a period in excess of 12 consecutive months unless written approval has been received from our authorized representative in our home office;
b) working for the Policyholder on a seasonal or temporary basis; or
c) performing services for the Policyholder as an independent contractor, including persons for whom income is reported on a 1099 form or subject to the terms of a leasing agreement between the Policyholder and a leasing organization.

Evidence of Insurability means proof of good health acceptable to us. This proof may be obtained through questionnaires, physical exams or written documentation, as required by us.

Family means Spouse, former Spouse, children, parents, grandparents, grandchildren, brothers, sisters and the spouses (or domestic partner or civil union partner or equivalent) of such individuals.

First Enrollment Period means the 31-day period following the day you become eligible for insurance under the Policy or any Prior Plan.

Full-Time means working the required number of hours to be considered a full-time employee of the Policyholder.

Good Cause means documented physical or mental impairments that:
a) prevent you from being rehabilitated;
b) interfere with a medical program you are currently participating in; or
c) conflict with any other program you are participating in that will enable you to return to active employment.

Gross Weekly Benefit means your Weekly Benefit amount before any reduction for Other Income Sources and Current Earnings.

Hospital means a facility that is accredited, approved, certified or licensed as a general hospital by the proper authority of the state in which it is located to provide care and treatment for the condition causing confinement. A hospital does not include a

facility or institution or part thereof which is licensed or used principally as a clinic, convalescent home, rest home, nursing home or home for the aged, halfway house or board and care facilities.

Injury means bodily harm that:
a) is a direct result of an accident requiring treatment by a Physician;
b) is independent of bodily infirmity, Sickness or medical or surgical treatment, and all other causes; and
c) occurs after the Policy Effective Date and while you are insured under the Policy.

Insured Person means a person who is insured under the Policy.

Material Duties means the essential tasks, functions, and operations relating to your Regular Job that cannot be reasonably omitted or modified. In no event will we consider working more than the required Full-Time hours per week in itself to be a part of material duties.

Maximum Capacity means, based on your medical restrictions and limitations, the greatest extent of work you are able to do in your Regular Job.

Maximum Weekly Benefit means the maximum dollar amount of disability benefit you may receive per week as shown in the Schedule.

Other Income Source(s) has the meaning set forth in the OTHER INCOME SOURCES provision of the Schedule.

Our, We, Us means United of Omaha Life Insurance Company.

Participation in a Riot means actively participating in a tumultuous disturbance of the peace by three or more persons assembling together of their own authority with intent to mutually assist one another in an illegal or legal act.

Physician means a legally qualified medical doctor who is licensed to practice medicine, prescribe drugs or perform surgery, or any other licensed healthcare provider who is deemed to be the same as a legally qualified medical doctor. The physician must be acting within the scope of his/her license. A physician does not include you or any Family member.

Plan Administrator means the person or entity designated as the plan administrator for the Policyholder's group disability plan.

Policy means the group policy issued to the Policyholder by us, including this Certificate.

Policy Anniversary means January 1 of each Policy Year.

Policy Effective Date means January 1, 2014.

Policy Year means the period commencing on the Policy Effective Date and ending on the next succeeding Policy Anniversary and, thereafter, each 12-month period commencing on the Policy Anniversary.

Policyholder means District School Board of Hendry County.

Policyholder's Retirement Plan means any Retirement Plan:
a) which is part of any federal, state, county, municipal, or association retirement system; and
b) for which you are eligible as a result of employment with the Policyholder.

Pre-existing Condition means any Injury or Sickness for which you received medical treatment, advice or consultation, care or services, including diagnostic measures, or had drugs or medicines prescribed or taken in the 3 months prior to the date that you become insured under the Policy.

A pre-existing condition does not include a condition revealed on an application for insurance unless excluded by a signed waiver attached to the contract.

Prior Plan means any similar insurance policy:
a) replaced by insurance under part or all of the Policy; and

b) in effect and maintained, sponsored by or available through the Policyholder on the day before the Policy Effective Date.

Proof of Earnings means:
a) copies of your U.S. individual income tax returns and business income tax returns, including all forms, schedules and attachments, if applicable;
b) payroll records; and
c) any other records we request.

Regular Medical Care means treatment, consultations and diagnostic services that are appropriate and provided, ordered or prescribed by a Physician whose specialty is suitable for treating your Injury or Sickness. Such care must be received in-person at a frequency that is appropriate to effectively manage and treat your Injury or Sickness according to generally accepted medical standards.

Regular Job means the job you are routinely performing when your Disability begins.

Reimbursement Agreement means the written agreement that we provide to you and you agree to repay us any overpayment resulting from your or your Spouse's or Dependent Child's receipt of Other Income Sources.

Retirement Plan means a plan that:
a) provides benefits to you, either in a lump sum or in the form of periodic payments, upon the later of:
    1. early or normal retirement as defined in the plan;
    2. early or normal retirement under the U.S. Social Security Act; or
    3. disability, if the payment does not reduce the amount of money which would have been paid at the normal retirement age under the plan if the disability had not occurred; and
b) is not funded wholly by your contributions.

A retirement plan does not include a profit-sharing plan or a plan such as a 401(k), a thrift plan, an individual retirement account (IRA), a tax sheltered annuity (TSA), a stock ownership plan, a pension plan for partners, a military pension or disability income plan, a retirement plan from another plan sponsor or a Deferred Compensation plan.

Sickness means a physical or mental disease, illness, infection, disorder or condition, including pregnancy, that requires treatment by a Physician. Disability resulting from a sickness must occur while you are insured under the Policy. Sickness includes the donation of an organ in a non-experimental organ transplant procedure.

Social Security Normal Retirement Age (SSNRA) means your normal retirement age under the U. S. Social Security Act.

The Social Security Normal Retirement Age table is available online at www.ssa.gov/OACT/ProgData/nrs/html or any other online website address which replaces this address.

Spouse means the person to whom you are legally married. Spouse also includes your domestic partner, civil union partner or equivalent, as recognized and allowed by law in your jurisdiction of residence.

Subsequent Enrollment Period means any period of time designated for enrollment by the Policyholder and agreed to in writing by our authorized representative in our home office.

Weekly Benefit means the amount of disability benefit you may receive per week as described in the Schedule.

Written Request means a request that is signed, dated and submitted to the Policyholder or us. The request must be on a form we supply or be in a form and content acceptable to us.

You, Your, Yourself means the Employee who may be eligible or insured under the Policy.

Group Voluntary Short-Term Disability Benefits

District School Board of Hendry County

Group Number: G000ARHP

United of Omaha Life Insurance Company

Home Office:
3300 Mutual of Omaha Plaza
Omaha, Nebraska 68175



UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL *of* OMAHA COMPANY

GROUP VOLUNTARY SHORT-TERM DISABILITY CERTIFICATE SUMMARY

This summary describes some of the terms and conditions of the Policy. For a complete description of the terms and conditions of the Policy, refer to the appropriate section of the Certificate, available from the Policyholder. A person is not necessarily entitled to insurance because he or she received this summary. A person is only entitled to insurance if he or she is eligible in accordance with the terms of the Policy. This summary was published on December 4, 2023.

POLICY INFORMATION

Policyholder:	District School Board of Hendry County
Policy Effective Date:	January 1, 2014
Policy Anniversary:	January 1
Policy Number:	GUC-ARHP
Group Number:	G000ARHP
Classification:	All Eligible Employees
Minimum Work Hours Required:	20 hours per week
Eligibility Present Waiting Period:	None
Eligibility Future Waiting Period:	30 day
When Insurance Begins:	The first day of the month that coincides with or follows the day the Employee becomes eligible. Additional eligibility conditions apply as described in the Certificate.
Elimination Period:	
Injury:	14 calendar days
Sickness:	14 calendar days

BENEFITS

Weekly Benefit Percentage:	60%
Maximum Weekly Benefit:	$1,730
Minimum Weekly Benefit:	$25
Maximum Benefit Period:	11 weeks
Conversion:	Included
Reasonable Accommodation Benefit:	The lesser of 100% for covered services expenses, $1,000 or an amount equal to the total Gross Weekly Benefit.
Survivor Benefit:	Included
Vocational Rehabilitation Benefit:	5%

LIMITATION

Pre-existing Condition Limitation:	3/6

United of Omaha Life
Insurance Company
A Mutual of Omaha Company
3300 Mutual of Omaha Plaza | Omaha, NE 68175

Home Office: 3300 Mutual of Omaha Plaza, Omaha, Nebraska 68175

This Policy is issued to **District School Board of Hendry County** (the "Policyholder").

This Policy is a legal contract between the Policyholder and us. It is issued in consideration of payment of premiums and the Policyholder's application. **PLEASE READ THIS POLICY CAREFULLY.**

This Policy is issued in and will be interpreted by the laws of the State of Florida, without giving effect to the principles of conflicts of law of that state or any other state, territory or district. Any part of this Policy which is in conflict with the laws of the State of Florida is changed to conform to the minimum requirements of that state's laws.

This Policy is effective January 1, 2014 at the Policyholder's main office.

We agree to pay benefits subject to the terms, conditions, and limitations of this Policy.

The Certificate is made a part of this Policy.

GROUP POLICY NO. GUC-ARHP

As Revised: January 1, 2024

Publication Date: December 4, 2023

UNITED OF OMAHA LIFE INSURANCE COMPANY

James T. Blackledge
Chief Executive Officer

Daryl A. Vankat
Corporate Secretary

GENERAL PROVISIONS

Capitalized terms are defined in the Certificate or other documents made a part of this Policy.

PREMIUM CHANGES

We reserve the right to change premium rates any time after:

a) the most recent premium rate guarantee date described in this Policy;
b) there is an increase or decrease of 10% or more in the Policyholder's Employee population or the number of Employees insured under this Policy*;*
c) our liability or cost of administration is changed due to a change in federal, state, or local law, statute or regulation;
d) this Policy's terms are changed;
e) coverage is reinstated following the Policyholder's failure to pay premium during the grace period; or
f) a division, subsidiary, associated company, affiliated company or an eligible class is added to or deleted from this Policy.

We must give the Policyholder at least 180 days advance written notice of any premium rate change.

PAYMENT OF PREMIUMS

The premium for this Policy equals the sum of the individual premiums for each Insured Person as described in the Premium Rider. The first premium is due on the effective date of this Policy. Subsequent premiums are due on the first day of each subsequent month or other modal period agreed to in writing by an authorized representative in our home office. Premium payments must be made to our home office or to a location we designate, using a payment method we accept. We will consider premium to be paid on the date we receive it.

GRACE PERIOD

There is a grace period of 45 days for payment of premium. This means that, except for the initial premium, if premium is not paid on or before the date it is due, the premium must be paid in 45-day grace period that follows. We consider premium to be paid on the date we receive it.

Insurance will stay in force during the grace period as long as premium is paid before the end of the grace period. If we receive written notice requesting cancellation of insurance on a current or future date, the grace period will not apply. Coverage will end on the cancellation date specified in such notice, as long as the full premium has been paid up to that date.

If premium is not paid by the end of the grace period, insurance will end the day after the last day of the grace period.

TERMINATION

Following at least 60 days advance written notice to the Policyholder, we have the right to terminate this Policy if:

a) the number of Employees insured is less than 10 or less than 15% of those eligible for insurance;
b) the Policyholder does not perform one or more of its duties under this Policy;
c) the Policyholder relocates to a state where this Policy is not marketed;
d) our liability or cost of administration is changed due to a change in federal, state, or local law, statute or regulation;
e) there is an increase or decrease of 15% or more in the Policyholder's Employee population or the number of Employees insured under this Policy*;*
f) a division, subsidiary, associated company, affiliated company or an eligible class is added to or deleted from this Policy; or
g) we decide to non-renew a class of business.

The Policyholder has the right to terminate this Policy at any time. The Policyholder must give us written notice of at least 31 days before the date this Policy is to terminate, unless the Policyholder gives us written notice that this Policy will terminate during the grace period.

This Policy will automatically terminate the day after the last day of the grace period if the Policyholder fails to pay its portion of the premium.

If this Policy terminates for any reason:

a) all unpaid premiums up to the date of termination are due, including premiums for the grace period or any part of the grace period; and
b) all unpaid premiums are due no later than the date of termination.

Termination of this Policy will not affect benefits otherwise payable for a claim incurred while this Policy is in force.

REINSTATEMENT AFTER TERMINATION

If this Policy terminates for any reason, the Policyholder may request to reinstate it. We will reinstate only if:

a) an authorized representative in our home office agrees in writing to reinstate this Policy;
b) the Policyholder agrees in writing to accept any written conditions of reinstatement that we impose;
c) all past due premiums are paid, including any premium for the time insurance was in effect during the grace period; and
d) the premium due from the date of reinstatement until the next premium due date is paid.

CERTIFICATES

We will electronically issue the Policyholder a Certificate form for delivery by the Policyholder to each Insured Person. The Certificate describes the benefits, terms, conditions, exclusions and limitations of the insurance provided under this Policy.

ENTIRE CONTRACT AND CHANGES

The entire contract of insurance consists of this Policy, the Certificate, the Policyholder's signed application, any supplemental applications made part of the Certificate, any riders and any endorsements.

This insurance contract may be changed any time we and the Policyholder both agree to a change. No one else has the authority to change the insurance contract. No change in this Policy will be effective until approved by our authorized representative in our home office. Such approval must be in writing and attached to and made a part of this Policy.

EXTENSION OF BENEFITS

There is no time limit on payment of claims that were incurred when this Policy was in force.

MISSTATEMENT OF AGE OR GENDER

If an Insured Person's age or gender is misstated, we may adjust the premium or the benefits payable. An adjustment of the benefits payable will be based on what the premium would have purchased at the correct age or gender.

INCONTESTABILITY

We will not contest this Policy after it has been in force two years, except for nonpayment of premium.

POLICYHOLDER RESPONSIBILITIES

The Policyholder will notify:

a) list billed classes - both the Insured Person and us when the Insured Person's insurance under this Policy ends if the Insured Person ceases to be eligible for insurance under this Policy;
b) each Insured Person and us when insurance under this Policy ends if this Policy is terminated and is not replaced by another policy or plan with no interruption in coverage; and
c) list billed classes - us when the amount of insurance coverage for which an Insured Person is eligible changes.

Notice shall be provided within 31 days from the date insurance ends or, for any list billed classes, the amount of insurance coverage changes for the Insured Person. Notice to the Insured Person shall include information about any options available to continue or obtain insurance.

If we do not receive notice under a) above within this 31 day time period, we may require the Policyholder to reimburse us for the amount of any claims paid on behalf of any ineligible person and/or any dependents of such person during the time the person was ineligible. The Policyholder must reimburse us for claims under this provision within 60 days after receipt of our written request for payment.

The Policyholder is responsible for keeping the following records:

a) persons insured by classification and any persons eligible but not insured;
b) the amount of money the Policyholder contributes toward premiums;
c) beneficiary designation information, if applicable; and
d) any other information which we may reasonably request.

The Policyholder will provide us with copies of these records upon request. These records must be open to us for inspection at any reasonable time.

The Policyholder will provide, as we require, any information on our forms which is needed for insurance administration. The Policyholder is responsible for enrolling eligible persons for coverage under this Policy and performing other administrative duties agreed to by us. The Policyholder will perform its responsibilities in accordance with the terms of this Policy and our policies and procedures. The Policyholder may delegate some of its responsibilities to a third party.

The Policyholder and any third party utilized by the Policyholder to perform such administrative functions, act on behalf of the Policyholder and do not represent us or act on our behalf. The Policyholder and such third party have no authority to alter or expand our liability under this Policy and have no authority to waive, modify or compromise any defense or right we may have under this Policy.

The Policyholder agrees to indemnify and hold us harmless from and against any and all claims, actions, damages, liability and expenses, including, without limitation, reasonable attorneys' fees, arising from or related to the failure of the Policyholder, or a third party to whom the Policyholder has delegated its responsibilities, to perform its responsibilities in accordance with the terms of this Policy or our policies and procedures.

ASSIGNMENT

No assignment of this Policy is binding upon us unless an officer in our home office agrees to it in writing and not until it is recorded with us at our home office.

PREMIUM RIDER

This rider is made a part of Group Policy GUC-ARHP.

This rider is effective January 1, 2024.

CLASS(ES)

All Eligible Employees

SHORT-TERM DISABILITY INSURANCE PREMIUMS

The monthly premium for short-term disability insurance is as follows:

Attained Age of Employee	**per $10 of Total Weekly Benefits**
< 20	$0.304
20 - 24	$0.304
25 - 29	$0.304
30 - 34	$0.304
35 - 39	$0.342
40 - 44	$0.342
45 - 49	$0.475
50 - 54	$0.475
55 - 59	$0.665
60 - 64	$0.665
65 - 69	$0.428
70 - 99	$0.428

Total Weekly Benefits means the total amount of benefits for which all Employees are insured under the Policy.

RATE GUARANTEE DATE

January 1, 2026 or any date thereafter agreed to in writing by our authorized representative in our home office.

PREMIUM ALLOCATION

The total amount of premium paid or remitted by the Policyholder for this Policy and any other group insurance policy the Policyholder has with us or any of our affiliates ("Other Policy") will be allocated to this Policy and each Other Policy on a pro-rata basis. This means that if the Policyholder does not pay or remit the full premium that is due for this Policy or any Other Policy by the due date, the full amount of premium for this Policy and each Other Policy will be past due, resulting in termination of this Policy and each Other Policy in accordance with the applicable grace period for this Policy and each Other Policy.

PUBLICATION DATE

December 4, 2023

UNITED OF OMAHA LIFE INSURANCE COMPANY

Corporate Secretary

YOUR CRITICAL ILLNESS INSURANCE PLAN

For Employees of

District School Board of Hendry County

B-16283 (11/15)

GROUP CRITICAL ILLNESS INSURANCE
CERTIFICATE OF COVERAGE

RELIASTAR LIFE INSURANCE COMPANY
20 Washington Avenue South, Minneapolis, Minnesota 55401

POLICYHOLDER:	District School Board of Hendry County
GROUP POLICY NUMBER:	69018-0CCI
POLICY EFFECTIVE DATE:	January 1, 2016
GOVERNING JURISDICTION:	Florida

THIS IS LIMITED BENEFIT COVERAGE.
Benefits are paid for Critical Illnesses as defined in the Certificate.

ReliaStar Life Insurance Company (We, Us, Our) certifies that We have issued the group Policy listed above to the Policyholder. The Policy is available for You to review if You contact the Policyholder for more information. **This is Your Certificate as long as You are eligible for coverage and You become insured. Please read it carefully and keep it in a safe place.** This Certificate replaces any other Certificates We may have given You under the Policy.

This Certificate summarizes and explains the parts of the Policy which apply to You. The Certificate is part of the group Policy but by itself is not a policy. Your coverage may be changed under the terms and conditions of the Policy. The Policy is delivered in and is governed by the laws of the governing jurisdiction and to the extent applicable by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments.

For purposes of effective dates and ending dates under the Policy, all days begin at 12:01 a.m. standard time at the Policyholder's address and end at 12:00 midnight standard time at the Policyholder's address.

The coverage under the Policy is conditionally renewable according to the terms and provisions of the Policy.

Notice to buyer: This is a specified disease Certificate. This Certificate provides limited benefits. Benefits provided are supplemental and are not intended to cover medical expenses.

Limitations or exclusions may apply. Please read Your Certificate carefully. Benefits may also be limited or reduced based on the attainment of certain ages.

To present inquiries, obtain information about coverage, or get assistance to resolve a complaint, please contact Us at: 888-238-4840 (Claims) or at: 877-236-7564 (Customer Service).

Signed for ReliaStar Life Insurance Company at its home office in Minneapolis, Minnesota on the Policy effective date.

President

Secretary

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SCHEDULE OF BENEFITS

EMPLOYER: District School Board of Hendry County

GROUP POLICY NUMBER: 69018-0CCI

ELIGIBLE CLASS(ES)
All Employees in Active Employment with the Employer in the United States.

You must be an Employee of the Employer and in an eligible class.
Temporary and seasonal workers are excluded from coverage.

MINIMUM HOURS REQUIREMENT
20 hours per week

ELIGIBILITY WAITING PERIOD
For persons in an eligible class on or before the Policy effective date: End of month in which you complete a continuous period of 30 days of Active Employment.

For persons entering an eligible class after the Policy effective date: End of month in which you complete a continuous period of 30 days of Active Employment.

WAIVER OF ELIGIBILITY WAITING PERIOD
If You have been continuously employed by the Employer for a period of time equal to Your Eligibility Waiting Period, We will waive Your Eligibility Waiting Period when You enter an eligible class.

CREDIT PRIOR SERVICE
We will apply any prior period of work with the Employer toward the Eligibility Waiting Period to determine Your eligibility date.

WHO PAYS FOR THE COVERAGE
You pay the cost of Your coverage.

MAXIMUM BENEFIT AMOUNT
Choice of $5,000 to $30,000 in $5,000 increments

CRITICAL ILLNESS BENEFITS

Covered Illness	Percent of Maximum Benefit Amount Payable
Heart Attack	100%
Stroke	100%
End Stage Renal Failure	100%
Coronary Artery Bypass	25%
Coma	100%
Major Organ Failure	100%
Permanent Paralysis	100%
Multiple Sclerosis	100%
Amyotrophic Lateral Sclerosis (ALS)	100%
Parkinson's Disease	100%
Alzheimer's Disease	100%
Infectious Disease	100%
Cancer	100%
Carcinoma in Situ (CIS)	25%
Skin Cancer	10%

Benefits reduce 50% on the Policy anniversary following Your 70th birthday or five years after the policy effective date whichever is later; however, premiums do not reduce as a result of this benefit change.

DEFINITIONS

Active Employment means You are working for the Employer for earnings that are paid regularly and You are performing the material and substantial duties of Your regular occupation. You must be working at least the minimum number of hours as described under the MINIMUM HOURS REQUIREMENT shown in the SCHEDULE OF BENEFITS.

Your work site must be one of the following:
- The Employer's usual place of business;
- An alternative work site at the direction of the Employer, including Your home; or
- A location to which Your job requires You to travel.

Normal vacation is considered Active Employment.
Temporary and seasonal workers are excluded from coverage.

Alzheimer's Disease means a clinically established diagnosis of Alzheimer's Disease by a psychiatrist or neurologist, resulting in the inability to perform independently 2 or more of the following activities of daily living: eating, bathing, dressing, toileting, transferring or maintaining continence.

Amyotrophic Lateral Sclerosis (ALS) means motor neuron disease, marked by progressive muscular weakness and atrophy with spasticity and hyperreflexia due to a loss of motor neurons of the spinal cord, medulla and cortex.

Cancer means a group of diseases characterized by the uncontrolled growth and/or spread of abnormal cells. Cancer is limited to malignancies of solid tissue, blood or lymph tissue and includes leukemia, lymphoma and Hodgkin's disease.

The diagnosis of Cancer must be established according to the criteria of the American Board of Pathology or the American Joint Committee on Cancer. This requires looking at the suspect tumor, tissue or specimen at the microscopic level such that malignancy may be determined. A clinical diagnosis of Cancer will be accepted as evidence that Cancer exists in You when a pathological diagnosis can not be made, provided the medical evidence substantially documents the diagnosis of Cancer.

Conditions such as the following are not considered Cancer for the purposes of the Policy:
- Basal cell carcinoma and squamous cell carcinoma of the skin;
- Carcinoma In Situ;
- Melanoma that is diagnosed as Breslow's classification less than 0.75mm;
- Pre-malignant conditions or polyps;
- Any other benign or nonmalignant condition.

Carcinoma in Situ (CIS) means tumor cells tending toward malignancy but that do not invade the underlying tissue (i.e. malignant cells confined to the epithelium without penetration of the basement membrane). This diagnosis must be confirmed by a study of the suspect tissue in a pathologic specimen that meets the American Joint Committee on Cancer or the American Board of Pathology criteria.

Cancers such as the following are not considered Carcinoma In Situ:
- Basal cell carcinoma and squamous cell;
- Carcinoma of the skin;
- Melanoma that is diagnosed as Breslow's classification less than 0.75mm; or
- Pre-malignant conditions or conditions with malignant potential.

Certificate means the document that explains the parts of the Policy which apply to eligible Insured Persons. It may include riders, endorsements or amendments.

Coma means a Coma resulting from a severe traumatic brain injury that results in a continuous state of profound unconsciousness lasting for a period of 14 or more consecutive days, characterized by having a Glasgow scale of 3; defined as the absence of:

- Eye opening;
- Verbal response; and
- Motor response.

The condition must require intubation for respiratory assistance.

Coronary Artery Bypass means coronary artery disease that has been clinically diagnosed and requires You to undergo a surgical procedure to open a blockage of one or more coronary arteries using venous or arterial grafts.

Coronary Artery Bypass does not include balloon angioplasty, placement of intravascular stent, laser relief or other like procedures.

Critical Illness means any of the following as defined:

- Alzheimer's Disease;
- Amyotrophic Lateral Sclerosis (ALS);
- Cancer;
- Carcinoma in Situ;
- Coma;
- Coronary Artery Bypass;
- End Stage Renal (Kidney) Failure;
- Heart Attack;
- Infectious Disease;
- Major Organ Failure;
- Multiple Sclerosis;
- Parkinson's Disease;
- Permanent Paralysis;
- Skin Cancer; or
- Stroke.

Doctor means a person other than You or any family member, who is licensed to practice medicine in the state in which treatment is received and providing treatment or advice in accordance with the license. State law may require consideration of professional services of a practitioner other than a medical doctor. If so, then this definition includes persons recognized as qualified to treat the condition for which claim is made by the state in which treatment is received.

Eligibility Waiting Period means the continuous period of time (shown in the SCHEDULE OF BENEFITS) that You must be in Active Employment in an eligible class before You are eligible for coverage under the Policy.

Employee means a person who is a citizen or legal resident of the United States in Active Employment with the Employer in the United States.

Employer means the Policyholder and includes any division, subsidiary or affiliated company named in the Policy.

End Stage Renal (Kidney) Failure means chronic, irreversible failure of the kidneys requiring regular hemodialysis or peritoneal dialysis (at least weekly) in order to sustain life or renal transplantation is performed. This definition includes You being placed on the UNOS (United Network for Organ Sharing) list for a renal transplant.

Heart Attack means an acute myocardial infarction (death of an area of heart muscle) that was caused by a blockage of one or more coronary arteries. The medical evidence must be consistent with the diagnosis of heart muscle death. Significant electrocardiogram (EKG) changes must be seen and one or both of the following must confirm the acute myocardial infarction (Heart Attack):

- A clinical picture of myocardial infarction with cardiac enzyme changes found in the blood (elevated CK-MB isoenzyme fraction or elevated troponins).
- Confirmatory imaging test such as a nuclear imaging test or echocardiogram that is consistent with a myocardial infarction.

Diagnosis must be made by a licensed cardiologist or another Doctor familiar with Heart Attack diagnosis.

Hospital means an institution that is run for the care and treatment of sick or injured persons as in-patients and which, on its premises or in facilities available to the Hospital on a pre-arranged basis, fully meets each of the following requirements:

- It is operated in accordance with the laws pertaining to hospitals in the jurisdiction in which it is located.
- It is under the supervision of a medical staff and has one or more Doctors available at all times.
- It provides 24 hours a day service by registered graduate nurses (RNs).
- It is not an institution or any part of an institution used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a free-standing surgical center; a rehabilitative facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

Infectious Disease means a severe infectious disease diagnosed by a Doctor expert in that field that results in You being confined to a Hospital for fourteen (14) or more consecutive days.

Examples include but are not limited to:

- Polio.
- Rabies.
- Meningitis.
- Lyme's Disease.
- Bovine spongiform encephalopathy (Mad Cow Disease).
- Flesh eating bacteria.
- Methicillin-resistant Staphylococcus aureus (MRSA).
- Sepsis.
- Tuberculosis.
- Bacterial pneumonia.

Insured Person means a person who is eligible for coverage under the Policy, becomes covered according to the terms of the Policy, and whose coverage remains in effect according to the terms of the Policy.

Leave of Absence means You are absent from Active Employment for a period of time under a leave granted in writing by the Employer that is in accordance with the Employer's formal leave policies. Your normal vacation time is not considered a Leave of Absence.

Major Organ Failure means a clinical diagnosis of a major organ failure of the liver, both lungs, pancreas or heart resulting in You being placed on the UNOS (United Network for Organ Sharing) list for a transplant.

Multiple Sclerosis means unequivocal diagnosis by a consultant neurologist following more than one episode of well-defined neurological symptoms and signs and confirmed by a neurological exam and MRI scan of the brain or spinal fluid analysis.

Symptoms must persist for 6 months to ensure that the condition is permanent.

Diagnosis must be made by a licensed neurologist or another Doctor familiar with Multiple Sclerosis diagnosis.

Parkinson's Disease means a chronic, progressive neurodegenerative disorder characterized by any combination of four cardinal signs: rest tremor, rigidity, bradykinesia and gait disturbance.

Diagnosis of Parkinson's Disease must be made by a psychiatrist or neurologist or another Doctor trained in the diagnosis of Parkinson's Disease.

Permanent Paralysis means total and permanent loss of the use of two or more limbs (arms or legs or combination) due to accident or sickness for a continuous period of at least 60 days.

Permanent Paralysis does not include paralysis as the result of a Stroke.

Diagnosis must be made by a licensed Doctor familiar with Permanent Paralysis diagnosis.

Policy means the written group insurance contract between Us and the Policyholder.

Policyholder means the Employer to whom the Policy is issued and who sponsors the coverage for its Employees.

Skin Cancer means tumor cells tending toward malignancy and which invade the underlying tissue.

The Skin Cancer diagnosis must be confirmed by a study of the suspect tissue in a pathologic specimen that meets the American Joint Committee on Cancer or the American Board of Pathology criteria.

Skin Cancer includes:
- Basal cell carcinoma and squamous cell;
- Carcinoma of the skin; and
- Melanoma that is diagnosed as Breslow's classification less than 0.75mm.

Skin Cancer does not include pre-malignant conditions or conditions with malignant potential.

Stroke means an acute cerebral event including infarction of brain tissue, cerebral and subarachnoid hemorrhage, cerebral embolism and cerebral thrombosis. The diagnosis of Stroke shall be based on confirmatory neuroimaging studies and evidence of persistent neurological impairment confirmed by a neurologist or a Doctor familiar with the diagnosis of Stroke at least 30 days after the event.

Stroke does not include:
- Transient ischemic attacks (TIA).
- Ischemic disorders of the vestibular system.
- Brain injury related to trauma or infection.
- Brain injury associated with hypoxia/anoxia or hypotension.

We, Us and **Our** means ReliaStar Life Insurance Company.

You and **Your** means an Employee who is eligible for coverage under the Policy.

GENERAL PROVISIONS

ELIGIBILITY

If You are working for the Employer in an eligible class (shown on the SCHEDULE OF BENEFITS), the date You are eligible for coverage is the later of the following:

- The Policy effective date.
- The day after You complete Your Eligibility Waiting Period, unless waived.

EFFECTIVE DATE OF COVERAGE

You will be covered at 12:01 a.m. standard time at the Policyholder's address on the latest of the following:

- The date You are eligible for coverage, if You apply for coverage on or before that date.
- The date You apply for coverage.
- The date You return to Active Employment, if You are not in Active Employment when Your coverage would otherwise become effective. **Exception:** Coverage starts on a non-working day if You were in Active Employment on Your last scheduled working day before the non-working day. Non-working days include time off for the following: vacations, personal holidays, weekends and holidays, and paid time off for nonmedical-related absences.

EFFECTIVE DATE OF CHANGES TO COVERAGE

Once Your coverage begins, any increased or additional coverage will take effect on the latest of the following:

- The date of the increased or additional coverage, if You are in Active Employment.
- The date You return to Active Employment, if You are not in Active Employment due to injury or sickness.

Any decrease in coverage will take effect immediately but will not affect a payable claim that occurs prior to the decrease.

LEAVE OF ABSENCE

If You are on an Employer-approved Leave of Absence after coverage becomes effective under the Policy, and if premiums are paid, Your coverage may be continued beyond the date You are no longer in Active Employment, limited to the time periods described below.

If You are on a Leave of Absence as described under the Family and Medical Leave Act of 1993 ("FMLA") or applicable state family and medical leave law ("State FML"), and the Employer's Human Resource Policy provides for continuation of the type of coverage provided under the Policy during an FMLA or State FML Leave of Absence, Your coverage will be continued until the end of the later of:

- The leave period permitted by the federal Family and Medical Leave Act of 1993 and any amendments.
- The leave period permitted by applicable state law.

If You are on a Leave of Absence other than an FMLA or State FML Leave of Absence, and if premium is paid, Your coverage will be continued through the end of 3 months in which the Leave of Absence begins.

If You are on a Leave of Absence for active military service as described under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) and applicable state law, Your coverage may be continued until the end of the later of:

- The length of time Your coverage may be continued under the Certificate for an FMLA or State FML Leave of Absence.
- The length of time Your coverage may be continued under the Certificate for a Leave of Absence other than an FMLA or State FML Leave of Absence.

If the Employer has approved more than one type of Leave of Absence for You during any one period that You are not in Active Employment, We will consider such leaves to be concurrent for the purpose of determining how long Your coverage may continue under the Policy.

If Your coverage is not continued during an FMLA or State FML Leave of Absence, and You return to Active Employment immediately following the end of the FMLA or State FML Leave of Absence, Your coverage will be reinstated effective the date You return to Active Employment..

If Your coverage is not continued during a Leave of Absence for active military service, and You return to Active Employment, Your coverage may be reinstated in accordance with USERRA and applicable state law.

In no event will Your coverage under the Policy be continued beyond the date Your coverage would otherwise end according to the terms of the TERMINATION OF COVERAGE provision.

TERMINATION OF COVERAGE

Your coverage under the Policy ends on the earliest of the following dates:

- The date the Policy terminates.
- The date You are no longer in an eligible class.
- The date Your eligible class is no longer covered.
- The date You voluntarily cancel Your coverage.
- The end of the Policyholder's grace period, if the Policyholder does not remit premium to Us by the end of such period.
- The last day You are in Active Employment except as provided under a covered Leave of Absence.

We will provide coverage for a payable claim that occurs while You are covered under the Policy.

POLICY TERMINATION

The Policy can be terminated either by Us or by the Policyholder.

We may terminate the Policy for any of the following reasons:

- There is less than 10% participation of those eligible persons who pay all or part of their premium for the Policy.
- The Policyholder does not promptly provide Us with information that is reasonably required.
- Fewer than 25 persons are insured under the Policy.
- Fewer than 51 persons are eligible for insurance under the Policy.
- The premium is not paid in accordance with the provisions of the Policy.
- We determine that there is a significant change in the size, occupation or age of the eligible class(es) as a result of a corporate transaction such as a merger, divestiture, acquisition, sale or reorganization of the Policyholder and/or its persons.
- We stop providing the type of coverage under this Policy to all groups in the Policy issue state.

We reserve the right to review and terminate all class(es) covered under the Policy if any class(es) cease(s) to be covered.

If the Policyholder fails to pay the full premium due by the end of the grace period, the Policy will terminate according to the GRACE PERIOD provision.

If We terminate the Policy for reasons other than the Policyholder's failure to pay premiums, written notice will be mailed to the Policyholder at least 60 days prior to the termination date.

The Policyholder may terminate the Policy by written notice delivered to Us at Our home office prior to the termination date. When both the Policyholder and We agree, the Policy can be terminated on an earlier date.

If the Policyholder or We terminate the Policy, coverage will end at 12:00 midnight standard time at the Policyholder's address on the termination date.

If the Policy is terminated, the cancellation will not affect a payable claim.

GRACE PERIOD

The Policyholder has a grace period of 45 days for the payment of any premium due except the first. During the grace period the Policy will remain in force. If full payment is not received by Us by the end of the grace period, the Policy will automatically terminate at the end of the grace period. The Policyholder is required to pay a pro rata premium for any period the Policy was in force during the grace period. There is no grace period if the Policyholder gives Us advance written notice of termination, or if We have given the Policyholder advance written notice of termination as described under the POLICY TERMINATION provision.

REPRESENTATIONS NOT WARRANTIES

We consider any statements the Policyholder and You make in an application to be representations and not warranties. No statements made by You will be used to reduce or deny any claim or to cancel Your coverage unless both of the following are true:

- The statement is in writing and is signed by You.
- A copy of that statement is given to You, Your beneficiary or Your personal representative.

INCONTESTABILITY
Except in the case of fraud, no statement made by You in an application relating to Your insurability will be used to contest the insurance for which the statement was made after the coverage has been in force for two years during Your lifetime.

CLERICAL ERROR
Clerical error or omission by Us or by the Policyholder will not:
- Prevent You from receiving coverage, if You are entitled to coverage under the terms of the Policy.
- Cause coverage to begin or continue for You when the coverage would not otherwise be effective.

If the Policyholder gives Us information about You that is incorrect, We will do both of the following:
- Use the facts to decide whether You are eligible for coverage under the Policy and in what amounts.
- Make a fair adjustment of the premium.

MISSTATEMENT OF AGE OR TOBACCO USE STATUS
If premiums are based on Your age or tobacco use status and You have misstated Your age or tobacco use status, We will make a fair adjustment of benefits to reflect the amount that the premium paid would have purchased at Your true age or tobacco use status. We may require satisfactory proof of Your age before paying any claim.

OTHER INSURANCE WITH US
You may only have one Policy or Certificate, elected by You, that provides Critical Illness benefits through Us. If more than one Policy or Certificate is issued by Us, only one Policy or Certificate will remain in force and the premiums for the other(s) will be refunded.

ASSIGNMENT
No assignment of benefits under the Policy is valid, unless otherwise specified in the Policy.

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

CONFORMITY WITH STATE STATUTES
Any provision of the Policy which, on the Policy effective date and each subsequent Policy anniversary date, conflicts with any law that applies in the jurisdiction where the Policy is issued, is automatically amended to conform to the minimum requirements of such law.

CHANGES TO POLICY OR CERTIFICATE
No agent, representative or employee of Ours or of any other entity may change or waive the terms of the Policy, or of any Certificate or rider issued under it, except in a writing signed by one of Our executive officers and endorsed or attached to the Policy.

If there is a conflict between the terms of this Certificate or any attached rider and the Policy, the Policy controls.

CRITICAL ILLNESS BENEFITS

Benefits are payable up to the maximum benefit amount shown on the SCHEDULE OF BENEFITS for **each** Critical Illness.

Any partial benefits paid will not reduce the available maximum benefit amount.

We will pay the maximum benefit amount shown on the SCHEDULE OF BENEFITS as follows:

BENEFITS FOR COMA, END STAGE RENAL (KIDNEY) FAILURE, HEART ATTACK, PERMANENT PARALYSIS and STROKE are payable when We receive due proof of such condition which is diagnosed after Your coverage effective date (including the effective date of any changes to coverage).

BENEFITS FOR MAJOR ORGAN FAILURE are payable when We receive due proof of a Major Organ Failure which is diagnosed after Your coverage effective date (including the effective date of any changes to coverage).

If You are on the UNOS (United Network for Organ Sharing) list for a combined transplant only one benefit will be payable.

Failure of the function of the kidney, resulting in You being placed on the UNOS list, is payable under the End Stage Renal (Kidney) Failure benefit.

BENEFITS FOR CORONARY ARTERY BYPASS are payable when We receive due proof of Coronary Artery Bypass which is diagnosed after Your coverage effective date (including the effective date of any changes to coverage).

BENEFITS FOR MULTIPLE SCLEROSIS, AMYOTROPHIC LATERAL SCLEROSIS (ALS), ALZHEIMER'S DISEASE and INFECTIOUS DISEASE are payable when We receive due proof of such condition which is diagnosed after Your coverage effective date (including the effective date of any changes to coverage).

Infectious Disease benefits are not paid unless You are confined to a Hospital for fourteen (14) or more consecutive days.

BENEFITS FOR PARKINSON'S DISEASE are payable when You are diagnosed as incapacitated after Your coverage effective date (including the effective date of any changes to coverage) or You become incapacitated, meaning:

- Exhibiting 2 or more of the following clinical manifestations:
  - Muscle rigidity;
  - Tremor; and
  - Bradykinesis (abnormal slowness of movement, sluggishness of physical and mental responses); **and**
- Resulting in the inability to perform independently 2 or more of the following activities of daily living:
  - Eating.
  - Bathing.
  - Dressing.
  - Toileting.
  - Transferring.
  - Maintaining continence.

BENEFITS FOR CANCER AND SKIN CANCER are payable when We receive due proof of Cancer which is diagnosed after Your coverage effective date (including the effective date of any changes to coverage).

BENEFITS FOR CARCINOMA IN SITU are payable when We receive due proof of Carcinoma In Situ which is diagnosed after Your coverage effective date (including the effective date of any changes to coverage).

Benefits reduce 50% on the Policy anniversary following Your 70th birthday or five years after the policy effective date whichever is later; however, premiums do not reduce as a result of this benefit change.

EXCLUSIONS AND LIMITATIONS

EXCLUSIONS

Benefits are not payable for any Critical Illness caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or illegal activity.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss sustained while on active duty as a member of the armed forces of any nation. However, We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse or misuse of alcohol or taking of drugs, other than under the direction of a Doctor.

CLAIMS

NOTICE OF CLAIM

Written notice of Your claim should be given to Us within 30 days after the date of loss. The notice may be given to Us at Our home office or to Our authorized agent or administrator. Failure to give notice within this timeframe will not invalidate or reduce any payable claim if it can be shown that it was not reasonably possible to give such notice within that time and the notice was given as soon as reasonably possible.

The claim form is available from the Employer or You can request a claim form from Us. If You do not receive the form from Us within 15 days of Your request, You may send Us written proof of claim without waiting for the form. If such written proof of claim covers the occurrence, character and extent of the loss within the time period below for proof of claim, You will be deemed to have complied with the requirements for providing proof of claim.

FILING A CLAIM

The claim form(s) may require completion by You and the Employer and Your attending Doctor. The completed form(s) and any attachments indicated on the form(s) as required should be sent directly to Us at the address indicated on the form.

PROOF OF CLAIM

You must send Us written proof of Your claim within 90 days after the date of loss. Failure to give such proof within this timeframe will not invalidate or reduce any payable claim if it can be shown that it was not reasonably possible to give such proof within that time, and the proof was given as soon as reasonably possible. However, in any event, You must provide proof of claim no later than 1 year after the time proof is otherwise required, except in the absence of legal capacity.

PHYSICAL EXAMINATION

We may require You to be examined by one or more Doctors or other medical practitioners of Our choice. We will pay for this examination. We can require an examination as often as it is reasonable to do so while Your claim is pending. We may also require You to be interviewed by Our authorized representative. Failure to comply with this request may result in denial or termination of benefits.

BENEFIT PAYMENTS

Benefits are payable to You unless otherwise specified. Once a claim has been approved, We will make payment as soon as possible but no more than 45 days after receipt of proof of claim. Any accrued benefits that are payable at the time of Your death will be paid to Your estate.

LEGAL ACTION

No legal action may be brought to recover on this policy within 60 days after written proof of loss has been given as required by this policy. No such action may be brought after the expiration of the applicable statute of limitations from the time written proof of loss is required to be given.

SPOUSE CRITICAL ILLNESS RIDER

RELIASTAR LIFE INSURANCE COMPANY
20 Washington Avenue South, Minneapolis, Minnesota 55401

POLICYHOLDER : District School Board of Hendry County

GROUP POLICY NUMBER: 69018-0CCI

This rider is made a part of the Critical Illness Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate.

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Claims.....page 3

SCHEDULE OF BENEFITS

WHO PAYS FOR THE COVERAGE
You pay the cost of coverage under this Spouse Critical Illness Rider.

MAXIMUM BENEFIT AMOUNT
Choice of $5,000 to $15,000 in $5,000 increments

CRITICAL ILLNESS BENEFITS
The benefit percentages for Your Spouse are the same as the benefit percentages for You as shown in the SCHEDULE OF BENEFITS section of the Certificate, based on Your Spouse's Critical Illness.

Benefits under this Spouse Critical Illness Rider will reduce 50% on the Policy anniversary following Your Spouse's 70th birthday or five years after the policy effective date whichever is later; however, premiums do not reduce as a result of this benefit change.

DEFINITIONS

General terms defined in the DEFINITIONS section of the Certificate regarding medical conditions and eligibility apply to Your Spouse.

Spouse means Your lawful spouse. It includes Your domestic partner or civil union partner who is recognized as equivalent to a Spouse in the state with governing jurisdiction of the Policy. Any reference to marriage includes establishment of a domestic partnership or civil union. Any reference to divorce includes termination of a domestic partnership or civil union.

GENERAL PROVISIONS

ELIGIBILITY

If You are covered under the Policy, then Your Spouse under age 70 is eligible under this Spouse Critical Illness Rider on the latest of the following:

- The Policy effective date.
- The date this Spouse Critical Illness Rider is available to the eligible class of Insured Persons to which You belong.
- Your Critical Illness coverage effective date
- The date of Your marriage.

If Your Spouse is covered under the Policy as an Employee, then Your Spouse is not eligible for coverage under this Spouse Critical Illness Rider.

EFFECTIVE DATE

Your Spouse will be covered at 12:01 a.m. standard time at the Policyholder's address on the latest of the following:

- The date Your Spouse is eligible for coverage, if You apply for Spouse coverage on or before that date.
- The date You apply for Spouse coverage, if You apply within 31 days after the date You become eligible for Spouse coverage.
- The date You return to Active Employment, if You are not in Active Employment when Your Spouse's coverage would otherwise become effective. **Exception:** Coverage starts on a non-working day if You were in Active Employment on Your last scheduled working day before the non-working day. Non-working days include time off for the following: vacations, personal holidays, weekends and holidays, and paid time off for nonmedical-related absences.

EFFECTIVE DATE OF CHANGES TO COVERAGE

Once Your Spouse's coverage begins, any increased or additional coverage will take effect on the latest of the following:

- The date of the increased or additional coverage, if You are in Active Employment.
- The date You return to Active Employment, if You are not in Active Employment due to injury or sickness.

Any decrease in coverage will take effect immediately but will not affect a payable claim that occurs prior to the decrease.

TERMINATION

This rider terminates on the earliest of the following:

- The date Your Certificate terminates.
- The date the Spouse Critical Illness Rider is terminated for all Insured Persons under the Policy.
- The date you voluntarily cancel this Spouse Critical Illness Rider.
- The date Your Spouse is no longer an eligible Spouse as defined by this rider.
- The end of the period for which premiums are paid, if the next required premium contribution is not paid, subject to the grace period.

CRITICAL ILLNESS BENEFITS

The benefits for Your Spouse are the same as the benefits for You as shown in the CRITICAL ILLNESS BENEFITS section of the Certificate, based on Your Spouse's Critical Illness.

Payment of any benefits for Your Spouse's Critical Illness will not impact the available maximum benefit amount for Your Critical Illness. Payment of any benefits for Your Critical Illness will not impact the available maximum benefit amount for Your Spouse's Critical Illness.

EXCLUSIONS AND LIMITATIONS

EXCLUSIONS

Benefits are not payable for any Critical Illness caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or illegal activity.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss sustained while on active duty as a member of the armed forces of any nation. However, We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse or misuse of alcohol or taking of drugs, other than under the direction of a Doctor.

CLAIMS

Additional general claim provisions are described in the CLAIMS section of the Certificate.

FILING A CLAIM

The claim form(s) may require completion by You and the Employer and Your Spouse's attending Doctor. The completed form(s) and any attachments indicated on the form(s) as required should be sent directly to Us at the address indicated on the form.

PHYSICAL EXAMINATION

We may require Your Spouse to be examined by one or more Doctors or other medical practitioners of Our choice. We will pay for this examination. We can require an examination as often as it is reasonable to do so while the claim is pending. We may also require Your Spouse to be interviewed by Our authorized representative. Failure to comply with this request may result in denial or termination of benefits.

BENEFIT PAYMENTS

Benefits under this Spouse Critical Illness Rider are payable to You. Once a claim has been approved, We will make payment as soon as possible but no more than 45 days after receipt of proof of claim. Any accrued benefits that are payable at the time of Your Spouse's death will be paid to You or to Your estate.

Executed at Our Home Office:
20 Washington Avenue South
Minneapolis, MN 55401

President

Secretary

CHILDREN'S CRITICAL ILLNESS RIDER

RELIASTAR LIFE INSURANCE COMPANY
20 Washington Avenue South, Minneapolis, Minnesota 55401

POLICYHOLDER : District School Board of Hendry County

GROUP POLICY NUMBER: 69018-0CCI

This rider is made a part of the Critical Illness Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate.

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SCHEDULE OF BENEFITS

WHO PAYS FOR THE COVERAGE
You pay the cost of coverage under this Children's Critical Illness Rider.

MAXIMUM BENEFIT AMOUNT
Choice of $1,000 or $2,500 or $5,000 or $10,000

CRITICAL ILLNESS BENEFITS
The benefit percentages for Your Children are the same as the benefit percentages for You as shown in the SCHEDULE OF BENEFITS section of the Certificate, based on Your Child's Critical Illness.

DEFINITIONS

General terms defined in the DEFINITIONS section of the Certificate regarding medical conditions and eligibility apply to Your Children.

Additional Child Disease means in addition to the benefits provided for Critical Illnesses as defined in the Certificate, this Children's Critical Illness Rider also covers the following child diseases:

Cerebral Palsy, Congenital Birth Defects, Cystic Fibrosis and Down Syndrome.

Cerebral Palsy means a group of disorders of the development of movement and posture causing activity limitation that are attributed to progressive disturbances that occurred in the developing fetal or infant brain. The motor disorders of Cerebral Palsy are often accompanied by disturbances of sensation, cognition, communication, perception and/or behavior and/or by a seizure disorder.

Diagnosis must be made by a pediatrician or other Doctor familiar with and trained to make a diagnosis of Cerebral Palsy.

Child or Children means Your unmarried natural or adopted child (from the time of placement) or stepchild from birth to 26 years of age.

This definition includes a Child of Your domestic partner or civil union partner who is recognized as equivalent to a Spouse in the state with governing jurisdiction of the Policy.

This definition includes Your Child age 26 or older who remains dependent on You for support and maintenance because that Child is incapable of working due to physical or mental handicap. Written proof of the Child's incapacity must be furnished to Us at our home office within 31 days prior to the Child reaching the limiting age while insured under this Children's Critical Illness Rider. We may require, at reasonable intervals, but not more than once a year after the two year period following attainment of the limiting age, evidence satisfactory to Us that the handicap is continuing.

Congenital Birth Defects means the malformation of an organ or organ system that results in the newborn Child being confined to a Hospital for thirty (30) or more consecutive days beginning within the first week after birth.

Examples include but are not limited to the following:

- Heart defects.
- Lung defects.
- Spina Bifida.
- Cleft lip or palate.
- Limb malformations.
- Developmental disorders of the brain.

Congenital Birth Defects includes a newborn Child who is born with Blindness.
Congenital Birth Defects does not include prematurity.

Cystic Fibrosis means a definite diagnosis of cystic fibrosis by a licensed family practitioner, pediatrician or pulmonologist where the Child has chronic lung disease and pancreatic insufficiency. The diagnosis made via a sweat test should be based upon sweat chloride concentrations greater than 60 mmol/L on two independent tests.

Down Syndrome means diagnosis of down syndrome through a study of the 21st chromosome.

Down Syndrome includes:

- Trisomy 21 - an individual has three instead of two #21 chromosomes.
- Translocation - an extra part of the 21st chromosome is attached to another chromosome.
- Mosaicism - the individual has an extra 21st chromosome in only some of the cells but not all of them. The other cells have the usual pair of 21st chromosomes.

Diagnosis must be confirmed by a Doctor familiar with Down Syndrome diagnosis.

Spouse means Your lawful spouse. It includes Your domestic partner or civil union partner who is recognized as equivalent to a Spouse in the state with governing jurisdiction of the Policy. Any reference to marriage includes establishment of a domestic partnership or civil union.

GENERAL PROVISIONS

ELIGIBILITY

If You are covered under the Policy, then Your Children are eligible under this Children's Critical Illness Rider on the latest of the following:

- The Policy effective date.
- The date this Children's Critical Illness Rider is available to the eligible class of Insured Persons to which You belong.
- Your Critical Illness coverage effective date.
- The date you acquire a Child by marriage, birth or adoption.

If You have coverage under this Children's Critical Illness Rider and You acquire a new eligible Child due to birth, marriage or adoption, then the newly eligible Child will be covered automatically from the date of the event.

If Your Child is covered under the Policy as an Employee, then Your Child is not eligible for coverage under this Children's Critical Illness Rider.

If both You and Your Spouse are covered under the Policy as an Employee, then only one, but not both, may cover the same Children under his/her Children's Critical Illness Rider. If the parent who is covering the Children stops being insured as an Employee then the other parent may apply for Children's coverage under this rider.

EFFECTIVE DATE

Your Children will be covered at 12:01 a.m. standard time at the Policyholder's address on the latest of the following:

- The date Your Children are eligible for coverage, if You apply for Children's coverage on or before that date.
- The date You apply for Children's coverage, if You apply within 31 days after the date You become eligible for Children's coverage.
- The date You return to Active Employment, if You are not in Active Employment when Your Children's coverage would otherwise become effective. **Exception:** Coverage starts on a non-working day if You were in Active Employment on Your last scheduled working day before the non-working day. Non-working days include time off for the following: vacations, personal holidays, weekends and holidays, and paid time off for nonmedical-related absences.

EFFECTIVE DATE OF CHANGES TO COVERAGE

Once Your Children's coverage begins, any increased or additional coverage will take effect on the latest of the following:

- The date of the increased or additional coverage, if You are in Active Employment.
- The date You return to Active Employment, if You are not in Active Employment due to injury or sickness.

Any decrease in coverage will take effect immediately but will not affect a payable claim that occurs prior to the decrease.

TERMINATION

Coverage for each Child ends on the earliest of the following:

- The date this Children's Critical Illness Rider terminates.
- The date the Child reaches age 26, unless he/she is handicapped as defined under the definition of Child. Coverage of a handicapped Child ends when there is no longer evidence satisfactory to Us that the handicap is continuing.

This Children's Critical Illness Rider terminates on the earliest of the following:

- The date Your Certificate terminates.
- The date the Children's Critical Illness Rider is terminated for all Insured Persons under the Policy.
- The date you voluntarily cancel this Children's Critical Illness Rider.
- The date You no longer have any eligible Children covered under this rider.
- The end of the period for which premiums are paid, if the next required premium contribution is not paid, subject to the grace period.

CRITICAL ILLNESS BENEFITS

The benefits for Your Children are the same as the benefits for You as shown in the CRITICAL ILLNESS BENEFITS section of the Certificate, based on Your Child's Critical Illness or an Additional Child Disease. Benefits are payable for each covered Child.

Payment of any benefits for Your Child's Critical Illness will not impact the available maximum benefit amount for Your Critical Illness. Payment of any benefits for Your Critical Illness will not impact the available maximum benefit amount for Your Child's Critical Illness.

EXCLUSIONS AND LIMITATIONS

EXCLUSIONS

Benefits are not payable for any Critical Illness or Additional Child Disease caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or illegal activity.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss sustained while on active duty as a member of the armed forces of any nation. However, We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse or misuse of alcohol or taking of drugs, other than under the direction of a Doctor.

No benefit is payable for Carcinoma in Situ or Coronary Artery Bypass.

CLAIMS

Additional general claim provisions are described in the CLAIMS section of the Certificate.

FILING A CLAIM

The claim form(s) may require completion by You and the Employer and Your Child's attending Doctor. The completed form(s) and any attachments indicated on the form(s) as required should be sent directly to Us at the address indicated on the form.

PHYSICAL EXAMINATION

We may require Your Child to be examined by one or more Doctors or other medical practitioners of Our choice. We will pay for this examination. We can require an examination as often as it is reasonable to do so while the claim is pending. We may also require You to be interviewed by Our authorized representative. Failure to comply with this request may result in denial or termination of benefits.

BENEFIT PAYMENTS

Benefits under this Children's Critical Illness Rider are payable to You. Once a claim has been approved, We will make payment as soon as possible but no more than 45 days after receipt of proof of claim. Any accrued benefits that are payable at the time of Your Child's death will be paid to You or to Your estate.

Executed at Our Home Office:
20 Washington Avenue South
Minneapolis, MN 55401

President

Secretary

WELLNESS BENEFIT RIDER

RELIASTAR LIFE INSURANCE COMPANY
20 Washington Avenue South, Minneapolis, Minnesota 55401

POLICYHOLDER : District School Board of Hendry County

GROUP POLICY NUMBER: 69018-0CCI

This rider is made a part of the Critical Illness Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate.

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SCHEDULE OF BENEFITS

WHO PAYS FOR THE COVERAGE
The cost of coverage under this Wellness Benefit Rider is automatically included in the cost of Your coverage.

WELLNESS BENEFIT
You:..... $50

Your Spouse:..... $50

Your Child:..... 50% of Your wellness benefit amount, to a maximum of $100 for all Children in one calendar year

Benefit reductions due to age do not apply to this Wellness Benefit Rider.

DEFINITIONS

General terms are defined in the DEFINITIONS section of the Certificate and riders.

Covered Person means:

- You, if You are covered for Critical Illness insurance under the Policy.
- Your Spouse who is covered under Your Spouse Critical Illness Rider.
- Your Children who are covered under Your Children's Critical Illness Rider.

GENERAL PROVISIONS

ELIGIBILITY

If You are working for the Employer in an eligible class (shown in the Certificate's SCHEDULE OF BENEFITS), You are eligible for this Wellness Benefit Rider on the latest of the following dates:

- The Policy effective date.
- The date this Wellness Benefit Rider is available to the eligible class of Insured Persons to which You belong.
- Your Critical Illness coverage effective date.

EFFECTIVE DATE

Each Covered Person will be covered at 12:01 a.m. standard time at the Policyholder's address on the date the Covered Person is eligible for coverage under this rider.

TERMINATION

This Wellness Benefit Rider will terminate on the earliest of the following:

- The date Your Certificate terminates.
- The date the Wellness Benefit Rider is terminated for all Insured Persons under the Policy.
- For Your Spouse's coverage, the date the Spouse Critical Illness Rider terminates.
- For each Child's coverage, the date Your Child's coverage under the Children's Critical Illness Rider terminates.

ASSIGNMENT

At the time of claim under this Wellness Benefit Rider, You can assign the payment of a benefit under this rider to a third party who is not the Policyholder.

BENEFITS

We will pay You a wellness benefit (shown on the SCHEDULE OF BENEFITS) if a Covered Person has a health screening test.

A wellness benefit is payable only once per calendar year per Covered Person.

Health screening tests include, but are not limited to:

- Blood test for triglycerides
- Flexible sigmoidoscopy
- Bone marrow testing
- Hemoccult stool analysis
- Breast ultrasound
- Mammography
- CA 15-3 (breast cancer)
- Fasting blood glucose test
- PSA (prostate cancer)
- Pap smear
- CEA (blood test for colon cancer)
- Serum cholesterol test for HDL & LDL levels
- Serum Protein Electrophoresis (myeloma)
- Chest x-ray
- Colonoscopy
- Stress test on bicycle or treadmill
- Thermography

EXCLUSIONS AND LIMITATIONS

The EXCLUSIONS AND LIMITATIONS section of the Certificate and riders does not apply to this Wellness Benefit Rider.

CLAIMS

Additional general claims provisions are described in the CLAIMS section of the Certificate. The PHYSICAL EXAMINATION provision does not apply to this Wellness Benefit Rider.

FILING A CLAIM

The claim form(s) may require completion by You and the Employer and the Covered Person's attending Doctor. The completed form(s) and any attachments indicated on the form(s) as required should be sent directly to Us at the address indicated on the form.

BENEFIT PAYMENTS

Benefits under this Wellness Benefit Rider are payable to You unless otherwise specified. Once a claim has been approved, We will make payment as soon as possible but no more than 45 days after receipt of proof of claim. Any accrued benefits that are payable at the time of the Covered Person's death will be paid to You or to Your estate.

Executed at Our Home Office:
20 Washington Avenue South
Minneapolis, MN 55401



President



Secretary

Annotated Contract
Whole Life

This specimen is not intended
to replace the filed contract

For broker information only

SD-1089

(04-21)

PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY
1 FOUNTAIN SQUARE
CHATTANOOGA, TENNESSEE 37402

LIFE INSURANCE POLICY

JAMES A PROVIDENT, INSURED

Policy Number 0000041-G

Face Amount $100,000

We agree to pay the Death Benefit of this policy when we receive written due proof of the death of the Insured prior to the Maturity Date. We will make this payment and provide the other rights and privileges, subject to the provisions of this policy. The Surrender Value of this policy will be paid on the Maturity Date if the Insured is living on such date.

This contract is made in consideration of the application and the payment of premiums as provided. All the provisions on this and the following pages are part of this policy.

30 DAY RIGHT TO EXAMINE POLICY

You may cancel this policy by delivering it or mailing it and a written notice to Provident Life and Accident Insurance Company, 1 Fountain Square, Chattanooga, Tennessee 37402, or to an agent of the company, within 30 days after the policy is received. Notice given by mail is effective on being postmarked, properly addressed, and postage paid. We will return all premiums paid for this policy within 10 days after we receive notice of cancellation and the returned policy. Upon such delivery or mailing, this policy will be deemed void from the start, and any premium paid on it, including any fees or charges, will be refunded.

READ YOUR POLICY CAREFULLY

This policy is a legal contract between you and Provident Life and Accident Insurance Company. If you should have any questions, need information about your coverage, or assistance in resolving complaints, please contact your agent or Provident at 1-800-635-5597 or at www.unum.com.

J. PAUL JULLIENNE
Secretary

MICHAEL SIMONDS
President

Coverage ends at age 120 for both Lifetime Premium and Paid Up at 70 options.

WHOLE LIFE INSURANCE TO AGE 120
NON-PARTICIPATING (NO ANNUAL DIVIDENDS)

ICC12 L-21848

This is Unum's Interstate Compact policy ICC12 L-21848. The actual policy may vary by states not included in the Interstate Compact and will include any state specific provisions.

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Any Supplemental Benefit Riders (herein referred to as "riders") follow the last page of this policy.

These terms are used throughout the policy.

DEFINITIONS

Age means the age as of the last birthday of the Insured.

Beneficiary is the person(s) or party(ies) who will receive the Death Benefit of this policy if the Insured dies while it is in force.

Coverage Effective Date is the date coverage becomes effective as shown on the Data Page.

Debt is the principal of any loan outstanding against this policy, plus any interest due or accrued.

Insured means the person named as Insured on the Data Page.

The policy matures at age 120 for both Lifetime Premium and Paid Up at 70 options.

Maturity Date is the Policy Anniversary following the 121st birthday of the Insured. If the Insured is living on the Maturity Date and this policy is still in force, we will pay the Surrender Value to you.

Non-participating means the type of insurance that does not share in surplus earnings. This policy is non-participating; we will not pay dividends on it.

The owner of the policy controls the policy.

Owner of this policy is as stated in the application, unless otherwise changed at a later date.

Policy Anniversary is the annual anniversary of the Policy Effective Date.

Policy Effective Date is shown on the Data Page. It is the date from which policy years, months, anniversaries, Incontestability and Suicide provisions will be determined.

We, Us, Our means Provident Life and Accident Insurance Company, 1 Fountain Square, Chattanooga, Tennessee 37402. We are a stock company.

You, Your means the Owner of this policy. Any reference to "he", "him", or "his" will also refer to "she" or "her", "they", "them" or "their".

This is Unum's Interstate Compact policy ICC12 L-21848. The actual policy may vary by states not included in the Interstate Compact and will include any state specific provisions.

DATA PAGE

Policy Number 0000041-G on the life of JAMES A. PROVIDENT, **Insured**

Providing a Life Insurance Benefit of

$100,000 **Face Amount**

Date of Issue: JANUARY 1, 2022 **Age:** 35

Class of Risk: NON-TOBACCO

Coverage Effective Date: JANUARY 1, 2022

Policy Effective Date: JANUARY 1, 2022

If Option for Paid Up at 70 is chosen, this will show payable to age 70.

POLICY BENEFITS	ANNUAL PREMIUM	PAYABLE
Basic Life Insurance	$ 1,479.00	To Age 120
Total Annual Premium*	$ 1,479.00	

*Includes the premium for any riders shown on the next page.

Maturity Date: JANUARY 1, 2071

In the event we fail to provide you with reasonable and adequate service, feel free to contact the Insurance Department of the state where this policy is issued for delivery.

Will vary by state of issue

Telephone number of the insurance department for TN is 1-xxx-xxx-xxxx.

Premiums for this policy are automatically deducted from the employee's paycheck. If the employee leaves the company premiums can be paid through automatic bank draft or direct bill.

The premiums for this policy are to be sent to us under an approved deduction plan. Premiums will be processed monthly based on a monthly premium. Upon termination of deductions, premiums are to be sent directly to us. We will bill you directly on an annual, semi-annual, or quarterly basis. Premiums may also be paid monthly by automatic bank draft.

This is Unum's Interstate Compact policy ICC12 L-21848. The actual policy may vary by states not included in the Interstate Compact and will include any state specific provisions.

DATA PAGE (Cont'd)

THIS PAGE RESERVED FOR SUPPLEMENTAL BENEFIT RIDER INFORMATION, IF ANY

This is Unum's Interstate Compact policy ICC12 L-21848. The actual policy may vary by states not included in the Interstate Compact and will include any state specific provisions.

The options available to the owner of the policy.

The amount payable upon the death of the insured.

INTRODUCTION

This section summarizes the main points of this policy. The Index shows where the provisions can be found. See the actual provisions for complete information.

This is a Whole Life Insurance Policy. A Death Benefit is payable upon the death of the Insured.

Each premium is payable on or before its due date. A 61 day Grace Period is given for the payment of each premium after the first.

During the lifetime of the Insured and while this policy is in force, you can:

(1) Change the Beneficiary, unless otherwise provided;
(2) Surrender this policy for its Surrender Value;
(3) Borrow on this policy;
(4) Choose one of several ways for the proceeds to be paid; or
(5) Assign any of the above rights, unless otherwise provided.

DEATH BENEFIT

Death Benefit Payment. We agree to pay the Death Benefit of this policy when we receive written due proof of the death of the Insured prior to the Maturity Date. When we receive such proof, we will pay:

(1) The Face Amount of this policy as of the date of death; and
(2) Any insurance on the life of the Insured provided by policy riders; and
(3) That part of any premium paid for a period beyond the end of the policy month of death;

Less:

(1) Any due and unpaid premiums; and
(2) Any Debt; and
(3) Any amount which has been advanced to you in an earlier payment.

Payment of Interest on Death Benefit. Interest will accrue and be payable from the date of death. Interest will accrue at the rate or rates applicable to this policy for funds left on deposit. In determining these effective annual rate or rates, we will use the rate in effect on the date due proof is received by us.

Interest will accrue at the effective annual rate determined plus additional interest at a rate of 10% annually beginning with the date that is 31 calendar days from the latest of:

(1) The date that due proof is received by us;
(2) The date we receive sufficient information to determine our liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; and
(3) The date the legal impediments to payment of proceeds that depend on the action of parties other than us are resolved and sufficient evidence of the same is provided to us. Legal impediments to payment include, but are not limited to:
    a. The establishment of guardianships and conservatorships;
    b. The appointment and qualification of trustees, executors and administrators; and
    c. The submission of information required to satisfy state and federal reporting requirements.

This is Unum's Interstate Compact policy ICC12 L-21848. The actual policy may vary by states not included in the Interstate Compact and will include any state specific provisions.

PREMIUMS

Premium. Premiums are due as shown on the Data Page. The first premium must be paid no later than the Policy Effective Date. Each premium is payable on or before its due date. All premiums are payable at our Home Office. We will provide you with a receipt signed by our authorized officer, if you request it. All payments will be considered premium unless you specify otherwise. There is no modal loading for any premium.

Please read - very important.

Grace Period. For each premium except the first, you have a 61 day Grace Period to pay any premium due. The Grace Period begins on the due date of the premium and ends 61 days later. This policy remains in force during the Grace Period. If any premium after the first is not paid or postmarked by U.S. mail on or before its due date or within the Grace Period, this policy and any attached riders will terminate and have no further value, except as may be provided in this policy.

If the Insured dies during the Grace period, we will deduct from the proceeds of this policy that part of such unpaid premium applicable to the Grace Period.

Change in Method of Payment. When we receive satisfactory written request from you, the frequency of premium payment, with respect to premiums not yet paid, may be changed. Such frequency may be annual, semi-annual, or quarterly billing, or monthly automatic bank draft.

Refund of Premium at Death. That part of any premium paid, which applies to a period beyond the end of the policy month in which the death of the insured occurs, will be paid in addition to any amount otherwise payable at death. No part of any premium waived under any rider will be refunded.

Reinstatement. If this policy terminates as provided in the Grace Period provision, you may reinstate it and any riders attached (unless excluded in the riders) to a premium paying status. Reinstatement may be made during the lifetime of the Insured within 5 years after the due date of the first unpaid premium unless the Surrender Value has been paid, or otherwise exhausted.

Such reinstatement is subject to:

(1) Payment of all overdue premiums with compound interest at the rate of 6% per year;
(2) Payment or reinstatement of any Debt at the due date of the first unpaid premium, with compound interest at the rate of 6% per year; and
(3) Written approval by us at our Home Office of the required evidence of insurability; however, no evidence of insurability will be required within 31 days after the end of the Grace Period.

This is Unum's Interstate Compact policy ICC12 L-21848. The actual policy may vary by states not included in the Interstate Compact and will include any state specific provisions.

GENERAL PROVISIONS

Contract. The entire contract consists of:

(1) This policy, including the Data Page(s);
(2) Any attached riders, amendments or endorsements, which add provisions or change the terms of this policy;
(3) Your written request to change this policy or any riders, as accepted and acknowledged by us;
(4) The attached copy of the application, and any supplemental applications or additional riders. In the absence of fraud, all statements made in any application shall be deemed representations and not warranties. No statement may be used to void this policy or to defend against a claim under it unless:
    a) It is contained in the application or in a supplemental application; and
    b) A copy of such application is attached to this policy when issued or made a part of this policy when changes become effective.

Ownership of Policy. During the lifetime of the Insured, you may exercise all rights under this policy. You may name or change a new Owner, or a contingent Owner, during the lifetime of the Insured by a written request satisfactory to us. No change of Owner or contingent Owner will take effect until we receive the request at our Home Office. The change will be effective as of the date the request was signed, unless otherwise specified by the Owner, subject to any payment we make or action we take prior to such receipt. If you do not name a contingent Owner, the Insured will be the contingent Owner. If you do not survive the Insured, the contingent Owner will, if living, become the new Owner. Upon proper written notice from you, any prior revocable designation of a contingent Owner or Beneficiary will be voided. Unless otherwise stated, all rights under this policy are vested in you or in your assigns.

Two years on the original policy or on a reinstatement.

Incontestability. After this policy has been in force during the lifetime of the Insured for 2 years from its Policy Effective Date, we will not contest this policy except for any:

(1) Addition of or change in any rider; or
(2) Reinstatement.

Representations made to apply for an addition of or change in any rider, or any Reinstatement, that were not included in the original application for this policy, will not be contested, except for fraud (when permitted by applicable law in the state where the policy is delivered or issued for delivery), after such addition, change, or Reinstatement has been in force during the lifetime of the Insured for 2 years following its effective date, except for any nonpayment of premiums. However, any rider providing benefits on additional covered Insureds will be contestable as provided in such rider.

Suicide. If within 2 years from the Policy Effective Date the Insured commits suicide, whether sane or insane, we will not pay the Death Benefit. The amount payable by us in place of all other benefits, shall be the sum of the premiums paid, without interest, less the sum of any Debt and the cost of any riders.

Misstatement of Age. If the age of the Insured has been misstated, the amount payable will be that amount which the premium paid would have bought at the correct age. If the correct age is outside the issue age ranges of the policy, a mortality charge and benefit shall be extrapolated.

This is Unum's Interstate Compact policy ICC12 L-21848. The actual policy may vary by states not included in the Interstate Compact and will include any state specific provisions.

GENERAL PROVISIONS (Cont'd)

Beneficiary. The Beneficiary of this policy is stated on the application. At any time prior to the death of the Insured, you may name or change a revocable Beneficiary. Any such change must be made in writing. To be binding on us, the change must be signed by you and any irrevocable Beneficiary and must be filed at our Home Office. An irrevocable Beneficiary cannot be changed without the consent of the irrevocable Beneficiary. Unless otherwise specified by you, any such change will take effect as of the date it was signed, subject to any payment made or other action taken by us before the change was received. Unless otherwise provided, the proceeds to be paid at the death of the Insured will be paid in equal shares to those named Beneficiaries who survive the Insured

The interest of the Beneficiary will end at his death if prior to the death of the Insured. If any Beneficiary should die at the same time as the Insured, or within the 24-hour period immediately following the death of the Insured, claim settlement will be made as if such Beneficiary had died before the Insured. Our liability will be discharged to the extent of any payment made or action taken prior to the receipt of proof of the death of such Beneficiary. If the interest of all designated Beneficiaries has ended, the amount payable under this policy will be paid to you or your estate if you are not living at that time.

Assignment. Unless otherwise specified by you, each assignment will take effect on the date you sign the notice of assignment. No assignment of this policy will be binding upon us until it has been filed at our Home Office. Each assignment will be subject to any payment made or action taken by us before receipt of this notice. We will not be responsible for any assignment being valid or sufficient.

Payment of Proceeds. The proceeds payable on the death of the Insured will be paid in one sum to the Beneficiary. All proceeds payable on the Maturity Date or on Surrender of this policy shall be paid in one sum to you, unless an optional mode of settlement is elected from those available at such Maturity Date or date of Surrender.

So far as allowed by law, any proceeds payable under this policy will not be subject to the claims of any payee's creditors or to legal process against any payee. All payments by us under this policy are payable at our Home Office.

Qualification Under Internal Revenue Code. This policy is intended to qualify as a life insurance contract for federal tax purposes. The Death Benefit under the policy is intended to qualify for the federal income tax exclusion. To that end, the provisions of the policy (including any rider, amendment, or endorsement) are to be interpreted to ensure or maintain such tax qualification, despite any other provision to the contrary.

Modification. Only an executive officer of our company can change or modify this policy, or waive any of our rights and requirements. Any such changes must be made in writing.

Deferment of Certain Payments. We may postpone the payment of the Surrender Value or making a loan under this policy for not more than 6 months from the date written request is received at our Home Office, except for payment of premiums on any policy that you may have with us.

Termination. All coverage under this policy will terminate when any one of the following occurs:

(1) You request coverage to terminate;
(2) The Insured dies;
(3) This policy matures; or
(4) The loan value exceeds the Guaranteed Cash Value of this policy.

Conformity with Interstate Insurance Product Regulation Commission Standards. This policy was approved under the authority of the Interstate Insurance Product Regulation Commission (IIPRC) and issued under the Commission Standards. Any provision of this policy that on the provision's effective date is in conflict with the IIPRC standards for this product type is hereby amended to conform to the IIPRC Standards for this product type as of the provision's effective date.

This is Unum's Interstate Compact policy ICC12 L-21848. The actual policy may vary by states not included in the Interstate Compact and will include any state specific provisions.

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LOANS

Policy Loan. After the first policy year, a loan will be granted upon the sole security and assignment of this policy to us.

Loan Value. A loan may be made in an amount which, with interest at the rate determined below, will not exceed the Guaranteed Cash Value of this policy at the date to which premium have been paid (but not later than the next Policy Anniversary).

Loan Interest. Interest on loans will accrue on a daily basis from the date of the loan at the rate of 8% (in arrears) compounded annually. Interest unpaid on a Policy Anniversary is added to and becomes a part of the loan principal and also bears interest at the same rate.

Loan Repayment. Repayment of a loan may be made in full or in part at any time before this policy terminates for any reason. However, if this policy is being continued as Reduced Paid-Up Insurance, any Debt which was deducted in determining the amount of such insurance may not be repaid unless this policy is reinstated.

Important Information.

Any Debt will be deducted:

(1) From the Death Benefit otherwise payable at death; or
(2) Upon payment or application of the Surrender Value.

If at any time the Guaranteed Cash Value is less than or equal to the Debt, this policy will terminate and have no further value 31 days after notice has been mailed by us to your last known address and any assignee of record.

Can keep the policy in force if a payment is missed.

Automatic Premium Loan. If this provision has been elected by you in the application it will become effective. If you did not elect this provision in the application, you may elect it in writing at any time provided no premium is in default beyond the Grace Period. The Automatic Premium Loan provision will continue in effect until cancelled by written request satisfactory to us.

While effective, each premium due and not paid in some other way will be paid automatically by loan on the last day of the Grace Period. Each such premium will be charged against this policy as a policy loan as of its due date. If the Guaranteed Cash Value should be smaller than the Debt plus the unpaid premium, the method of the premium payment will be changed. The new method of premium payment will be that which will allow payment of the next smaller premium which the amount available can pay in full. If the Guaranteed Cash Value should be smaller than the Debt plus the monthly premium the method of premium payment will be changed to allow payment of as large a part of the monthly premium as possible.

This is Unum's Interstate Compact policy ICC12 L-21848. The actual policy may vary by states not included in the Interstate Compact and will include any state specific provisions.

POLICY VALUES

Guaranteed Cash Value. The Guaranteed Cash Values are shown in the Table of Nonforfeiture Values. These values are calculated by the Standard Nonforfeiture Value Method using the nonforfeiture factor shown below the Table. The Guaranteed Cash Values shall never be less than the value for the Policy Anniversary shown in the Table, unless this policy is in force under Reduced Paid-Up Insurance. While this policy is in force under Reduced Paid-Up Insurance, the Guaranteed Cash Values are the present value of the future benefits provided by the Reduced Paid-Up Insurance.

NONFORFEITURE PROVISIONS

No surrender charge.

Surrender Value. If this policy has not been otherwise terminated, you may, upon satisfactory written request, surrender it during the Insured's lifetime for the Surrender Value. The Surrender Value will equal (1) minus (2), where:

(1) Is the Guaranteed Cash Value; and
(2) Is the total amount of Debt under this policy.

If a premium is unpaid at the time of surrender, the Surrender Value within the 60 day period commencing with the due date of the first unpaid premium will be the same as on that date. After such 60 day period, if this policy is being continued as Reduced Paid-Up Insurance, the Surrender Value will be the net single premium for such insurance. Such Surrender Value within 31 days after a Policy Anniversary will not be less than the Surrender Value on that Anniversary.

Can keep the policy in force at a reduced Face Amount with no further premiums required.

Reduced Paid-Up Insurance. Reduced Paid-Up Insurance will be provided if a premium has not been paid by the end of its Grace Period by Automatic Premium Loan or otherwise, and if this policy has not been surrendered during the Insured's lifetime for the Surrender Value.

The amount of Reduced Paid-Up Insurance will be the level amount of whole life insurance which the Surrender Value will provide when applied as a net single premium at the Insured's then attained age; except that the amount of Reduced Paid-Up Insurance cannot be less than $2,000 or exceed the amount of Death Benefit less Debt existing on the due date of the first unpaid premium. Any Surrender Value not used to purchase Reduced Paid-Up Insurance will be paid to you in cash.

Any riders will terminate on the effective date of such Reduced Paid-Up Insurance. Once this policy is being continued as Reduced Paid-Up Insurance, it will remain as such until the policy terminates.

While this policy is being continued as Reduced Paid-Up Insurance you may make a loan upon the terms and conditions listed under the Loans provision.

Basis of Calculation of Values. All guaranteed values, present values and net single premiums are computed based on the following assumptions: (1) This policy is issued based on the Insured's age; and (2) Death occurs at the end of the policy year.

The mortality table and interest rate shown below the Table of Nonforfeiture Values will be used. The values are as great or greater than the minimum values required by or pursuant to the NAIC Standard Nonforfeiture Law for Life Insurance, model #808. A detailed statement of the method of calculating such values and reserves has been filed with the Interstate Insurance Product Regulation Commission.

Any values not shown in the Table of Nonforfeiture Values will be calculated in accordance with this statement. No rider attached to this policy will increase the policy values unless so stipulated.

This is Unum's Interstate Compact policy ICC12 L-21848. The actual policy may vary by states not included in the Interstate Compact and will include any state specific provisions.

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TABLE OF NONFORFEITURE VALUES

The values shown in this table for any particular Policy Anniversary assume that no premiums are past due as of such anniversary and that there is no Debt to us under this policy. Where an age is shown, the values are those applicable on the Policy Anniversary following the birthday on which that age is attained. The values as of any date other than a Policy Anniversary will be calculated on a basis which makes allowance for the lapse of time and the payment of premiums beyond the Policy Anniversary or the Policy Effective Date, whichever is applicable. Such values will be furnished upon request, as will any values for Policy Anniversaries which are not shown.

Guaranteed Cash Values and Reduced Paid-Up Insurance shown are for policies effective 1/1/2022 and later.

Policy Anniversary	Attained Age of Insured	Guaranteed Cash Value	Reduced Paid-Up Insurance	Policy Anniversary	Attained Age of Insured	Guaranteed Cash Value	Reduced Paid-Up Insurance
1	36	$0	$0	12	47	$8,879	$32,951
2	37	0	0	13	48	9,996	35,903
3	38	353	1,755	14	49	11,150	38,760
4	39	1,180	5,680	15	50	12,340	41,519
5	40	2,033	9,475	16	51	13,567	44,185
6	41	2,915	13,151	17	52	14,828	46,753
7	42	3,827	16,715	18	53	16,121	49,221
8	43	4,769	20,164	19	54	17,445	51,591
9	44	5,743	23,506	20	55	18,803	53,873
10	45	6,753	26,753				
11	46	7,798	29,901				

3.75% interest rate applies to policies effective 1/1/2022 and later.

Nonforfeiture Values and net single premiums are based on the 2017 CSO 50% Male Age Last Birthday Ultimate Mortality Table with compound interest at 3.75% per year. Nonforfeiture Factor: [8.939351].

This is Unum's Interstate Compact policy ICC12 L-21848. The actual policy may vary by states not included in the Interstate Compact and will include any state specific provisions.



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PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY

Chattanooga, Tennessee

SUPPLEMENTAL BENEFITS

ADDITIONAL LEVEL TERM INSURANCE RIDER

General information about this rider.

About This Rider. This rider provides Additional Level Term Insurance on the life of the Insured named on the Data Page. We have issued this rider as part of the policy to which it is attached (herein called "the policy"). It is issued in consideration of the application for the policy and/or this rider and payment of the premium or deduction from the Cash Value of the monthly cost for this rider shown on the Data Page(s), amendments, or endorsements. Any reference to "you" or "your" means the Owner of the policy. All terms of the policy apply to this rider except as provided herein.

Additional term insurance on the life of the employee equal to 50% of the base whole life policy.

Benefits. When we receive satisfactory proof that the Insured has died while this rider and the policy are in force, we will pay the Additional Level Term Insurance to the Beneficiary. The amount of such Additional Level Term Insurance is shown on the Data Page of the policy.

This is a 20 year term rider.

Termination Of This Rider. This rider will terminate on the first of the following to occur:

(1) The Expiry Date of this rider, as shown on the Data Page;

(2) Failure to pay the monthly cost or premium for this rider, subject to the Grace Period allowed;

(3) The date we receive your written request that coverage be terminated; or

(4) Continuation of the policy under a Nonforfeiture Option, if any.

Effective Date. When this rider is issued or changed, the Effective Date of the coverage provided by this rider will be shown on the Data Page(s), amendments, or endorsements.

J. PAUL JULLIENNE
Secretary

L-21797

This is Unum's generic rider L-21797. The actual rider may vary by state and will include any state specific provisions.

General information about this rider.

Issued on the spouse; attached to the EE policy.

PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY

Chattanooga, Tennessee

SUPPLEMENTAL BENEFITS

SPOUSE TERM RIDER

About This Rider. This rider provides term insurance on the life of the Insured Spouse. We have issued this rider as a part of the policy to which it is attached. It is issued in consideration of the application for the policy and payment of the additional premium shown on the Data Page. All terms of the policy apply to this rider except as provided herein.

Spouse Term Benefit. When we receive satisfactory proof that the Insured Spouse has died while this rider and the policy are inforce, we will pay the Spouse Term Benefit. The amount of this benefit is shown on the Data Page and is payable to the Beneficiary. If the Beneficiary is not living, we will pay this amount to the estate of the deceased spouse. The Owner of the policy is the Beneficiary of this benefit, unless changed after issue.

Insured Spouse. The Insured Spouse's name is shown on the application which is attached to and made a part of the policy. The Insured Spouse must be the person married to the Insured on the Effective Date of this rider.

Suicide. If the Insured Spouse commits suicide within 2 years from the Effective Date of this rider, whether sane or insane, we will not pay the benefit of this rider. Our only obligation will be to refund the premium paid for the rider, without interest.

Limits on Contesting the Rider. Except for failure to pay premiums, we will not contest this rider after it has been in force during the Insured Spouse's lifetime for 2 years from its Effective Date. Contest means that we question the validity of coverage under this policy by letter to you. This contest is effective on the date we mail the letter and refund the premium to you.

Right to Convert. The Insured Spouse may convert this rider if:

(1) The policy terminates;
(2) This rider terminates; or
(3) The Insured and the Insured Spouse are legally divorced.

This rider may be converted within 31 days of such event without evidence of insurability. Conversion must be requested in writing at least 31 days before the first of the following to occur: (1) This rider's Expiry Date; or (2) The policy anniversary next following or coincident with the Insured Spouse's 65th birthday. On the conversion date, this rider must be inforce with all due premiums paid.

L-21717

This is Unum's generic rider L-21717. The actual rider may vary by state and will include any state specific provisions.

This is a 20 year term rider.

SPOUSE TERM RIDER (Cont'd)

The Conversion Policy. The conversion policy will be a level death benefit, level premium, unisex, cash value insurance policy offered by us at the time. The face amount of the conversion policy may not exceed the amount of this rider. We will base the premium for the conversion policy on our premium rates then in use for the new plan and on the age of the Insured Spouse on the conversion date. Supplemental benefits may be added to the conversion policy with our consent. The incontestable and suicide provisions of the conversion policy will be based on the original Effective Date of this rider.

Effective Date. When this rider is issued at the same time as the policy, the Effective Date of this rider is the same as the Effective Date of the policy. A revised Data Page will show the effective date of the coverage provided by this rider if:

(1) The rider is added after the Effective Date of the policy; or
(2) The benefit provided by this rider is changed.

Termination. This rider will terminate on the first of the following to occur:

(1) The Expiry Date of this rider, as shown on the Data Page;
(2) The failure to pay premiums for this rider, subject to the Grace Period allowed;
(3) The date the policy terminates or is continued under a nonforfeiture option, if any; or
(4) The date we receive your written request for termination;
(5) The date this rider is converted, as described herein; or
(6) The date the Insured Spouse dies.

Reinstatement. If the policy is reinstated, you have the right to reinstate this rider, subject to the following requirements:

(1) The policy must have lapsed for nonpayment of premium;
(2) You must furnish us proof that the Insured Spouse to be covered is insurable. We may require a physical examination;
(3) Payment of all overdue premiums, plus 6% interest, compounded annually; and
(4) We must approve the application for reinstatement.

When these requirements are met, we will reinstate this rider as of the policy's reinstatement date. If the spouse dies before the date we reinstate this rider, we will not pay any benefits under this rider.

J. PAUL JULLIENNE
Secretary

L-21717

This is Unum's generic rider L-21717. The actual rider may vary by state and will include any state specific provisions.

PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY
Chattanooga, Tennessee

SUPPLEMENTAL BENEFITS

ACCIDENTAL DEATH BENEFIT RIDER

General information about this rider.

About This Rider. This rider provides an Accidental Death Benefit on the life of the Insured named on the Data Page. We have issued this rider as a part of the policy to which it is attached (herein called "the policy"). It is issued in consideration of the application for the policy and/or this rider and payment of the premium or deduction from the Cash Value of the monthly cost for this rider shown on the Data Page(s), amendments, or endorsements. Any reference to "you" or "your" means the Owner of the policy. All terms of the policy apply to this rider except as provided herein.

Benefits payable under this rider.

Accidental Death Benefit Amount. The amount of the Accidental Death Benefit is shown on the Data Page(s), amendments, or endorsements.

Accidental Death Benefit. We will pay this Benefit to the Beneficiary when we receive due proof at our Home Office that:

(1) The Insured died as a direct result, independent of all other causes, of accidental bodily injury;
(2) Such injury occurred while the policy and this rider were in force;
(3) Death occurred within 90 days from the date of injury; and
(4) All other terms of this rider are met.

We have the right and must be given opportunity, at our own expense, to examine the body and to make an autopsy, unless prohibited by law.

Benefits will be paid for either occurrence, but not both.

Increased Accidental Death Benefit. The Accidental Death Benefit Amount will be doubled if the Insured dies from accidental bodily injury sustained while a fare-paying passenger within a public conveyance. As used in this rider, public conveyance means a commercial aircraft, train, streetcar or motor vehicle being operated by a licensed common carrier or taxicab company for passenger service.

Seat Belt Benefit. The Accidental Death Benefit Amount will be increased by 25% if the Insured dies from accidental bodily injury sustained while driving or riding in a private passenger vehicle while wearing a properly fastened seat belt. As used in this rider, seat belt means a properly installed seat belt, lap and shoulder restraint, or other restraint approved by the National Highway Safety Administration. Verification of properly fastened seat belts will be provided in the police accident report; such report must be submitted with the claim.

The automobile must be a registered, 4-wheel private passenger vehicle that is not being used to transport passengers for hire. No benefit will be paid if the Insured is the driver of the private passenger vehicle and does not hold a current and valid driver's license.

Total Accidental Death Benefit may not exceed $150,000.

Changes In Benefit. If the policy to which this rider is attached allows for Changes in Coverage, benefits under this rider may increase or decrease with the corresponding Changes in Coverage of the policy. Changes in the amount of Accidental Death Benefit will be shown on the additional Data Page(s), amendments, or endorsements.

L-21796

This is Unum's generic rider L-21796. The actual rider may vary by state and will include any state specific provisions.

PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY
Chattanooga, Tennessee

SUPPLEMENTAL BENEFITS

ACCIDENTAL DEATH BENEFIT RIDER (Cont'd)

Exclusions. We will not pay any amount under the Accidental Death Benefit, the Increased Accidental Death Benefit or the Seat Belt Benefit of this rider if the Insured's death results directly or indirectly from any of the following:

(1) Involvement in any period of armed conflict, even if it is not declared;
(2) Suicide, while sane or insane;
(3) Disease of the body, mental infirmity or diagnostic, medical or surgical treatment;
(4) Participating or attempting to participate in an illegal activity;
(5) Voluntary use of any drugs, poisonous substance, or narcotic, except as prescribed by a Physician. Accidental exposure to any poisonous substance will not be excluded;
(6) Being legally intoxicated;
(7) Flying other than as a fare-paying passenger on a regularly scheduled commercial flight; flying as a student or private pilot; jumping, parachuting, or falling from any aircraft, including those that are not motor driven; hot air ballooning, hang gliding or flying ultralights; or
(8) Engaging in auto racing, motorcycle racing, boat racing or scuba diving.

As used in this rider, Physician means a person who is licensed by law, and is acting within the scope of the license, to treat the severe medical condition diagnosed. A Physician cannot be:

(1) You, the Insured, or anyone related to either by blood or marriage;
(2) Your or the Insured's business or professional partner; or
(3) Any person who has a financial affiliation or business interest with you or the Insured.

Effective Date. When this rider is issued or changed, the Effective Date of the coverage provided by this rider will be shown on the Data Page(s), amendments, or endorsements.

The expiry date is the policy anniversary on or next following the primary insured's 70th birthday.

Termination. This rider will terminate on the first of the following to occur:

(1) The Expiry Date of this rider, as shown on the Data Page(s), amendments, or endorsements;
(2) Failure to pay the monthly cost or premium for this rider, subject to the Grace Period allowed;
(3) The date we receive your written request that coverage be terminated; or
(4) Continuation of the policy under a Nonforfeiture Option, if any.

J. PAUL JULLIENNE
Secretary

L-21796

This is Unum's generic rider L-21796. The actual rider may vary by state and will include any state specific provisions.

PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY
Chattanooga, Tennessee

SUPPLEMENTAL BENEFITS

CHILDREN'S TERM INSURANCE RIDER

General information about this rider.

About This Rider. This rider provides term insurance on the life of any Insured Child as defined herein. We have issued this rider as a part of the policy to which it is attached (herein called "the policy"). It is issued in consideration of the application for the policy and/or this rider and payment of the premium or deduction from the Cash Value of the monthly cost for this rider shown on the Data Page(s), amendments, or endorsements. Any reference to "you" or "your" means the Owner of the policy. All terms of the policy apply to this rider except as provided herein.

Children's Term Insurance Benefit. When we receive satisfactory proof that an Insured Child has died while this rider and the policy are in force, we will pay the Children's Term Insurance Benefit to the Beneficiary. The amount of this benefit is equal to the number of units for the benefit shown on the Data Page(s) amendments, or endorsements, multiplied by $1,000. If the Beneficiary is not living, we will pay this amount to the estate of the deceased child. You are the Beneficiary of this benefit, unless changed after issue.

Insured Child. An Insured Child means an unmarried child who is at least 14 days of age and has not passed his 25th birthday, and who is residing with and dependent upon the Employee, as shown in the application for this rider, for at least 50% of the Insured Child's support as of the Effective Date of this rider. The Insured Child must be either:

(1) The Insured's child, stepchild, or legally adopted child, including a child placed with the Insured for the purpose of adoption; or
(2) Any other child related to the Insured by blood or marriage (unless either of the child's parents also resides with the Insured).

Eligibility is established on the effective date of the rider.

Such Insured Child must be:

(1) Living on the Effective Date of this rider; or
(2) Acquired on or after the Effective Date of this rider and before the:
    (a) Date of death of the Insured; or
    (b) Expiry Date of this rider shown on the Data Page(s), amendments, or endorsements.

Parameters for the addition of children after the effective date of the rider.

After we issue this rider, an Insured Child may be added:

(1) By the birth of a child who reaches the age of 14 days;
(2) By the legal adoption of a child over the age of 14 days and under 25 years of age;
(3) When the Insured marries and acquires a stepchild who is over the age of 14 days and under 25 years of age; and
(4) If such child complies with any additional requirements stated above in the definition of an Insured Child.

Each child who meets these conditions becomes an Insured Child and remains so until reaching age 25, as long as this rider remains in force.

L-21798

This is Unum's generic rider L-21798. The actual rider may vary by state and will include any state specific provisions.

PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY
Chattanooga, Tennessee

SUPPLEMENTAL BENEFITS

CHILDREN'S TERM INSURANCE RIDER (Cont'd)

Benefits After Death Of Insured. If the Death Benefit of the policy is paid, term insurance on the life of any Insured Child will be continued to the Insured Child's 25th birthday without further premium or monthly cost.

Continuation of coverage after the primary insured's death.

In order to provide this insurance, a paid-up term policy will be issued on each life. The Owner of each paid-up policy will be the person whose life is insured thereunder. The Beneficiary of each paid-up policy will be the estate of the person whose life is insured thereunder, unless some other designation is made by the Owner.

The owner is responsible for requesting conversion prior to the 25th birthday of each covered child.

Right To Convert. The insurance provided on an Insured Child by this rider may be converted without evidence of the Insured Child's insurability. Conversion must be requested in writing at least 31 days prior to the first of the following to occur:

(1) This rider's Expiry Date; or
(2) The Insured Child's 25th birthday.

On the conversion date, this rider must be in force.

The Conversion Policy. The conversion policy will be a level death benefit, level premium, unisex, cash value insurance policy offered by us at the time. This policy will have a:

(1) Coverage Effective Date/Effective Date corresponding to the Expiry Date of the insurance; being converted;
(2) Face amount of a multiple of 1 to 5 times the amount of this rider, not to exceed $50,000;
(3) Premium based on our premium rates then in use for the new plan and on the age of the Insured Child as of the conversion date;
(4) Suicide and incontestable provision based on the original Effective Date of this rider.

The cost of a conversion policy will be the first premium required for such policy. Supplemental benefits may be added to the conversion policy with our consent.

Effective Date. When this rider is issued or changed, the Effective Date of the coverage provided by this rider will be shown on the Data Page(s), amendments, or endorsements.

The expiry date is the policy anniversary on or next following the primary insured's 65th birthday.

Termination. This rider will terminate on the first of the following to occur:

(1) The Expiry Date of this rider, as shown on the Data Page(s), amendments, or endorsements;
(2) Failure to pay the monthly cost or premium for this rider, subject to the Grace Period allowed;
(3) The date the policy matures or otherwise terminates; except as described under the "Benefits after Death of Insured" section of this rider;
(4) The date we receive your written request that coverage be terminated; or
(5) The date this rider is converted, as described herein.

Coverage on an Insured Child terminates when such child reaches age 25.

L-21798

This is Unum's generic rider L-21798. The actual rider may vary by state and will include any state specific provisions.

PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY
Chattanooga, Tennessee

SUPPLEMENTAL BENEFITS

CHILDREN'S TERM INSURANCE RIDER (Cont'd)

Reinstatement. If the policy is reinstated, you have the right to reinstate this rider, subject to the following requirements:

(1) The policy must have lapsed for nonpayment of the Monthly Deductions or premiums;
(2) You must furnish us with proof that each child to be covered is still insurable. We may require physical examinations; and
(3) We must approve the application for reinstatement.

When these requirements are met, we will reinstate this rider as of the policy's reinstatement date. If a child dies before the day we reinstate this rider, we will not pay any proceeds for that child under this rider.

J. PAUL JULLIENNE
Secretary

L-21798

This is Unum's generic rider L-21798. The actual rider may vary by state and will include any state specific provisions.

PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY
Chattanooga, Tennessee

SUPPLEMENTAL BENEFITS

WAIVER OF PREMIUM IN EVENT OF TOTAL DISABILITY OF THE INSURED

General information about this rider.

About This Rider. This rider provides a Waiver of Premium Benefit for the Insured named on the Data Page. We have issued this rider as part of the policy to which it is attached (herein called "the policy"). It is issued in consideration of the application for the policy and/or this rider and payment of the premium for this rider shown on the Data Page. Any reference to "you" or "your" means the Owner of the policy. All terms of the policy apply to this rider except as provided herein.

Benefits payable under this rider.

Waiver Of Premium Benefit. We will waive or refund the payment of any premium due on the policy while the Insured is Totally Disabled. We must receive due proof that such disability has continued with no interruption for at least 6 months. Such waiver or refund will be in accordance with the mode of premium payment in effect when Total Disability begins. No premium will be waived or refunded which was due more than 1 year prior to the date on which due proof of claim is received at our Home Office.

Definition of disability is classified as any occupation.

Definition Of Total Disability. Total Disability means that due to bodily injury or sickness:
For the first 2 years of Total Disability, the Insured is:

(1) Unable to perform the substantial and material duties of his regular occupation;
(2) Not working in any other occupation; and
(3) Under the care of a Physician for the related disability.

After the first 2 years, of Total Disability, the Insured is:

(1) Unable to perform the duties of any gainful occupation for which he is reasonably fitted by training, education or experience; and
(2) Under the care of a Physician for the related disability.

The total, permanent and irrecoverable loss by the Insured of the following will be deemed Total Disability:

(1) The sight of both eyes;
(2) The use of both arms, both legs, or 1 arm and 1 leg.

As used in this rider, Physician means a person who is licensed by law, and is acting within the scope of the license, to treat the bodily injury or sickness that results in Total Disability. A Physician cannot be:

(1) You, the Insured, or anyone related to either by blood or marriage;
(2) Your or the Insured's business or professional partner; or
(3) Any person who has a financial affiliation or business interest with you or the Insured.

Recurrent Disability. A period of Total Disability due to the same or related cause as that of a prior period of Total Disability may be a continuation of the prior period. If less than 30 days have passed from the end of the prior period to the date the current Total Disability began, we will consider it to be a continuation of the prior period. If 30 days or more have passed, we will consider it to be a new period of Total Disability.

Risks Not Covered. No premiums will be waived if Total Disability:

(1) Began prior to the Effective Date of this rider;
(2) Results from any intentionally self-inflicted injury; or
(3) Results from any war or act of war whether declared or undeclared.

L-21799

This is Unum's generic rider L-21799. The actual rider may vary by state and will include any state specific provisions.

PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY
Chattanooga, Tennessee

SUPPLEMENTAL BENEFITS

WAIVER OF PREMIUM IN EVENT OF TOTAL DISABILITY OF THE INSURED (Cont'd)

Notice And Proof Of Claim. We must receive at our Home Office written proof of claim that:

(1) The Insured is Totally Disabled;
(2) Total Disability began while this rider and the policy were in force;
(3) Total Disability began before the Policy Anniversary next following or coincident with the Insured's 65th birthday; and
(4) Total Disability has continued for 6 consecutive months.

As a part of the proof of claim, we have the right to have the Insured examined, at our expense, by one or more Physicians chosen by us. Proof of claim must be received at our Home Office while the Insured is living and during the period of Total Disability. Also, it must be received within 1 year after the termination of this rider. However, if it was not reasonably possible to provide proof of claim within the time described above, premiums will be waived or refunded if proof is received as soon as reasonably possible.

Proof Of Continuance Of Total Disability. During the first 2 years after proof of claim is received, we may require satisfactory proof of continued Total Disability at reasonable intervals. After 2 years, we may require proof not more often than once a year. As part of any proof, we may require medical examinations of the Insured, at our expense, by Physicians named by us.

Resumption Of Premium Payments. We must receive immediate notice when the Insured is no longer Totally Disabled, as defined herein. At the end of Total Disability or if proof of the continuance of such disability is not sent to us when requested, all premiums due thereafter will be payable in accordance with the terms of the policy.

The expiry date is the policy anniversary on or next following the insured's 65th birthday.

Termination. This rider will terminate at the earliest of the following to occur:

(1) The Expiry Date of this rider, as shown on the Data Page. This will not cause benefits to cease for Total Disability which began before the Expiry Date;
(2) Failure to pay premiums for this rider, subject to the Grace Period allowed;
(3) The date we receive your written request that coverage be terminated; or
(4) Continuation of the policy under a Nonforfeiture Option, if any.

Effective Date. When this rider is issued or changed, the Effective Date of the coverage provided by this rider will be shown on the Data Page(s), amendments, or endorsements.

J. PAUL JULLIENNE
Secretary

L-21799

This is Unum's generic rider L-21799. The actual rider may vary by state and will include any state specific provisions.

PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY
CHATTANOOGA, TENNESSEE

SUPPLEMENTAL BENEFITS

CHRONIC CARE ACCELERATED DEATH BENEFIT RIDER

THE DEATH BENEFIT AND ANY POLICY VALUES, WHICH INCLUDE, BUT ARE NOT LIMITED TO, THE GUARANTEED CASH VALUE, SURRENDER VALUE AND LOAN VALUE, PAYABLE UNDER THE BASE POLICY WILL BE REDUCED IF AN ACCELERATED DEATH BENEFIT IS PAID.

THE ACCELERATED DEATH BENEFIT PAID MAY BE TAXABLE OR MAY AFFECT YOUR ELIGIBLITY FOR BENEFITS UNDER STATE OR FEDERAL LAW. YOU OR YOUR BENEFICIARY MAY INCUR A TAX OBLIGATION. AS WITH ALL TAX MATTERS, YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR TO ASSESS THE IMPACT OF THIS BENEFIT.

PAYMENTS MADE UNDER THIS RIDER ARE INTENDED TO QUALIFY FOR FAVORABLE TAX TREATMENT UNDER U.S. CODE 101(g).

THIS RIDER IS NOT INTENDED TO BE FEDERALLY TAX-QUALIFIED LONG TERM CARE INSURANCE UNDER INTERNAL REVENUE CODE SECTION 7702B.

About This Rider. This rider provides for the advance of all or a portion of the policy's Death Benefit due to a Chronic Illness as defined in this rider. We have issued this rider as a part of the policy to which it is attached. It is issued in consideration of the application and the payment of the additional premium for this rider as shown on the Data Page. All terms and conditions of the policy apply to this rider except as provided herein.

DEFINITIONS

Certification of the Loss of 2 ADLs for at least 90 days is a benefit trigger.

Activities of Daily Living (ADLs) mean the following activities:

(1) Bathing means washing oneself by sponge bath; in either a tub or shower, including the task of getting into or out of the tub or shower.
(2) Continence means the ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
(3) Dressing means putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
(4) Eating means feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
(5) Toileting means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
(6) Transferring means the ability to move in or out of a chair, bed or wheelchair.

The Insured will not be considered unable to perform the ADL if the Insured can perform the ADL using equipment or adaptive devices and does not require Substantial Assistance in order to do so.

Benefit Period means continuous or successive periods of Chronic Illness that:

(1) are due to the same or related condition;
(2) are not separated by more than 6 months; and
(3) occur while this rider is in force.

If separated by more than 6 months, a new Benefit Period begins subject to a new Elimination Period.

Benefit Period Maximum means the maximum amount of benefits that may be paid during a Benefit Period. This amount equals 100% of the Death Benefit of the policy at the end of the Elimination Period of each Benefit Period. No benefits will be paid under this rider once the Benefit Period Maximum has been reached.

Chronic Care Accelerated Death Benefit Rider is available with Whole Life policies effective January 1, 2022 and later. The rider is not available in CA and NY.

Chronic Illness or Chronically Ill means the Insured has been certified within the last 12 months by a Licensed Health Care Practitioner as:

(1) being unable to perform, without Substantial Assistance from another individual, at least 2 Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or

(2) requiring Substantial Supervision to protect the individual from threats to health and safety due to Severe Cognitive Impairment.

Elimination Period means 90 consecutive days beginning from the date the Insured has been certified with a Chronic Illness in a manner acceptable to us. No benefits are payable for care or service received during this time.

Insured means the person named as Insured on the Data Page.

Licensed Health Care Practitioner means a Physician, as defined in 1861 (r)(1) of the Social Security Act, a registered professional nurse, licensed social worker or other individual who meets requirements prescribed by the Secretary of the Treasury. We will not recognize a Family Member as a Licensed Health Care Practitioner.

Family Member: means:

(1) You, your spouse, the Insured or the Insured's spouse; and

(2) Any persons related to those named above, including children, parents, grandparents, grandchildren, brothers, sisters, in-law and step relatives and their respective spouses.

Licensed Health Care Practitioner's Certification means a written certification provided by a Licensed Health Care Practitioner that the Insured:

(1) is unable to perform (without Substantial Assistance) at least 2 Activities of Daily Living for a period of at least 90 days; or

(2) requires Substantial Supervision due to Severe Cognitive Impairment.

Physician means a person who:

(1) is licensed by the state to practice a healing art; and

(2) performs services for an insured which are allowed by the physician's license and the services are appropriate to the care of the insured's chronic illness.

For purposes of this definition, Physician does not include any insured or owner or anyone related to any insured or owner by blood or marriage, a business or professional partner of any insured or owner, or any person who has a financial affiliation or a business interest with any insured or owner. We will not recognize a Family Member as a Physician under this rider.

Certification of requiring substantial supervision due to Severe Cognitive Impairment is a benefit trigger.

Severe Cognitive Impairment means severe deterioration or loss in:

(1) short or long-term memory;

(2) orientation as to person, place, or time; or

(3) deductive or abstract reasoning or judgment as it relates to safety awareness.

Substantial Assistance means Hands-on or Stand-by Assistance without which the Insured would not be able to safely and completely perform the Activities of Daily Living. **Hands-on Assistance** means physical assistance (minimal, moderate or maximal) without which the Insured would not be able to perform the Activities of Daily Living. **Stand-by Assistance** means the presence of another person within arm's reach of the Insured while the Activities of Daily Living are performed.

Substantial Supervision means constant direction and management (which may include cueing by verbal prompting, gestures or other demonstrations) by another person for the purpose of protecting the Insured from threats to the Insured's health or safety.

You, Your means the Owner of the policy.

Chronic Care Accelerated Death Benefit Rider is available with Whole Life policies effective January 1, 2022 and later. The rider is not available in CA and NY.

Insured chooses either a one-time lump sum benefit or a monthly benefit of 6% of the death benefit.

BENEFITS

The Chronic Care Benefit may be paid monthly or in a one-time lump sum.

The monthly amount is 6% of the Death Benefit in effect under the policy the first day after the Elimination Period ends. The monthly amount will be reduced each month to deduct any loan interest accrued during the month.

The one-time lump sum amount is 50% of the Death Benefit in effect under the policy the first day after the Elimination Period ends.

Chronic Care

The Chronic Care Accelerated Death Benefit is a benefit which allows a portion of the Death Benefit to be advanced to you if the Insured has been certified with a Chronic Illness as defined in this rider if:

(1) it is certified while this rider is in force; and
(2) after the Elimination Period.

We will pay this benefit to you, or your estate, during the Insured's lifetime while the policy is in force, unless the benefit has been otherwise assigned or designated by you, immediately upon receipt of all of the following:

(1) a completed claim form; and
(2) proof that the Insured has been diagnosed with a Chronic Illness. Such proof will include a Licensed Health Care Practitioner's Certification, and any other medical information we deem necessary to confirm the Insured's health status; and
(3) written consent of any irrevocable Beneficiary or any assignee, if applicable, agreeing that you may elect the Death Benefit advance.

No benefits are payable for conditions other than Chronic Illness as defined in this rider.

We reserve the right to review the Insured's medical records and to obtain a second medical opinion of the Insured's medical condition at our expense. If there is a disagreement between your Physician and the Physician designated by us, a third medical opinion may be obtained, at our expense, by a mutually acceptable Physician. Such third medical opinion will be binding on both parties.

Waiver of Premium

We will waive premiums for the policy and any riders attached to the policy if the Chronic Care Accelerated Death Benefit is paid. To avoid duplication of benefits, no Waiver of Premium benefits described in this provision will be applicable during any period of total disability of the Insured as defined in any other provision of the policy, or any rider attached to it, that provides a Waiver of Premium benefit.

Waiver of premium applies as long as Monthly Benefits are paid.

Monthly Benefit

Waiver will:

(1) begin the first month benefits are paid; and
(2) continue if the Insured is still Chronically Ill after 12 months.

We reserve the right to investigate the Insured's health condition to determine if the policy should remain on waiver or if premium payments should resume.

Waiver of premium applies for 12 months after a One-time Lump Sum Benefit is paid.

One-time Lump Sum Benefit

Waiver will:

(1) begin when the benefit is paid; and
(2) continue for up to 12 months.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS

In order to determine your Eligibility for the Payment of Benefits we require the following information:

(1) the date the Insured became Chronically Ill; and
(2) a Licensed Health Care Practitioner's Certification that the Insured is unable to perform (without Substantial Assistance) at least 2 Activities of Daily Living for a period of at least 90 days or requires Substantial Supervision due to Severe Cognitive Impairment.

Licensed Health Care Practitioner's Certification must be provided at least annually.

Chronic Care Accelerated Death Benefit Rider is available with Whole Life policies effective January 1, 2022 and later. The rider is not available in CA and NY.

CLAIM INFORMATION

Effect on Claim Payment
When a claim is paid under this rider, any premiums then due and unpaid may be deducted by us from the claim payment.

Claim Forms
When we receive your notice of claim, we will provide a claim form within 15 days. If you do not receive a claim form within 15 days, proof of eligibility may be submitted by giving us a written statement of the occurrence, the character and the extent of this occurrence for which a claim is made. On all claims, we must receive a Licensed Health Care Practitioner's Certification that the named Insured is Chronically Ill.

How We Pay This Benefit
We will pay the Chronic Care Accelerated Death Benefit on a monthly basis, unless you select a one-time lump sum amount. The amount will be paid to you or your estate while the Insured is living, unless the proceeds have been otherwise assigned or designated by you.

The total amount that we pay you on a monthly or one-time lump sum basis will not exceed the applicable federal per diem limit, adjusted for the applicable payment period, as defined in Internal Revenue Code Section 7702B, as amended. If you elected to accelerate an amount that is more than the federal per diem limit, your Benefit Period will continue until the Chronic Care benefit is exhausted.

If the benefit is not paid within 31 days after satisfactory proof of a Chronic Illness is received, we will pay interest at the rate as shown in the Payment of Interest on Death Benefit provision in the policy. If you assigned this policy or named an irrevocable Beneficiary, a signed acknowledgement of concurrence for payout is required.

The sum of all the Accelerated Death Benefits payable under the policy and any attached riders shall not exceed the Face Amount shown on the Data Page. If the policy Face Amount has been reduced due to any acceleration and is less than the benefit amount listed on the Data Page, only the remaining amount may be payable.

REQUESTING AN ACCELERATION

Effect on the Premiums
If we pay a Chronic Care Accelerated Death Benefit, the premium payable after the Chronic Care Accelerated Death Benefit will not change.

Effect of Chronic Care Accelerated Death Benefit Payment on Other Benefit Provisions
Each Monthly Benefit or one-time lump sum benefit payment under this rider will reduce the following items under the policy, as applicable:

(1) Death Benefit;
(2) Guaranteed Cash Value;
(3) any indebtedness;
(4) amount available for policy loans; and
(5) amount available for advance of any part of the Death Benefit under any provision of the policy or any rider other than this rider.

Each Monthly Benefit or one-time lump sum benefit payment will reduce each of the items listed above by a proportional amount. This proportion will equal the payment divided by the Death Benefit at that time.

Upon a request to accelerate the policy Death Benefit and upon payment of the Chronic Care Accelerated Death Benefit, you and any irrevocable Beneficiary will be given a statement demonstrating the effect of the acceleration on the policy's Guaranteed Cash Value, Death Benefit, premium, and policy loans.

Any portion of the Death Benefit remaining after reduction due to payment of the Chronic Care Accelerated Death Benefit will be paid upon the Insured's death. The accelerated benefits, related charges, interest, discounts, and the balance of the Death Benefit of the life insurance contract will constitute full settlement of the Death Benefit of the policy. If the Insured dies after election of the Chronic Care Accelerated Death Benefit but before payment of the benefit is received, the election will be cancelled, and the Death Benefit will be paid pursuant to the policy.

Chronic Care Accelerated Death Benefit Rider is available with Whole Life policies effective January 1, 2022 and later. The rider is not available in CA and NY.

OTHER IMPORTANT PROVISIONS

Incontestability
We can Contest this rider or deny a claim for any material misrepresentation of a fact. In order for us to do this, the misrepresentation must have been made in the application, and a copy of the application must have been attached to the policy or to the rider. **Contest** means that we question the validity of coverage under this rider by letter to you. This Contest is effective on the date we mail the letter and refund the premium to you.

We will not Contest this rider after it has been in effect during the lifetime of the Insured for 2 years from the Effective Date of the rider or date of reinstatement, unless you fail to pay the premiums.

When This Rider Ends
All coverage provided by this rider will end on the first to occur of the following dates:
(1) the date the coverage under the policy to which this rider is attached ends;
(2) the date we receive your written request to end this rider;
(3) the date a Grace Period ends without payment of premiums for this rider; or
(4) the date the Insured dies.

If the Chronic Care Accelerated Death Benefit ends, this shall not prejudice the payment of benefits for any qualifying event that occurred while this rider was in force.

Reinstatement
If the rider terminates, as provided in the Grace Period provision of the policy to which it is attached, you may reinstate it to a premium paying status. Reinstatement may be made during the lifetime of the Insured within 5 years after the due date of the first unpaid premium unless the Surrender Value has been paid, or otherwise exhausted.

Such reinstatement is subject to:

(1) Payment of all overdue premiums with compound interest at the rate of 6% per year;
(2) Payment or reinstatement of any Debt at the due date of the first unpaid premium, with compound interest at the rate of 6% per year; and
(3) Written approval by us at our Home Office of the required evidence of insurability; however, no evidence of insurability will be required within 31 days after the end of the Grace Period.

The effective date of the reinstated rider will be the same as the effective date of the reinstated policy to which the rider is attached.

J. PAUL JULLIENNE

Secretary

ICC20 L-21900

Chronic Care Accelerated Death Benefit Rider is available with Whole Life policies effective January 1, 2022 and later. The rider is not available in CA and NY.

PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY
Chattanooga, Tennessee

SUPPLEMENTAL BENEFITS

LONG-TERM CARE BENEFIT RIDER

(Long-Term Care Confinement, Assisted Living Confinement, Home Health Care, Adult Day Care)

This rider provides an early payout of the death benefit. This is not a stand alone long term care policy.

THIS RIDER IS DESIGNED TO BE TAX-QUALIFIED LONG-TERM CARE INSURANCE UNDER SECTIONS 7702B(b) AND (e)(1) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED.

Insureds should consult a tax advisor.

NOTICE TO BUYER: This rider may not cover all of the costs associated with long-term care incurred by the Insured during the Benefit Period. You are advised to review carefully all rider limitations. Benefits paid may adversely affect eligibility for Medicaid or other government benefits. As with all tax matters, You should consult your personal tax advisor to assess the impact of this benefit.

ABOUT THIS RIDER. This rider provides benefits for Long-Term Care Confinement, Assisted Living Confinement, Home Health Care and Adult Day Care services for the Insured named on the Data Page. If the policy includes a term insurance rider on the Insured, that rider is not included in the benefit calculations under this rider. All terms of the policy apply to this rider except as provided herein.

We have issued this rider as a part of the policy to which it is attached (herein called "the policy"). It is issued in consideration of the application for the policy and/or this rider and payment of the premium or deduction from the Cash Value of the monthly cost of this rider shown on the Data Page(s), amendments, or endorsements.

NOTICE OF 30 DAY RIGHT TO CANCEL. If for any reason you are not satisfied with this rider, you may cancel it. Simply return this rider, within 30 days of the date you received it, to our Home Office address below. If this rider is returned, it will be cancelled from the beginning and any premium paid for it refunded.

CAUTION: We issued this rider based on your responses to questions in your application. A copy of your application is attached. If your responses are incorrect or untrue, or if material information was omitted in such responses, we have the right to deny benefits or to rescind your coverage under this rider. The best time to clear up any questions is now, before a claim arises. If, for any reason, any of your answers are incorrect or untrue, please contact us to make corrections at our Home Office: Provident Life and Accident Insurance Company, 1 Fountain Square, Chattanooga, Tennessee 37402.

RENEWABILITY. Coverage under this rider is guaranteed renewable. We may not cancel or reduce coverage under this rider. Only you can request that we cancel or terminate this rider. Unless you do, it will remain in force as long as the policy remains in force and required premiums for this rider are paid when due. We reserve the right to change premiums for this rider. To do so, we must change the premiums for all similar riders issued in your state on this rider form. Premiums cannot be increased because of any change in the age or health of the Insured. We will send you written notice of any change in premiums at least 60 days in advance.

There is a six-month elimination period when there is a pre-existing condition.

PRE-EXISTING CONDITIONS LIMITATION. There is a 6 month waiting period for coverage of Pre-existing Conditions. No benefits will be paid for any Benefit Period that results from a Pre-existing Condition not disclosed in the application and that starts during the first 6 months after the Effective Date of this rider. A Pre-existing Condition means a condition for which medical advice or treatment was recommended by or received from a provider of health care services within the 6 months preceding the Effective Date of this rider.

L-21826

This is Unum's generic rider L-21826. The actual rider may vary by state and will include any state specific provisions. This Long Term Care Rider is currently not available in HI, NY, and UT.

GUIDE TO RIDER PROVISIONS

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L-21826

This is Unum's generic rider L-21826. The actual rider may vary by state and will include any state specific provisions. This Long Term Care Rider is currently not available in HI, NY, and UT.

SECTION 1: DEFINITIONS

Activities Of Daily Living (ADLs): means the self-care mobility skills required by the Insured for independence in everyday living. They are:

(1) Bathing: Washing oneself by a sponge bath; or in a tub or shower, including the task of getting into or out of the tub or shower;
(2) Continence: The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag);
(3) Dressing: Putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs;
(4) Eating: Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or being fed by a feeding tube or intravenously;
(5) Toileting: Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene; and
(6) Transferring: Moving into or out of a bed, chair, or wheelchair.

The Insured will not be considered Chronically Ill if he can perform the above ADLs using equipment or adaptive devices, and does not require Substantial Assistance.

Adult Day Care: means a program for 6 or more individuals, of social and health related services provided during the day in a community group setting. Its purpose is to support frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the home in an Adult Day Care Facility.

Adult Day Care Facility: means a facility that provides Adult Day Care and meets all of the following requirements:

(1) Operates under state licensing laws and any other laws that apply;
(2) Operates at least 5 days per week for at least 6 hours per day and is not an overnight facility;
(3) Maintains a written record for each client which includes a Plan of Care and a record of services provided;
(4) Has a staff that includes a full-time director and at least 1 registered nurse (RN) who is there during operating hours for at least 4 hours per day;
(5) Maintains a full-time staff to client ratio of at least 8 to 1, respectively;
(6) Has established procedures for obtaining appropriate aid in the event of a medical emergency; and
(7) Provides a range of physical and social support services to adults including formal arrangements to provide the services of a: Physician; dietician; licensed physical therapist; licensed speech therapist; and licensed occupational therapist.

Assisted Living Facility: means a facility that is licensed by the appropriate federal or state agency to engage primarily in providing care and services sufficient to support the needs of the Insured resulting from a Chronic Illness.

An Assisted Living Facility must also:

(1) Provide care 24 hours per day;
(2) Provide Qualified Long-Term Care Services for a charge, including room and board; and
(3) Have formal arrangements for services of a Physician or nurse in the event of a medical emergency.

Assisted Living Confinement: means the Insured's confinement in an Assisted Living Facility due to Chronic Illness.

This is Unum's generic rider L-21826. The actual rider may vary by state and will include any state specific provisions. This Long Term Care Rider is currently not available in HI, NY, and UT.

SECTION 1: DEFINITIONS (Cont'd.)

Benefit Period: means continuous or successive periods of Long-Term Care Confinement, Assisted Living Confinement, Home Health Care, or Adult Day Care services that:

(1) Are due to the same or related condition;
(2) Are not separated by more than 6 months; and
(3) Occur while this rider is in force.

A Benefit Period may include, in any sequence, any or all of the following: Long-Term Care Confinement; Assisted Living Confinement; Home Health Care; and Adult Day Care. If separated by more than 6 months, a new Benefit Period begins, subject to a new Elimination Period.

Chronic Illness / Chronically Ill: mean the Insured has been certified by a Licensed Health Care Practitioner within the preceding 12-month period as:

(1) Being unable to perform (without Substantial Assistance) at least 2 Activities of Daily Living (ADLs) for a period of at least 90 days due to loss of functional capacity; or
(2) Requiring Substantial Supervision to protect himself from threats to his health and safety due to Severe Cognitive Impairment.

Elimination Period: means the first 90 days of the Benefit Period. No benefits are payable for care or services received during this time. The 90 days need not be continuous; however, it must be entirely within one Benefit Period.

Family Member: means:

(1) You, your spouse, the Insured or the Insured's spouse; and
(2) Any persons related to those named above, including children, parents, grandparents, grandchildren, brothers, sisters, in-law and step relatives and their respective spouses.

Home Health Care: means Qualified Long-Term Care Services provided to the Insured for at least 1 hour or more per day by/through a Licensed Home Health Care Agency or by a Licensed Home Health Care Professional.

Insured: means the person named as Insured on the Data Page of the policy. It does not include other persons who may be covered by riders under the policy. Any reference to "he," "him," "himself," or "his". will also refer to "she," "herself," or "her."

Licensed Health Care Practitioner: means a Physician, a registered professional nurse, a licensed social worker, or any other person who meets such requirements as may be prescribed by the Secretary of the Treasury. We will consider a person to be a Licensed Health Care Practitioner only when that person is performing tasks that are within the limits of their license, and such tasks are appropriate to the care of the Insured's Chronic Illness. We will not recognize a Family Member as a Licensed Health Care Practitioner under this rider.

Licensed Health Care Practitioner's Certification: means a written certification provided by a Licensed Health Care Practitioner that the Insured: (1) is unable to perform (without Substantial Assistance) at least 2 ADLs for a period of at least 90 days; or (2) requires Substantial Supervision due to Severe Cognitive Impairment.

This is Unum's generic rider L-21826. The actual rider may vary by state and will include any state specific provisions. This Long Term Care Rider is currently not available in HI, NY, and UT.

SECTION 1: DEFINITIONS (Cont'd.)

Home Health Care Agency: means:

(1) An organization that is licensed or certified by the appropriate licensing agency of the state where Qualified Long-Term Care Services will be provided; or certified as a home health care organization as defined under Medicare; or
(2) Any other organization that meets all of the following tests:
   a. Primarily provides nursing care and other therapeutic services;
   b. Has standards, policies and rules established by a professional group which is associated with the organization;
   c. Includes at least 1 Physician or 1 registered nurse; and
   d. Requires a Plan of Care and a written record of care or services provided to be maintained for each person served by the organization.

Licensed Home Health Care Professional: means a licensed therapist, practical nurse or vocational nurse or a registered nurse, or a certified hospice caregiver operating within the scope of their license and/or certification. A Licensed Home Health Care Professional must provide services pursuant to a Plan of Care and maintain patient records. We will not recognize a Family Member as a Licensed Home Health Care Professional under this rider.

Long-Term Care Facility (LTC Facility): means a facility (including nursing, hospice, rehabilitation, Alzheimer's or residential care facilities) that is licensed by the appropriate federal or state agency to engage primarily in providing care and services sufficient to support the needs of the Insured resulting from a Chronic Illness.

A LTC Facility must also:

(1) Provide care 24 hours per day;
(2) Provide 3 meals per day, including special dietary requirements;
(3) Have at least 1 employee on duty at all times who is awake, trained and ready to provide care;
(4) Have formal arrangements for services of a Physician or nurse in the event of a medical emergency;
(5) Be authorized to administer medication to patients on the order of a Physician;
(6) Have accommodations for at least 3 inpatients in one location; or be a facility that provides a formal program of care for terminally ill patients whose life expectancy is less than 6 months, provided on an inpatient basis and directed by a Physician, such as a hospice facility; and
(7) Be Medicare certified; or be a similar facility approved by us.

NOTE: If a facility has multiple licenses or purposes, a portion, ward, wing or unit thereof will qualify as a LTC facility only if it:

(1) Meets all the above criteria;
(2) Is authorized by its license, to the extent that licensing is required by law to provide such care to inpatients; and
(3) Is primarily engaged in providing not only room and board, but also care and services, which meet all of the above criteria.

This is Unum's generic rider L-21826. The actual rider may vary by state and will include any state specific provisions. This Long Term Care Rider is currently not available in HI, NY, and UT.

SECTION 1: DEFINITIONS (Cont'd.)

A Long-Term Care Facility (LTC Facility) Is NOT:

(1) A hospital or clinic;
(2) A sub-acute hospital or unit;
(3) A place which operates primarily for the treatment of alcoholism or drug addiction;
(4) The Insured's primary place of residence in an area used principally for independent residential living (including, but not limited to, boarding homes and adult foster care facilities); or
(5) A substantially similar establishment.

Long-Term Care Confinement: means the Insured's confinement in a LTC Facility due to Chronic Illness.

Maximum Lifetime Benefit: means the amount which equals 100% of the Death Benefit of the policy, less any Debt, at the end of the Elimination Period. A payment or advance of any part of the Death Benefit under any provision of the policy or any rider other than this rider will reduce the Maximum Lifetime Benefit payable under this rider by the requested amount of such payment or advance.

The Maximum Lifetime Benefit is the maximum amount of benefits which may be paid over the term of this rider. No benefits will be paid under this rider once the Maximum Lifetime Benefit has been reached. In no event will the benefits paid under any provision of the policy, or any rider attached thereto providing a payment or advance of any part of the Death Benefit, ever exceed the Death Benefit, except as otherwise explicitly stated. The Maximum Lifetime Benefit will be reduced by any policy loan made after benefits have begun.

Medicaid: means the reimbursement system under Title XIX of the Federal Social Security Act, as amended.

Medicare: means the reimbursement system under Title XVIII of the Federal Social Security Act, as amended.

Physician: means a doctor of medicine or osteopathy licensed to practice medicine and surgery by the state in which such function or action is performed. We will consider a person to be a Physician only when this person is performing tasks that are within the limits of their medical license, and such tasks are appropriate to the care of the Insured's Chronic Illness. We will not recognize a Family Member as a Physician under this rider.

Plan Of Care: means a written plan prescribed by a Licensed Health Care Practitioner, based upon an evaluation of the Insured's level of functional capacity. The Plan of Care must describe the necessary services to be performed, the frequency, the type of care, and the most appropriate providers for such care. The care described must be in accordance with acceptable medical and nursing standards of practice and must be appropriate for the Chronic Illness of the Insured.

Qualified Long-Term Care Services: means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and maintenance or personal care services, which are:

(1) Required by a Chronically Ill Insured; and
(2) Provided pursuant to a Plan of Care.

These services must be in a Long-Term Care Facility, Assisted Living Facility, by/through a Home Health Care Agency, by a Licensed Home Health Care Professional or in an Adult Day Care Facility.

Qualified Long-Term Care Services do not include any of the following: Physician charges; hospital and laboratory charges; prescription or non-prescription medication; medical supplies; durable medical equipment; transportation and items or services furnished for the beautification, comfort, convenience, or entertainment of the Insured.

L-21826

This is Unum's generic rider L-21826 The actual rider may vary by state and will include any state specific provisions. This Long Term Care Rider is currently not available in HI, NY, and UT.

SECTION 1: DEFINITIONS (Cont'd.)

Severe Cognitive Impairment: means the Insured's severe deterioration or loss in:
(1) Short or long term memory;
(2) Orientation as to person, place, or time; or
(3) Deductive or abstract reasoning or judgment as it relates to safety awareness.

Specified Amount: means "Face Amount" as the context of the policy requires.

Substantial Assistance: means stand-by or hands-on assistance without which the Insured would not be able to safely and completely perform the ADLs. Stand-by assistance means the presence of another person within arm's reach of the Insured while the ADLs are performed. Hands–on assistance means physical assistance from another person (minimal, moderate, or maximal) without which the Insured would not be able to perform the ADL.

Substantial Supervision: means continual supervision (which may include cueing by verbal prompting, gestures or other demonstrations) by another person for the purpose of protecting the Insured from threats to his health or safety.

You, Your: means the Owner of the policy.

SECTION 2: MONTHLY COST / PREMIUM INFORMATION

Monthly Cost (Or Premium): The monthly cost (which in some policy forms is called premium) for this rider will be shown on the Data Page(s) of the policy.

We reserve the right to change premiums for this rider. To do so, we must change the premiums for all similar riders issued in your state on this rider form. Premiums cannot be increased because of any change in the age or health of the Insured. We will send you written notice of any change in premiums at least 60 days in advance.

There is an inherent waiver provision built into the policy.

Waiver (Or Credit) Amounts: During the period for which we are paying benefits under this rider, we will credit the Monthly Deductions as a Net Premium or waive or refund the payment of each premium becoming due under the policy. If benefits are no longer payable under this rider, Monthly Deductions or premium payments must resume. We will notify you of the amount of your next premium payment and the date it is due.

Refund Of Premium At Death: If the Insured dies while this rider is in force, we will refund any pro-rata portion of the premium paid covering the period after such death. We will make the refund within 30 days after we receive written notice of death. Payment will be made to you or your estate if one has been established. If there is no estate, the refund will be paid, at our option, to a Family Member or another recipient deemed entitled to such payment.

Refund Of Premium Due To Termination: If this rider is terminated, we will refund the premium paid for any period beyond the date of termination. The refund will be made within 30 days of the effective date of such termination. Such payments will be made to you, unless you specify otherwise.

This is Unum's generic rider L-21826. The actual rider may vary by state and will include any state specific provisions. This Long Term Care Rider is currently not available in HI, NY, and UT.

SECTION 3: BENEFIT PROVISIONS

Eligibility For Benefits: The Insured will be eligible for benefits if, on or after the Effective Date of this rider and while this rider is in effect, he becomes Chronically Ill. No other person is eligible for coverage under this rider.

Conditions For Payment Of Benefits: Benefits under this rider will become payable once all of the following conditions are met:

(1) The Insured must satisfy the 90 day Elimination Period;
(2) The Insured must be receiving Qualified Long-Term Care Services;
(3) You must obtain and provide us with a Licensed Health Care Practitioner's Certification and any other required supporting documentation; and
(4) We must approve your claim.

SECTION 4: MONTHLY BENEFIT AMOUNTS

Benefits payable based on the type of care provided.

LTC Facility Benefit: For each Benefit Period, the monthly benefit amount is the lesser of: (1) 6% of the Death Benefit, less any policy Debt, as of the end of the Elimination Period; or (2) $3,000.

Assisted Living Facility Benefit: For each Benefit Period, the monthly benefit amount is the lesser of: (1) 6% of the Death Benefit, less any policy Debt, as of the end of the Elimination Period; or (2) $3,000.

Home Health Care Agency Or Licensed Home Health Care Professional Benefit: For each Benefit Period, the monthly benefit amount is the lesser of: (1) 4% of the Death Benefit, less any policy Debt, as of the end of the Elimination Period; (2) the actual monthly costs incurred for Home Health Care; or (3) $1,500.

Adult Day Care Benefit: For each Benefit Period, the monthly benefit amount is the lesser of: (1) 4% of the Death Benefit, less any policy Debt, as of the end of the Elimination Period: (2) the actual monthly costs incurred for Adult Day Care; or (3) $1,500.

Prior Rider Benefits Paid: In determining the monthly benefit amount payable, the Death Benefit at the end of the Elimination Period is reduced by the total amount of Qualified Long-Term Care Services benefits paid during all previous Benefit Periods.

Change In Benefit Amount: During a Benefit Period the amount of benefit will be unaffected by changes in the Death Benefit, except that if a Partial Surrender, a decrease in Specified Amount, or a policy loan occurs during a Benefit Period at your request, the amount of benefit will be re-determined. The revised benefit, and future payments in this Benefit Period, will be based on the Death Benefit as it exists immediately following the Partial Surrender, decrease in Specified Amount or policy loan. The monthly benefit amount payable during a Benefit Period will not change on account of any increase in the Death Benefit of the policy.

L-21826

This is Unum's generic rider L-21826. The actual rider may vary by state and will include any state specific provisions. This Long Term Care Rider is currently not available in HI, NY, and UT.

SECTION 5: PAYMENT OF MONTHLY BENEFIT AMOUNTS

For a partial month of long-term care, benefits are payable on a prorata basis. 1/30th of the monthly benefit amount will be paid for each 24-hour day of Qualified Long-Term Care Services. We will also prorate for any change during the month from a LTC Facility Benefit Amount (4%) or an Assisted Living Facility Benefit Amount (4%), to the Home Health Care Agency or Licensed Home Health Care Professional Benefit Amount (2%), or the Adult Day Care Benefit Amount (2%), as well as if the situation were reversed.

If a new term of long-term care occurs within the same Benefit Period as a previous term, benefits are resumed at the appropriate monthly benefit amount. Such benefits are subject to the Maximum Lifetime Benefit.

If more than one Chronic Illness contributes to the long-term care, the monthly benefit amount payable remains the same as for a single cause.

Subject to the Maximum Lifetime Benefit:

(1) During a Benefit Period, We will pay the appropriate Monthly Benefit Amount for each month of long-term care; and
(2) Termination of this rider will not affect payment of the Monthly Benefit Amount for the remainder of the Benefit Period, provided the policy has not terminated.

SECTION 6: IMPACT ON POLICY

Each monthly benefit payment will reduce the following items under the policy, as applicable:

(1) Death Benefit;
(2) Cash Value;
(3) Any policy Debt;
(4) Amount available for policy loans;
(5) Surrender Charges; and
(6) Amount available for advance of any part of the Death Benefit under any provision of the policy or any rider other than this rider.

Each monthly benefit payment will reduce each of the items listed above by a proportional amount. This proportion will equal the monthly benefit payment divided by the Death Benefit at that time. A prorata reduction will be made for a partial month of payment.

This is Unum's generic rider L-21826. The actual rider may vary by state and will include any state specific provisions. This Long Term Care Rider is currently not available in HI, NY, and UT.

SECTION 7: LIMITATIONS AND EXCLUSIONS

Exclusions: This rider does not pay benefits for:

(1) A Pre-existing Condition that starts during the first 6 months after the Effective Date of this rider;
(2) Mental or nervous disorders; however, Alzheimer's Disease and related degenerative and dementing illnesses are covered;
(3) Alcoholism, alcohol abuse, drug addiction or drug abuse;
(4) Chronic Illness resulting from:
- War or any act of war, whether declared or undeclared, or service in any armed forces or auxiliary units thereto;
- Intentionally self-inflicted injuries or attempted suicide;
- Participation in a felony, riot or insurrection; and
- Aviation (if a non-fare paying passenger);

(5) Care or treatment of which there is no charge in the absence of insurance;
(6) Services provided by a Family Member; and
(7) Care or treatment while residing or confined outside the United States and Canada.

Non-Duplication of Benefits: Qualified Long-Term Care Services do not include charges covered under any of the following:

(1) Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amounts);
(2) Any other government program or facility (except Medicaid); and
(3) Any state or federal worker's compensation, employer's liability or occupational disease law, or under any motor vehicle no-fault law.

SECTION 8: TERMINATION PROVISIONS

Rider Termination: This rider will terminate upon the earliest of the following:

(1) The date we receive your written request to terminate this rider. Such termination will not affect payments if the Insured is confined at the time of termination;
(2) Failure to pay the monthly cost (or premium) for this rider, subject to the Grace Period allowed;
(3) The policy matures or otherwise terminates;
(4) Continuation of the policy under a Nonforfeiture Option, if any; or
(5) The Maximum Lifetime Benefit is reached.

Benefits Termination: Benefit payments under this rider will end upon the earliest of the following:

(1) Insured is no longer Chronically Ill;
(2) Expiration of the Insured's Licensed Health Care Practitioner's Certification;
(3) Insured is no longer receiving Qualified Long Term Care Services in a LTC Facility or an Assisted Living Facility, or 30 days after such Insured is no longer receiving Home Health Care or Adult Day Care services; or
(4) Maximum Lifetime Benefit is reached.

L-21826

This is Unum's generic rider L-21826. The actual rider may vary by state and will include any state specific provisions. This Long Term Care Rider is currently not available in HI, NY, and UT.

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SECTION 9: GENERAL PROVISIONS

Effective Date: When this rider is issued or changed, the Effective Date of the coverage provided by this rider will be shown on the Data Page(s), amendments, or endorsements.

Reinstatement: If the policy lapses and you reinstate it later, this rider may also be reinstated at our option. The reinstated rider will only provide benefits for Qualified Long-Term Services which begin after the date of the reinstatement and will be subject to all conditions of the rider and policy. In all other respects, your rights and our rights will be the same as before the policy lapsed, unless there are special conditions that apply to the reinstatement. If there are special conditions, they will be endorsed on or attached to the reinstated policy.

Incontestability: If this rider has been in force for less than 6 months, we may rescind it or deny an otherwise valid claim if the application contained a misrepresentation that is material to the acceptance of such application.

If this rider has been in force for at least 6 months but less than 2 years, we may rescind it or deny an otherwise valid claim if the application contained a misrepresentation that is both material to the acceptance of such application and which pertains to the conditions of such Chronic Illness.

If this rider has been in force for 2 years or more, it may be rescinded only upon a showing that you knowingly and intentionally misrepresented relevant facts relating to the Insured's health.

Any increase in coverage or reinstatement of coverage, as requested by application from you, shall begin a new contestable period for the amount of the increase or reinstated coverage from the effective date of such increase or reinstatement.

If we have paid benefits under this rider, the benefit payments may not be recovered by us in the event that this rider is rescinded, unless the rescission is due to your fraudulent misstatements.

Conformity With Federal Statutes: We have designed this rider to be qualified long-term care insurance under Sections 7702B(b) and (e)(1) of the Internal Revenue Code of 1986, as amended. If in the future changes are needed to maintain the tax status of this rider, we will make every reasonable effort to amend this rider to maintain its tax status. You will be given the opportunity to amend this rider in order to preserve its favorable income tax treatment. If the required changes are not made, this rider may lose its status as tax-qualified long-term care insurance.

L-21826

This is Unum's generic rider L-21826. The actual rider may vary by state and will include any state specific provisions. This Long Term Care Rider is currently not available in HI, NY, and UT.

SECTION 10: CLAIM INFORMATION

Notice Of Claim: You must give us notice of claim at our Home Office within 30 days of the date of the Insured's Chronic Illness. The notice should include your name, the Insured's name and policy number. If it is not possible for you to give us notice within this time limit, it must be given as soon as reasonably possible.

Claim Forms: We will send you our initial claim forms when we receive your notice of claim. If you do not receive our claim forms within 15 days after notice of claim is given, you can send us written proof of claim without waiting for the forms.

Proof Of Claim: You must give us initial proof of claim, at your expense, no later than 90 days after the date the Insured's Chronic Illness begins. If it is not possible for you to give proof within this time limit, we will not reduce or deny your claim if proof is given as soon as reasonably possible. However, proof of claim must be given no later than 1 year after the time proof is otherwise required, unless you are legally incapacitated. The proof of claim must include:

(1) The date the Chronic Illness began;
(2) The cause and extent of the Chronic Illness; including restrictions and limitations preventing the Insured from performing the ADLs or causing Severe Cognitive Impairment;
(3) A Licensed Health Care Practitioner's Certification;
(4) A copy of the Insured's Plan of Care;
(5) A Physician's statement and/or copies of relevant medical records from any Physician or health care provider involved in the Insured's care;
(6) The name and address of any hospital or institution where the Insured received treatment, and/or the name and address of any health care provider who treated the Insured, including all attending Physicians; and
(7) Verification of proof of care or services provided.

In addition, we may require at our expense that the Insured or his caregiver provide or participate in one or more of the following as proof of claim:

(1) A personal interview with the Insured and/or a review of his records by our representative at such time and with such frequency as we reasonably require;
(2) An independent medical examination or functional capacity evaluation. This may include related tests that are reasonably necessary to the performance of the examination or evaluation by a Physician or specialist appropriate for the condition; and at such time and place and with such frequency as we reasonably require. We reserve the right to select the examiner. We will pay for the examination, including the costs associated with the Insured's travel to the examination, if the examination cannot be conducted locally; and/or
(3) Such other proof as we deem necessary.

We reserve the right to request additional information necessary to our claim determination from you, the Insured, the Insured's Physician, or other health care providers. You must promptly sign and return any forms we require in order to process your claim.

We will request proof of continued Chronic Illness or an updated written Plan of Care at intervals determined by us.

You must respond within 30 days of the request for an updated Plan of Care, proof of continued Chronic Illness or additional information for us to continue to evaluate and process your claim. We reserve the right to deny your claim or stop sending payment if the appropriate information is not submitted.

You must notify us immediately when the Insured is no longer Chronically Ill or is no longer receiving Qualified Long-Term Care Services.

L-21826

This is Unum's generic rider L-21826. The actual rider may vary by state and will include any state specific provisions. This Long Term Care Rider is currently not available in HI, NY, and UT.

SECTION 10: CLAIM INFORMATION (Cont'd.)

When Claims Are Paid: Benefits will be paid before the end of the month for each day for which benefits were entitled during the prior month. Benefit payments will end as provided in the Rider Termination provision of this rider.

Legal Actions: No legal action may be brought to recover on this rider:
(1) Before 60 days after you send us written proof of loss; or
(2) More than 5 years from the date we require written proof of loss to be given.

To Whom Claims Are Paid: All benefits are payable directly to you unless at the time of claim you have requested in writing that payment be made otherwise.

If the Insured is eligible to receive a benefit and he dies prior to receiving the benefit payment, any remaining benefits that are owed will be payable to the Insured's estate, if one has been established. In the event that there is no estate, the remaining benefits will be paid, at our option, to the Family Member(s) or to another recipient deemed by us to be entitled to such benefits. If we pay benefits in good faith under this provision, we will have satisfied our obligations under this rider and will not have to pay such benefits again.

Claim Overpayment: If for any reason benefits have been paid for a period for which benefits were not due, repayment of the overpayment must be made to us within 45 days of notice to you. We may recover any amounts not repaid by offsetting them against any amount otherwise payable to you under this rider or by other reasonable means.

Right Of Appeal: We will notify you in writing if we do not approve your claim or any part of a claim, and provide you with a written explanation of the reasons for the denial.

If you are not satisfied with the reason for the denial, you have the right to appeal any claim decision and may ask to have the claim reviewed by us. Your appeal must be in writing and must be sent to us within 90 days of your denial notice. You should include all supporting materials or information that will help us to review the claim. We will review your appeal and all new information submitted and notify you of our decision within 60 days of receiving your appeal. If special circumstances require an extension of time for processing, you will be notified of the reasons for the extension and the date by which we expect to make a decision. A decision shall be made no later than 120 days following receipt of the initial request for review. We can extend the time period if we have not received needed information from you. In some cases, we may request that you provide additional information to assist in the review. With proper authorization, you may request copies of the pertinent relevant documents we used to review your claim.



J. PAUL JULLIENNE
Secretary

L-21826

This is Unum's generic rider L-21826. The actual rider may vary by state and will include any state specific provisions. This Long Term Care Rider is currently not available in HI, NY, and UT.

PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY
Chattanooga, Tennessee

SUPPLEMENTAL BENEFITS

RESTORATION BENEFITS RIDER

About This Rider. This rider restores the policy values on a monthly basis as benefits are paid under the Long-Term Care Benefit Rider. We have issued this rider as part of the policy to which it is attached (herein called "the policy"). It is issued in consideration of the application for the policy and/or this rider, the Long-Term Care Benefit Rider and payment of the premium or deduction from the Cash Value of the monthly cost of this rider shown on the Data Page(s), amendments, or endorsements. Reference to "you" or "your" means the Owner of the policy. All terms of the policy and the Long-Term Care Benefit Rider apply to this rider except as provided herein.

Benefits. Benefits under this rider will restore 100% of the following policy values:

(1) Specified Amount;
(2) Death Benefit; and
(3) Cash Value.

The restored policy values shall equal 100% of the amount of the policy values which were reduced when benefits were paid under the Long-Term Care Benefit Rider. In addition, any applicable policy Surrender Charges will be restored.

The terms, conditions, exclusions and limitations of the Long-Term Care Benefit Rider govern the payment of restored benefits under this rider. The restored benefits will not be available for additional claims made with the Long-Term Care Benefit Rider.

Benefits Begin. Restoration Benefits begin following the first full month for which benefits are paid under the Long-Term Care Benefit Rider. Subsequent restorations shall be made on a monthly basis coinciding with the payment of benefits under the Long-Term Care Benefit Rider.

Benefits End. Restoration Benefits end on the first of the following to occur:

(1) An amount equal to the Maximum Lifetime Benefit, as defined in the Long-Term Care Benefit Rider, has been paid under this rider;
(2) The sum of all restored benefit payments equals the Death Benefit, less Debt, on the day benefits became payable under the Long-Term Care Benefit Rider; or
(3) The Insured no longer meets the Conditions for Payment of Benefits under the Long-Term Care Benefit Rider.

Incontestability. The coverage provided by this rider may only be contested on the same basis as the Long-Term Care Benefit Rider.

Waiver. While policy benefits are being restored under this rider, the Monthly Cost (or Premium) will be waived. Once benefits end, we will no longer waive the cost or premium for the policy and any riders in force.

Effective Date. When this rider is issued or changed, the Effective Date of the coverage provided by this rider will be shown on the Data Page(s), amendments, or endorsements.

L-21828-1

This is Unum's generic rider L-21828-1. The actual rider may vary by state and will include any state specific provisions. Not approved in all states.

PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY
Chattanooga, Tennessee

SUPPLEMENTAL BENEFITS

RESTORATION BENEFITS RIDER (Cont'd.)

Termination. This rider will terminate on the earliest of the following to occur:
(1) The date we receive your written request that coverage be terminated;
(2) Benefits End as defined in this rider;
(3) The Long-Term Benefit Rider terminates; or
(4) The policy matures or otherwise terminates.

Reinstatement. If this rider lapses, it may be reinstated if the policy and the Long-Term Care Benefit Rider are in force or reinstated, subject to our approval. The reinstated rider will only provide benefits for care, services, or confinement which begins after the date of reinstatement, subject to all of the terms, conditions, exclusions and limitations of the policy and Long-Term Care Benefit Rider.

J. PAUL JULLIENNE
Secretary

L-21828-1

This is Unum's generic rider L-21828-1. The actual rider may vary by state and will include any state specific provisions. Not approved in all states.

PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY
Chattanooga, Tennessee

SUPPLEMENTAL BENEFITS

ACCELERATED BENEFIT LIVING BENEFIT OPTION RIDER

General information about this rider.

About this Rider. This rider provides a Living Benefit Option for the Insured named on the Data Page(s) amendments, or endorsements. We have issued this rider as a part of the policy to which it is attached (herein called "the policy"). There is no additional premium/cost required for this rider. Any reference to "Specified Amount" will mean "Face Amount" as the context of the policy requires. Reference to "you" or "your" means the Owner of the policy. All terms of the policy apply to this rider except as provided herein.

Rider Conditions.

IMPORTANT: THE BENEFIT PAID UNDER THIS RIDER MAY BE TAXABLE OR MAY AFFECT ELIGIBILITY FOR BENEFITS UNDER STATE OR FEDERAL LAW. AS WITH ALL TAX MATTERS, YOU SHOULD CONSULT YOUR TAX ADVISOR TO ASSESS THE IMPACT OF THIS BENEFIT.

Proceeds are paid to the owner.

Living Benefit Option. You may exercise this Living Benefit Option (called "this Option") to request an advance of the Death Benefit proceeds defined in the policy. You may request this Living Benefit when the Insured has been diagnosed by his Physician as having a severe medical condition resulting in a drastically limited life span of 12 months or less for which there is no reasonable prospect for recovery.

This Option may be exercised only once under the policy. If requests under more than one policy are pending with us at the same time, we will process the requests in the order we received them.

As used in this rider, Physician means a person, who is licensed by law, and is acting within the scope of the license, to treat the severe medical condition diagnosed. A Physician cannot be:
(1) You, the Insured, or anyone related to either by blood or marriage;
(2) Your or the Insured's business or professional partner; or
(3) Any person who has a financial affiliation or business interest with you or the Insured.

Requested Amount of the Living Benefit. At the time you exercise this Option, you must indicate the Requested Amount of the Living Benefit (called "Requested Amount"). At the time this Option is exercised, the Requested Amount is subject to:

Provides a maximum of 100% or the requested amount.

(1) A maximum of 100% of the Death Benefit of the policy; and
(2) Our minimum amount guidelines in effect.

Living Benefit Proceeds. The Living Benefit Proceeds equal the excess of the Requested Amount over the sum of (1) and (2) and (3) and (4), where:

The amount deducted from the requested amount before proceeds are paid.

(1) Is any premium or Monthly Deduction due and unpaid at the time we approve your request.

(2) Is a one-time administrative fee in effect at the time this Option is exercised, not to exceed $200.

(3) Is an amount which reflects the actuarial loss of interest on the Living Benefit Proceeds. This amount will be based on (a) and (b), where:
(a) Is the policy loan interest rate applicable for the policy; and
(b) Is our assumptions of reduced life expectancy; and

(4) Is a reduction to repay a portion of any Debt. The amount of the reduction will be determined as (a) multiplied by (b), where:
(a) Is any Debt; and
(b) Is the Requested Amount divided by the Death Benefit at the time we approve your request.

L-21823

This contract is Unum's generic rider L-21823. The actual rider may vary by state and will include any state specific provisions.

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PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY
Chattanooga, Tennessee

SUPPLEMENTAL BENEFITS

ACCELERATED BENEFIT LIVING
BENEFIT OPTION RIDER (Cont'd)

Living Benefit Proceeds (Continued). The amount of the Living Benefit Proceeds payable under this rider is subject to a maximum of $150,000, regardless of the number of policies in force for the Insured with a living benefit included. A reduction will be made from this maximum for the amount required to repay a portion of any Debt as described herein. The benefit amount will be paid in a lump sum to you.

Lump sum is paid to the owner.

Upon the death of the Insured, the Death Benefit proceeds of the policy, reduced by the Requested Amount, will be payable to the Beneficiary. The percentage designation for any such Beneficiary will apply to such reduced Death Benefit proceeds. Unless otherwise provided in the exercise of this Option, you may neither commute, anticipate, assign, alienate nor otherwise encumber any payment under this Option. So far as allowed by law, any proceeds payable under this rider will not be subject to:

(1) Claims of any payee's creditors; or
(2) Legal process against any payee.

These conditions must be met in order for the rider to be exercised.

Conditions: The exercise of this Option is subject to all of the following conditions:

(1) Our receipt of a Living Benefit Request form, completed to our satisfaction;

(2) Proof that the Insured has been diagnosed, after the Effective Date of this rider, with a severe medical condition resulting in a drastically limited life span of 12 months or less, for which there is no reasonable prospect for recovery. Such proof:

(a) Will include a statement from the Insured's Physician, and any other medical information we deem necessary to confirm the Insured's health status; and

(b) Must be received by us during the Insured's lifetime;

(3) The policy and this rider must be in force (other than as Extended Term Insurance or Reduced Paid-Up Insurance) at the time of such diagnosis;

(4) Our receipt of written consent of any irrevocable Beneficiary or assignee, if applicable, agreeing that you may exercise this Option. We also have the right to require written consent from the Insured, a spouse, or other beneficiaries, or any other person if we believe such person's consent is necessary to protect our interests; and

(5) The amount payable on Surrender or maturity of the policy and the amount available for future policy loans will be reduced by an amount equal to a prorata portion of the Cash Value of the policy. Such prorata portion will be the same proportion to the Cash Value as the Requested Amount is to the Death Benefit of the policy at the time we approve your request. In no case will the Requested Amount reduce the amount payable on Surrender or maturity to less than zero.

We reserve the right to require confirmation of the medical condition by an additional examination by a Physician of our choice. Any additional examination will be at our expense and will be considered the final opinion.

L-21823

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PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY
Chattanooga, Tennessee

SUPPLEMENTAL BENEFITS

ACCELERATED BENEFIT
LIVING BENEFIT OPTION RIDER (Cont'd)

Conditions (Continued): If the death of the Insured occurs before approval of the payment of the Living Benefit, no benefit will be payable under this rider. Our liability will be discharged to the extent of any payment made or action taken prior to receipt of proof of the death of the Insured.

The exercise of this Option will not affect future premiums becoming due or Monthly Deductions required for the policy, except as provided in the Waiver Benefit provision. If the Living Benefit Proceeds are paid, no new coverage can be added to the policy.

Provides for a waiver of monthly deduction.

Waiver Benefit: For 12 months following the date we approve your request to exercise this Option, we will credit the Monthly Deductions as a Net Premium, or waive or refund the payment of each premium becoming due under the policy on or after that date.

If the Insured is still living 12 months after the benefit has been paid, we reserve the right to investigate his health condition to determine if the policy should remain on Waiver Benefit, or if premium payments or Monthly Deductions should resume. If proof of the continuance of such condition is not received by us when requested, all premium payments or Monthly Deductions becoming due thereafter, will be payable in accordance with the terms of the policy.

To avoid any duplication of benefits, this Waiver Benefit will not apply during any period in which the Insured is receiving waiver of premiums or Monthly Deduction benefits provided by another rider attached to the policy.

Effective Date. When this rider is issued or changed, the Effective Date of the coverage provided by this rider will be shown on the Data Page(s), amendments, or endorsements.

The expiry date is the policy anniversary on or next following the Insured's 99th birthday.

Termination. This rider will terminate on the first of the following to occur:

(1) The Expiry Date of this rider, as shown on the Data Page(s), amendments, or endorsements;
(2) The date the policy matures or otherwise terminates;
(3) The date we receive your written request that coverage be terminated;
(4) Continuation of the policy under a Nonforfeiture Option, if any; or
(5) Death of the Insured.

Reinstatement. If the policy lapses and you reinstate it later, you have the right to reinstate this rider if this Option has not been exercised prior to such reinstatement. If this Option has been exercised:

(1) This rider cannot be reinstated; and
(2) The Death Benefit proceeds under the reinstated policy will be reduced by the Requested Amount; and
(3) Any amounts payable on Surrender or maturity under the reinstated policy will be reduced by a prorata portion of the Cash Value of the policy. Such prorata portion will be the same proportion to the Cash Value as the Requested Amount is to the Death Benefit of the policy at the time we approve your request.



J. PAUL JULLIENNE
Secretary

L-21823

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Unum's voluntary whole life insurance is an employee-owned complement to group term coverage. It can pay a benefit in the event of the policyholder's death and the premiums are guaranteed. The cash value is based on the non-forfeiture interest rate of 3.75% shown in the policy contract and the 2017 CSO mortality table. Spouse and child coverage are available, along with other optional benefits.

Underwritten by:
Provident Life and Accident Insurance Company
1 Fountain Square, Chattanooga, TN 37402
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