

CALCASIEU PARISH SCHOOL BOARD
Voluntary Employee Life Benefits and
Voluntary Dependent Life Benefits

Trustmark
LIFE INSURANCE COMPANY

TRUSTMARK LIFE INSURANCE COMPANY
400 Field Drive
Lake Forest, Illinois 60045
(847) 615-1500
(Herein We, Us, and Our)

Voluntary Life, Accelerated Life Benefit, Voluntary Dependent Life Benefits

Policyholder: CALCASIEU PARISH SCHOOL BOARD
Policyholder Effective Date: May 1, 2026
Certificate Effective Date: May 1, 2026
Group ID: JH395

This booklet is Your Individual Certificate of Insurance (Certificate) while You are insured. It briefly explains the rights and benefits that are determined by the Master Policy. The Policy is a contract between the Policyholder and Us.

The Policy alone constitutes the agreement under which payments are made. We will pay the benefits set forth in the Policy. Benefit payment is governed by all the terms, conditions, and limitations of the Policy. The Policy may be amended at any time without Your consent or notice to You. Any such amendment will not affect any charge Incurred before the amendment takes effect.

The Policy may be inspected at Our office by any Policyholder, Covered Person, or beneficiary during regular business hours.

This Certificate was issued on the basis that the information on Your Employee enrollment form was correct and complete. **If any of the information on the enrollment form was not correct or complete, write to Us within 10 days of receipt of this Certificate. An error or omission may result in loss of coverage as of its effective date.**

DISCLOSURE - PLEASE BE ADVISED: The receipt of the Accelerated Life Benefit may be taxable. Assistance should be sought from a personal tax advisor.

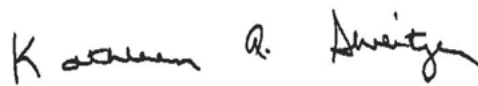
This Certificate automatically supersedes any other Certificate We previously issued to You.

Please read this Certificate carefully.

TRUSTMARK LIFE INSURANCE COMPANY



Randall H. Weinstock
President



Kathleen A. Sweitzer
Secretary

TCLATLCV40003/LI

This privacy notice (“Notice”) is provided on behalf of the following insuring companies (collectively “Trustmark” “us”, “our”, “we”):

Trustmark Insurance Company
Trustmark Life Insurance Company
Trustmark Life Insurance Company of New York

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES OUR INSURANCE INFORMATION PRIVACY PRACTICES AND YOUR PRIVACY RIGHTS AND CHOICES. IT DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Privacy Commitment

We understand that when you share personal information with us, you expect it to be protected. That’s a responsibility we take seriously. This Notice explains what we collect, how we use it, how we keep it safe, and the choices available to you.

What Information This Notice Covers

This Notice applies to the personal information (PI) we collect and maintain in connection with providing insurance products and services. PI includes non-public information that identifies you. Depending on your coverage, PI may also include protected health information (PHI), which is subject to additional privacy protections.

The PI We Collect About You

The types of PI we collect depend on the insurance product or service you have with us. We may collect PI from a variety of sources, including:

- **Information you provide to us.** You may provide us with your PI, such as your name, address, Social Security number, health information, employment details, income, or payment information when you apply for coverage, make changes to your policy, pay premiums, or file a claim.
- **Information we receive from others.** With your permission when required, we may obtain PI from consumer reporting agencies for underwriting purposes. We may also receive PI from your employer or plan sponsor to determine your eligibility or premium rates.

Uses and Disclosures of Your PI

Except as described in this Notice, or as required or permitted by law, we will not use or disclose your PI without your written authorization. You have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization.

We may use or disclose PI, limited to the minimum necessary, without your prior authorization in the following circumstances:

- To effect, administer, or enforce a transaction in connection with your insurance product or service, such as underwriting, policy administration, premium billing and collection, claims processing, or fraud prevention.
- For treatment, payment, or healthcare operations, as permitted by law.
- To non-affiliated third parties or business associates who provide contracted services on our behalf, such as brokers or agents, actuaries, underwriting support providers, legal and audit professionals, enrollment and billing service providers, collection agencies, claims payment administrators, reinsurers, and IT service or system providers.
- To an employer or plan sponsor, but only as permitted by law. For example, to confirm enrollment or disenrollment, determine eligibility, or to provide summary health information for plan management purposes. We do not disclose PHI to an employer for employment-related decisions without your written authorization.
- To regulatory, law enforcement, or other government authorities, including for the detection or prevention of criminal activity, fraud, material misrepresentation or nondisclosure in connection with an insurance matter.
- For judicial or administrative proceedings, such as in response to a court order, subpoena, or discovery request.
- For health oversight activities, such as audits, investigations, or inspections by government health agencies.
- To support actuarial analysis or research.
- As otherwise required or permitted by law.

In addition to the above, we:

- Do not sell your PI.
- Do not use or disclose your PHI for marketing purposes without your written authorization.
- Do not disclose your PHI related to reproductive

health care except as permitted or required by applicable law.

- Do not use genetic information for underwriting purposes.
- Do not disclose substance use disorder records without your written consent, except as permitted by law after notice and an opportunity to be heard.
- Do not disclose psychotherapy notes without obtaining your written authorization.
- Retain records containing your PI for the duration required or allowable by law.

Protecting Your PI

We maintain physical, technical, and administrative safeguards designed to protect the confidentiality, integrity, and availability of your PI. These safeguards are designed to prevent unauthorized access, use, or disclosure of your PI. We also require third parties who receive PI from us to implement appropriate protections. Access to PI is limited to individuals who need it to perform their job responsibilities in connection with providing our products or services.

Your Privacy Rights

Depending on your state of residence and the type of product you have with us, you may have rights related to your PI. We honor these rights in accordance with applicable laws. If we are unable to fulfill your request, we will explain the reason for the denial. You may:

- Request access to certain PI we maintain about you. We may charge a reasonable fee for the costs of copying or mailing documents.
- Request correction, amendment, or deletion of PI. We will review your request and make changes where appropriate. We cannot change the information provided to us by other parties, such as credit agencies.

Additional Rights for Health Insurance Customers

If you have a health insurance product with us, or we manage your health-related benefits, you may also:

- Request an accounting of certain disclosures of your PHI made within the past six years.
- Request restrictions on how your PHI is used or disclosed for payment and healthcare operations. While we are not required to agree to all requests, we will review them in accordance with applicable law.
- Request confidential communications, such as receiving mail at an alternative address or by alternative means.
- Receive notification in the event of a breach involving your unsecured PHI.

To exercise any of these rights, please send us a written request at the address listed at the end of this Notice. Include your full name, mailing address, policy or member number, a description of the request, and your signature. We will not retaliate against you for exercising your rights.

Complaints

If you believe your privacy rights have been violated, you may file a written complaint with:

- Us, at the address listed at the end of the Notice
- Your state insurance department, if the issue relates to your insurance product
- The U.S. Department of Health and Human Services, if your concern involves a health insurance product or PHI. You may mail your complaint to:

Office for Civil Rights

U.S. DHHS

200 Independence Avenue, S.W.

Washington, D.C. 20201

Phone: 1-877-696-6775

Information Collected Through Digital Channels

This Notice governs information that you provide to us or that we otherwise receive when you apply for or receive insurance related products or services. Depending upon the nature of your relationship with us, or how you interact with us, such as through our websites or online platforms, we may collect additional information from you. Details about how we protect and use this information, including privacy rights that may be available to you, are found on our Privacy page at www.trustmarkbenefits.com.

Changes to This Notice

We reserve the right to change the terms of this Notice in the future. If we do amend our Notice, a copy of the new Notice will be posted on our website and/or sent to you when required by law.

How to Contact Us

Trustmark Companies

Privacy Request

Attn: Privacy Team

P.O. Box 7961

Lake Forest, IL 60045-7961

1-847-615-1500 option 9

PrivacyTeam@trustmarkbenefits.com.

Notice Effective Date: October 1, 2025

CERTIFICATE TABLE OF CONTENTS

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TCLATC00403/LI

SCHEDULE OF BENEFITS

The Insurance Classes for each Benefit Section are as follows:

VOLUNTARY LIFE

- A001-** All Full -Time Active Employees and Eligible Retirees electing Voluntary Life Plan I
- A002-** All Full -Time Active Employees and Eligible Retirees electing Voluntary Life Plan II
- A003-** All Full -Time Active Employees and Eligible Retirees electing Voluntary Life Plan III
- A004-** All Full -Time Active Employees and Eligible Retirees electing Voluntary Life Plan IV
- A005-** All Full -Time Active Employees and Eligible Retirees electing Voluntary Life Plan V
- A006-** All Full -Time Active Employees and Eligible Retirees electing Voluntary Life Plan VI

NOTE

- The Voluntary Life Benefit you select, enroll, have coverage for, and for which premiums is remitted to Us is shown on the enrollment application you completed and which is maintained on file with your Employer, or Us.

VOLUNTARY DEPENDENTS LIFE

- A001-** All Full -Time Active Employees and Eligible Retirees electing Voluntary Life Plan I who have elected Dependent Life for their Eligible Dependents
- A002-** All Full -Time Active Employees and Eligible Retirees electing Voluntary Life Plan II who have elected Dependent Life for their Eligible Dependents
- A003-** All Full -Time Active Employees and Eligible Retirees electing Voluntary Life Plan III who have elected Dependent Life for their Eligible Dependents
- A004-** All Full -Time Active Employees and Eligible Retirees electing Voluntary Life Plan IV who have elected Dependent Life for their Eligible Dependents
- A005-** All Full -Time Active Employees and Eligible Retirees electing Voluntary Life Plan V who have elected Dependent Life for their Eligible Dependents
- A006-** All Full -Time Active Employees and Eligible Retirees electing Voluntary Life Plan VI who have elected Dependent Life for their Eligible Dependents

NOTE

- The Voluntary Dependent Life Benefits you select, enroll, have coverage for, and for which premiums are remitted to Us are shown on the enrollment application you completed and which is maintained on file with your Employer, or Us.

The Benefits for the Insurance Classes are as follows:

VOLUNTARY LIFE BENEFIT SECTION

CLASS A001

\$10,000

CLASS A002

\$25,000

CLASS A003

\$50,000

CLASS A004

\$100,000

CLASS A005

\$150,000

CLASS A006

\$200,000

The following conditions apply to all Classes:

1. Voluntary Life Benefits terminate on the September 1st following the attainment of age 70.
2. Retirees are eligible to continue coverage after retirement based on the following:
 - Participating retiree must be eligible as a retiree under his/her specific retirement system.
 - Coverage terminates at age 70.
3. Age changes will occur on September 1st for individuals entering new age brackets.
4. The maximum benefit available for retirees would be \$50,000 and for spouses of retirees, \$25,000.
5. A retiree can only continue coverage in the same amount he/she had at the time of retirement subject to the maximums indicated in item 3.
6. After retirement, the retiree cannot increase or start coverage for self or dependent(s).

VOLUNTARY DEPENDENTS LIFE BENEFIT SECTION

CLASS A001

Spouse	\$5,000
Each Dependent Child, at least 14 days old, but less than 6 months of age	\$500
Each Dependent Child, at least 6 months of age to age 21, or to age 24 if a full time student.....	\$1,000

CLASS A002

Spouse	\$12,500
Each Dependent Child, at least 14 days old, but less than 6 months of age	\$500
Each Dependent Child, at least 6 months of age to age 21, or to age 24 if a full time student.....	\$2,500

CLASS A003

Spouse	\$25,000
Each Dependent Child, at least 14 days old, but less than 6 months of age	\$500
Each Dependent Child, at least 6 months of age to age 21, or to age 24 if a full time student.....	\$5,000

CLASS A004

Spouse	\$50,000
Each Dependent Child, at least 14 days old, but less than 6 months of age	\$500
Each Dependent Child, at least 6 months of age to age 21, or to age 24 if a full time student.....	\$10,000

CLASS A005

Spouse	\$50,000
Each Dependent Child, at least 14 days old, but less than 6 months of age	\$500
Each Dependent Child, at least 6 months of age to age 21, or to age 24 if a full time student.....	\$10,000

CLASS A006

Spouse	\$50,000
Each Dependent Child, at least 14 days old, but less than 6 months of age	\$500
Each Dependent Child, at least 6 months of age to age 21, or to age 24 if a full time student.....	\$10,000

No Voluntary Dependent's Life benefit may be more than 50% of the Employee's Life Benefit. Therefore, Dependent's Life benefits will be adjusted for any reductions in the Employee's coverage.

TCLASB40002

VOLUNTARY LIFE BENEFIT

A Voluntary Life Benefit will be paid in the event You die while covered by this Benefit. The amount of coverage is shown on the Schedule of Benefits by Insurance Class. Your Voluntary Life Benefits terminate on the September 1st following the attainment of age 70.

TCXXLI40500

INSTALLMENT SETTLEMENT OPTION

The Life Benefit is usually paid in one sum. All or part of any such benefit may, instead, be paid to the beneficiary in equal monthly payments. A written request must be made for this option. Payments may not extend for more than a 10 year period. If the monthly payment will be less than \$25, this option may not be used.

The first payment is due upon the Employee's death. Each payment shall include interest of at least 3.5% per year compound interest on the unpaid balance. The Table of Monthly Payments is based on such interest rate. Additional interest may be authorized by Our Board of Directors. Any additional interest will be paid to the beneficiary. Any monthly payments unpaid at the death of the beneficiary will be discounted at 3.5% per year compound interest and paid in a single sum. This sum will be paid to the estate of the beneficiary, unless Employee specifies otherwise.

We may agree to any other settlement option requested during the Employee's lifetime. If no option is in effect at the Employee's death, We may agree upon a settlement option with the beneficiary. The option must be one that would have been available at the time of death.

Number of Years	Monthly Installments Per \$1,000 Payable Under this Option
1	\$ 84.65
2	\$ 43.05
3	\$ 29.19
4	\$ 22.27
5	\$ 18.12
6	\$ 15.35
7	\$ 13.38
8	\$ 11.70
9	\$ 10.75
10	\$ 9.83

TCXXLI41001

PARTICIPATION AND DIVIDENDS (if applicable)

Our Board of Directors shall declare annually what portion of any divisible surplus accrues upon this Life Benefit as a dividend. Any dividends will be credited on the succeeding Policy Anniversary if such coverage remains in force. Policyholder may choose to have dividends:

- paid in cash; or
- applied toward premiums.

If no option is chosen at least 30 days before the date a dividend is to be credited, the dividend will be paid in cash. Any dividend paid or applied toward premium shall fully discharge Our liability for such dividend. A dividend paid or applied on the Policyholder's anniversary may exceed the Policyholder's cost for this coverage during the prior year. Policyholder shall apply any such excess for the benefit of the Employee.

TCXXLI41501

ABSOLUTE ASSIGNMENT OF LIFE BENEFITS

Employee may make an absolute assignment of all benefits and rights under this life coverage. Consent of any revocable beneficiary is not required. Employee must file such assignment with Us on an approved form. We will furnish an acknowledgement. Such assignment takes effect when signed by the Employee. The Employee need not be living when We record the assignment. We shall not be held liable for any payment or other action taken by Us before We record the assignment. We will not be responsible for deciding if any assignment is valid or sufficient. An assignment, when filed, shall affect the Claim Payment Provisions as they apply to Life Benefits as follows:

- the Life Benefits provision will be void. If no beneficiary designated by the assignee is living at the Employee's death, benefits will be payable to the assignee, if living. Otherwise, benefits will be payable to the estate of the assignee with allowance for certain options; and
- only the assignee shall have the right to name or change the beneficiary. All beneficiary designations made by the Employee prior to the date of the assignment will be void.

An assignment, when filed, shall affect the Life Benefit as follows:

- under the Life Benefit Conversion Privilege provision in the Coverage After Termination, only the assignee will have the right to request conversion for Employee; and
- under the Installment Settlement Option provision, only the assignee shall have the right to elect a settlement option. Any such option elected prior to the date of assignment, or specified in the plan of coverage, will be void.

An assignment shall not affect any Dependent Life coverage.

The rights of the assignee shall accrue to, and his obligations shall be binding on, his heirs, assigns, executors and administrators.

TCLALI42501

ACCELERATED LIFE BENEFIT

If it is determined that Employee has a life expectancy of 6 months or less due to a sickness or an Injury, a portion of the Life Benefit may be received in advance of Employee's death.

Employee's Physician must state in writing that Employee has a life expectancy of 6 months or less. The prognosis must be confirmed by a Physician appointed by Us.

The amount available will be 25% of the Life Benefit up to a maximum of \$35,000. This amount will be payable as a lump sum. Employee and any assignee or irrevocable beneficiary must give prior written approval of the accelerated benefit payment. The Life Benefit otherwise payable at the time of Employee's death will be reduced by the amount paid in advance.

The following is an example of payment of an Accelerated Life Benefit and the effect of the payment on the remaining amount of Life Insurance:

\$10,000	Original Life Benefit amount;
\$ 2,500	The Accelerated Life Benefit (25% of the original Life Benefit);
\$ 7,500	The amount of Life Insurance remaining after payment of the Accelerated Life Benefit. This is the amount of Life Insurance that will be paid to the beneficiary upon Employee's death provided coverage under this Certificate remains in effect.

The receipt of the Accelerated Life Benefit may be taxable. Assistance should be sought from a personal tax advisor.

Premium for Life coverage shall remain payable until the date of death as if an Accelerated Life Benefit had not been paid, unless waived under the Life Benefit Waiver of Premium provision.

The Accelerated Life Benefit shall be effective for an Injury on the effective date of the policy. The Accelerated Life Benefit for Sickness shall be effective no more than 30 days following the effective date of the policy.

TCLALI43001

DEPENDENT LIFE BENEFIT

BENEFIT

A Life Benefit will be paid in the event a Dependent dies while covered by the Dependent Life Benefit. Employee will be the beneficiary for any Dependent Life Benefits. A Dependent may be covered by the benefit only while Employee is covered by the Life Benefit of a Certificate issued under a Policy between Us and the Policyholder. The amount of coverage is shown on the Schedule of Benefits by Insurance Class.

ASSIGNABILITY

A Dependent's Life coverage and benefits are not assignable.
TCXXDL40501

CONDITIONS OF INSURANCE

DEFINITIONS

Actively at Work (Active Work): Performing services for Policyholder, at the location at which such services are normally performed, for 30 or more hours per week earning W-2 wages from the Policyholder which are the equivalent of at least the Federal Minimum Wage. Except that an employee whose full time occupation normally requires less than 30 hours per week shall also be considered a full time employee. In no event shall any person appointed on a temporary basis be considered a full time employee.

TCXXCI00101

Contributory Coverage: Coverage for which Employee pays premium.

Covered Person: An Eligible Person whose coverage herein has become effective.

TCXXCI00501

Dependent: A person qualifies as a Dependent if he is the Employee's:

- spouse;
- child under 21 years of age;
- unmarried grandchildren under 21 years of age who are in the legal custody of and residing with the grandparent;
- unmarried child from his 21st birthday to his 24th birthday if he is a Full-time Student at an Educational Institution;
- child who, because of a mentally or physically handicap condition that occurred before the attainment of the limiting age, is incapable of self-sustaining employment and is dependent on his parents or other care providers for lifetime care and supervision. All other requirements for Dependents must be met. We will require proof of incapacity and dependency. Such proof may be given at any time within 31 days after the date the limiting age is reached. We may also request proof of continuing incapacity and dependency, but no more than once each Year after initial proof is given. If proof is not given within 60 days of a request, coverage for the Dependent will end 60 days after the request was made.

The term child refers to the Employee's unmarried:

- natural child;
- step-child;
- adopted child, including a child being adopted by Employee, from the earlier of the date the child is placed with Employee, or the time Employee are legally and partially or totally financially responsible for the child, if earlier;
- child pursuant to a court issued qualified medical child support order; and
- grandchild who is in your legal custody and residing with you;
- any other children for whom the Employee has legal custody, who live in the household of the Employee, and who are or will be included as a Dependent on Employee's federal income tax return for the current or next tax year (if filing is required).

Dependent does not include:

- a foster child; or
- a child or spouse who permanently resides outside of the United States of America for more than 90 days per calendar year, except for a child who is a full-time student at an Educational Institution as defined herein.

As used in this definition of Dependent:

- Educational Institution shall mean an institution which provides a recognized course or courses of instruction, and leads to the conferring of a diploma, degree, or other recognized certification of completion at the conclusion of the course of study. The definition may include, but is not limited to, high schools, colleges and universities, and trade schools.
- Full-time Student shall mean a student enrolled in primary, secondary, undergraduate or vocational school, or a student enrolled in graduate school on a full-time basis.

TCLACI00703/LI

Eligible Person: means a full-time Employee as defined by a Participant Employer in accordance with state law. No person appointed on a temporary appointment will be considered an Employee.

A person who permanently resides outside of the United States for more than 90 days per calendar year is not considered an Eligible Person.

TCXXCI00901

Eligible Retired Person: means an employee who was a Covered Employee, as defined by the terms of this certificate, immediately prior to the date of retirement and who, upon retirement;

- a. immediately received retirement benefits from an approved state or state governmental agency defined benefit plan; or
- b. was not eligible for participation in such a plan or had legally opted to not participate in such a plan, and;
 - (1) was employed prior to September 16, 1979, has 10 years of continuous state service and has reached the age of 65; or
 - (2) was employed after September 16, 1979, has 10 years of continuous state service and has reached the age of 70; or
 - (3) was employed after July 8, 1992, has ten years of continuous state service, had a credit for at least forty quarters in the Social Security system at the time of employment, and has reached the age of 65; or
 - (4) maintained continuous coverage with the Program as an eligible Dependent until such time as he/she became eligible as a former state employee to receive a retirement benefit from an approved state governmental agency defined benefit plan, or
- c. immediately received retirement benefits from a state-approved or state governmental agency-approved defined contribution plan and has accumulated the total number of years of creditable service which would have entitled him to receive a retirement allowance from the defined benefit plan of the retirement system for which the employee would have otherwise been eligible. The appropriate state governmental agency or retirement system responsible for administration of the defined contribution plan shall be responsible for certification of eligibility hereunder to the State Employees Group Benefits Program;
- d. an employee retired from one Participant Employer may be covered as an active employee of another Participant Employer or as a Retiree of the Agency from which he retired, but not both. In order to retain eligibility, upon termination of employment from the later Participant Employer, such employee shall return to the retirement group of his original Participant Employer within 30 days. In no event shall any person at any time be covered by more than one Participant Employer.

TCXXCI01102

Eligibility Period: Specified period of Active Work for Policyholder which the Employee must complete before becoming eligible for coverage. The length of the Eligibility Period is chosen by Policyholder and may differ for each benefit section or Insurance Class. Refer to the Effective Date of Individual Coverage section to determine the date that coverage will start.

TCXXCI01303

Employee: A person who is Actively at Work for the Employer.

Enrollment Date: The first date of coverage under the plan or, if there is an Eligibility Period, the first day of the Eligibility Period.

Evidence of Insurability: Medical evidence, satisfactory to Us, that the person is insurable.

TCXXCI01501/LI

Incurred: An expense is Incurred on the date the service or supply, for which a charge is made, is received.

TCLACI01551/LI

Injury: Nonoccupational accidental damage to the body which causes a covered loss. Such damage must be the direct cause of the loss, independent of disease, bodily infirmity or other cause. A chewing Injury is not considered to be an accidental Injury.

TCLACI01700/LI

Late Enrollee: An Eligible Person who requests coverage more than 30 days after the date the person was first eligible to enroll.

TCLACI02104/LI

Leave of Absence: Any absence from Active Work granted by Policyholder. Leave of Absence does not include a medical leave.

TCXXCI02300

Noncontributory Coverage: Coverage for which Employee pays no premium.

TCLACI02703

Nonoccupational: Not resulting from a person's particular work or occupation.

TCXXCI02900

Occupational Injury/Sickness: An Injury which arises out of, or occurs while, engaging in any work for pay or profit.

TCXXCI03101

Physician: A duly licensed Physician or surgeon who is acting within the scope of his license. Physician also means the following practitioners: podiatrist, optometrist, psychologist, dentist, and chiropractor, providing such practitioner is acting within the scope of his license.

Physician does not include You, Your spouse, or the children, brothers, sisters or parents of You or Your spouse.

TCLACI03303

Sickness: Nonoccupational illness or disease or pregnancy; and congenital defects, birth abnormalities and prematurity of a covered newborn child.

TCLACI03700

Sick Leave Day(s): means any day for which the Employer continues your salary, either in whole or in part, on account of your injury or sickness and You are deemed to be an active full-time Employee.

Temporary Employee: means an appointment to any position for a period of 120 consecutive calendar days or less

Year: The period from January 1st through December 31st of the same calendar Year.

TCXXCI03901

You, Your: A Covered Person.

TCLACI04101

Note: All masculine pronouns in the Policy also include the feminine.

TCXXCI04300

EVIDENCE OF INSURABILITY REQUIREMENT

Evidence of Insurability (E of I) must be furnished for Life coverage in excess of \$50,000. E of I must also be furnished if, in the aggregate, benefit amount increases will exceed \$50,000. The effective date of such coverage will be the first day of the month coinciding with or next following the date We approve such evidence.

Such evidence must be furnished to, and approved by, Us prior to each such increase.

TCXXCI40000

ELIGIBILITY

For purposes of this section, Participant Employer or Participating Employer means a school board or a state political subdivision authorized by state law to participate in the State Employees Group Benefit Program pursuant to Act 1044.

To be eligible for Personal Insurance, a person must be employed full time by the Policyholder. Only eligible persons within a class shown on the Schedule of Benefits will be covered.

1. Effective Dates of Coverage

Each employee who makes a written request to his Participant Employer for Employee Coverage by completing the applicable enrollment forms, and agrees to make the required payroll contributions to his Participant Employer is to be effective for Employee Coverage on the first day of the month coinciding with, or next following the completion of one calendar month's service, provided, however, that no Employee Coverage shall in any event become effective unless the employee makes such request within 30 days after date of employment. Any such request for coverage after 30 days of employment will be subject to Proof of Good Health for Life Insurance.

An employee's (or eligible dependent's) coverage will become effective on the first day of the month following the date of receipt by the company of all required forms, if such forms are received by the company prior to the 15th of the month, or the first day of the second month following the date of the receipt by the company of all required forms, if such forms are received by the company on or after the 15th of the month, provided the employee (or dependent) is actively at work. **IN NO EVENT MAY A PERSON BE ENROLLED SIMULTANEOUSLY AS AN EMPLOYEE AND AS A DEPENDENT UNDER THE PLAN, NOR MAY A DEPENDENT BE COVERED BY MORE THAN ONE EMPLOYEE.** If a covered spouse chooses at a later date to be covered separately, and is eligible for coverage as an Employee, that person will be a covered Employee effective the first day of the month after such election. In no event shall this change in coverage increase benefits, as set forth in the Schedule of Benefits, to the employee or dependent.

If you are a Special Enrollee you become eligible for insurance on the date following termination or expiration of other insurance; or on the date of marriage, birth of your child, your adoption of a child, or the date of a child's placement for adoption with you.

2. Employee Deferral Rule

In any instance in which an employee is confined at home, in a hospital, nursing home, or elsewhere, by reason of disease, illness, accident, or injury on the date the employee would otherwise become covered under this Policy, the effective date of the employee's coverage under this policy shall be deferred until the date such employee returns to active work for one full day at his customary duties and place of employment. This provision does not apply to Health Insurance.

Notwithstanding any provisions of the preceding paragraph to the contrary, the return to active work requirement shall not serve to defer an employee's effective date of coverage in the event that the individual's normal place of employment is not open on the day he would otherwise have returned to work. If an employee is on an approved leave of absence on the day he would normally have returned to work, coverage will become effective on the day he would normally have returned to active work.

3. Re-enrollment, Previous Employment

An application for coverage by an employee of a participating employer whose employment is terminated while covered or eligible for coverage under the Policy and who is re-employed by the same or another participating employer within 12 months of the effective date of termination shall be considered a re-enrollment, previous employment application. A re-enrollment, previous employment applicant will be eligible for only that classification of coverage in force on the effective date of termination, subject to all modifications of eligible expenses, benefits, and/or premiums which became effective in the interim.

Special Enrollment

If You are declining enrolment for Yourself, or Your Dependents (including Your spouse) because of other Health Insurance Coverage, You may, in the future, be able to enroll Yourself or Your Dependents in this plan, provided that You request enrollment within 30 days after Your other coverage ends. In addition, if You have a new Dependent as a result of:

1. marriage;
2. birth;
3. adoption; or
4. placement for adoption.

You may be able to enroll Yourself and Your Dependents, provided that You request enrollment within 30 days after the date of one of the events shown above.

Retiree Coverage

1. Eligibility (Effective DECEMBER 9, 1993)

Each Retiree of a Participant Employer shall be eligible for retiree coverage under this policy.

Retiree means an employee who was a Covered Employee, as defined by the terms of this certificate, immediately prior to the date of retirement and who, upon retirement;

- a. immediately received retirement benefits from an approved state or state governmental agency defined benefit plan; or
- b. was not eligible for participation in such a plan or had legally opted to not participate in such a plan, and;
 - (1) was employed prior to September 16, 1979, has 10 years of continuous state service and has reached the age of 65; or
 - (2) was employed after September 16, 1979, has 10 years of continuous state service and has reached the age of 70; or
 - (3) was employed after July 8, 1992, has ten years of continuous state service, had a credit for at least forty quarters in the Social Security system at the time of employment, and has reached the age of 65; or
 - (4) maintained continuous coverage with the Program as an eligible Dependent until such time as he/she became eligible as a former state employee to receive a retirement benefit from an approved state governmental agency defined benefit plan, or
- c. immediately received retirement benefits from a state-approved or state governmental agency-approved defined contribution plan and has accumulated the total number of years of creditable service which would have entitled him to receive a retirement allowance from the defined benefit plan of the retirement system for which the employee would have otherwise been eligible. The appropriate state governmental agency or retirement system responsible for administration of the defined contribution plan shall be responsible for certification of eligibility hereunder to the State Employees Group Benefits Program.

Retiree coverage will be effective on the first of the month following the date of retirement, provided the employee and employer have agreed to make and are making the required contributions.
RETIRES SHALL NOT BE ELIGIBLE FOR COVERAGE AS LATE APPLICANTS.

2. Active employment by a Participant Employer following retirement from a Participant Employer.

An employee retired from one Participant Employer may be covered as an active employee of another Participant Employer or as a Retiree of the Agency from which he retired, but not both. In order to retain eligibility, upon termination of employment from the later Participant Employer, such employee shall return to the retirement group of his original Participant Employer within 30 days. In no event shall any person at any time be covered by more than one Participant Employer.

TCLACI41301

ENROLLMENT FOR COVERAGE

An Eligible Person must apply for coverage, or a change in coverage (except a decrease in amount due to a change in Insurance Class) within 30 days of the date he first becomes eligible, except in the case of a newborn child. A newborn child must be enrolled within 90 days of his/her birth. All applications must be made to Policyholder on a form approved by Us. Dependents may not become insured for Dependent coverage unless You are insured for Employee coverage.

TCLACI41900

EFFECTIVE DATE OF INDIVIDUAL COVERAGE AND ACTIVELY AT WORK REQUIREMENTS

The Employee must be Actively at Work for coverage, or any increase in coverage, to become effective. If his Effective Date is a holiday or a day he is not scheduled to work, he shall be considered Actively at Work if he is not Disabled on such day and was at work on his last scheduled work day. If, due to Disability, Leave of Absence, temporary layoff, or other reason he is not at work on the Effective Date, coverage shall be delayed until the first day he is Actively at Work. The Employee is considered Actively at Work, if he is absent from work in accordance with the Family Medical Leave Act of 1993.

EFFECTIVE DATE OF INDIVIDUAL COVERAGE AND ACTIVELY AT WORK REQUIREMENTS FOR THE FIRST DAY OF WORK

If due to Health Factors, Leave of Absence, temporary layoff, or by other arrangement, the Employee is not at work on his Effective Date, and has not been Actively at Work for the Policyholder prior to his Effective Date, his coverage shall be delayed until the first day he is Actively at Work.

TCLACI42102/LI

If a Dependent is Hospital confined or unable to do the normal activities of a person of like age on his Effective Date, coverage will not become effective and existing coverage may not be increased until:

- he is released from the Hospital; and
- he is also released by his attending Physician to do, and he in fact does, his normal activities.

TCXXCI42300/LI

An Eligible Retired Employee's change in benefits or increase in benefit amounts including changes to or addition of Dependent coverage will become effective on the date of such change in coverage, unless he is Hospital confined on that date. In such case, the change in coverage or increase in benefits will take effect on the day he is discharged from the Hospital.

TCXXCI42501/LI

Notwithstanding the above, a person's coverage shall become effective as follows:

- if he applies for coverage on or before the date he is eligible, his Effective Date shall be the first day of the month coinciding with or next following the date he becomes eligible;
- if he applies for coverage during the first 30 days after the date he is eligible, his Effective Date shall be the first day of the month coinciding with or next following the date he applies;
- if he applies for coverage more than 30 days after the date he is eligible, he is a Late Enrollee and must furnish Evidence of Insurability for Life Coverage. His Effective Date shall then be the first day of the month coinciding with or next following the date We accept the evidence as satisfactory.

- if he applies for coverage after prior termination due to unpaid premium or due to a prior request to terminate, he must furnish Evidence of Insurability. His Effective Date shall then be the first day of the month coinciding with or next following the date We accept the evidence as satisfactory.

TCXXCI42902/LI

CHANGE IN INSURANCE CLASS

Policyholder shall notify You when Your Insurance Class changes. If Your Insurance Class changes, You may be eligible for a different amount of coverage.

For Noncontributory Coverage: The new amount shall become effective on the first day of the month coinciding with or next following the date of the change in Insurance Class.

For Contributory Coverage:

- any decrease in coverage will become effective on the date of the change in Insurance Class.
- Employee must apply for any increase in coverage for which You become eligible. The increased amount will become effective on the date of such increase.

TCXXCI43101

TERMINATION OF INDIVIDUAL COVERAGE

Coverage under a benefit section shall terminate at the earliest of the following:

- at the start of the period for which Employee or an Eligible Retired Employee does not pay, when due, any required contributory premium;
- at the end of the period for which premium has been paid for You;
- on the date Employee or an Eligible Retired Employee becomes a member of any military, naval or air force on active duty, unless You notify Your Policyholder of Your election to continue coverage at the time You enter active duty and furnish Your Policyholder any required contributory premium;
- on the date any continuation of coverage ends;
- on the date Employee's or an Eligible Retired Employee's coverage terminates;
- on the date Policyholder terminates coverage under a Benefit Section;
- on the date the Policy terminates;
- at the end of the month in which You are no longer in an Insurance Class shown on the Schedule of Benefits;
- on the date coverage is terminated for Your Insurance Class;
- at the end of the month in which Employee's Active Work terminates. This provision does not apply to an Eligible Retired Employee.

Dependent's coverage under a benefit section shall terminate at the earliest of the following:

- at the start of the period for which Employee does not pay, when due, any required contributory premium for the coverage;
- at the end of the period for which premium has been paid for the Dependent;
- on the date the Dependent becomes a member of any military, naval or air force on active duty;
- on the date any continuation of coverage ends;
- at the end of the month in which status as a Dependent ends;
- on the date Dependent's coverage terminates for the Insurance Class of the Dependent;
- on the date Your Policyholder terminates coverage under a Benefit Section;
- on the date the Policy terminates.
- at the end of the month in which You are no longer in an Insurance Class shown on the Schedule of Benefits.

TCLACI43307/LI

RESUMPTION OF INDIVIDUAL COVERAGE

If Employee's coverage has terminated due to Leave of Absence or temporary layoff of not more than 3 months, he may resume coverage for himself and his Dependents on the first day of the month coinciding with or next following the date Employee is again Actively at Work. Two additional conditions must also be met. Employee must otherwise be eligible for coverage and premium must be paid. If Employee is not at work, or is Disabled, on the date coverage would resume, the resumption of coverage will be delayed as provided in the Effective Date of Individual Coverage provision. If a Dependent is confined in a Hospital or unable to do his normal activities on the date coverage would resume, the resumption of his coverage will also be so delayed.

If Employee starts Active Work after Leave of Absence or layoff of more than 12 months, he must apply in writing for coverage. You must also complete the Eligibility Period, if any. Coverage shall become effective as provided in the provision titled Effective Date of Individual Coverage provision.

If Your coverage has terminated due to Your entrance into full-time military service, Your coverage will be reinstated, without any clause or restriction because of a Pre-existing Condition, after release and upon reapplication for coverage.

TCLACI43701/LI

CONTINUATION OF COVERAGE

VOLUNTARY LIFE BENEFIT WAIVER OF PREMIUM

If You are disabled Your Voluntary Life Coverage may be continued as follows:

For the purposes of this provision You are disabled if, due to Sickness or Injury, You are continuously unable to do any work for which You are, or become, qualified by reason of education, training or experience. Disability will not exist if You are doing any work for wage or profit. Disability must begin:

- before age 60;
- before retirement; and
- while You are covered by the Life Benefit.

Your premium will be waived for the period during which coverage is continued for disability as shown below.

If You incur disability and are eligible for coverage on the date of the disability, Your Voluntary Life Coverage will continue for up to 1 Year under the Standard Continuation provision. If You die during that Year, We will pay the Life Benefit upon receipt of due proof of such disability and death.

If You incur disability which is expected to continue for longer than 1 Year, Your life coverage will continue provided You complete a waiver of premium claim form, You are eligible for coverage and proof of permanent disability is furnished to Us after 9 months and before 1 Year after the date disability begins. Upon acceptance of such proof by Us, coverage will be extended for another Year. Additional 1 Year extensions of coverage will be made if You furnish Us, annually, proof of continuance of disability. Such proof must be furnished within 3 months before the end of each 1 Year extension. The waiver of premium will end if any proof is not furnished within such time durations. If You die during continuation due to disability, We will pay the Voluntary Life Benefit upon receipt of due proof of death.

Once proof of permanent disability is furnished, as stated above, and waiver of premium is approved, the waiver of premium is effective the date permanent disability was Incurred.

Written proof of death during disability must be given within 1 Year after death. Otherwise, We will not be liable for the Benefit.

The amount which will be payable as a Voluntary Life Benefit during disability is the lesser of:

- the amount in force for You on Your last day of Active Work; or
- the amount that would be in force for You on the date of death were You not disabled; or
- when You reach the age for normal retirement the amount available on retirement, if any.

Your waiver of premium ends at the earliest of the following:

- Your disability ends;
- You do not take a medical examination required by Us;
- You fail to furnish proof of continuing disability;
- You reach age 70 or the limiting age on the Schedule of Benefits, if earlier; or
- You retire, if no Benefits are provided for retirees, or any other date Your coverage would end if You were not disabled.

We have the right, at Our own expense, to require You to be examined by a Physician of Our choice while premium is being waived. This may be required at reasonable intervals. After coverage has been extended for 2 Years, We will not require examinations more than once a Year.

If You return to Active Work for Policyholder Your waiver of premium ends and Your regular coverage under this Voluntary Life Benefit resumes. If Your disability ends and You do not return to such work, You are entitled to Your rights under the Life Conversion Privilege.

TCXXCI44302

DEPENDENT VOLUNTARY LIFE WAIVER OF PREMIUM

Premiums will be waived for Dependent Voluntary Life Benefit if Employee is insured by a Life Benefit provided under a Policy between Us and the Policyholder and the premium for Employee is being waived. Any waiver under the Dependent Voluntary Life Benefit:

- applies only to those Dependents covered at the time Employee's waiver starts;
- applies only to those Dependents who continue to be eligible for this Dependents Voluntary Life Benefit; and
- is in effect only while Policyholder's coverage under this benefit section is in force.

TCXXCI44501

FAMILY AND MEDICAL LEAVE ACT CONTINUATION

This provision applies if Policyholder is subject to the provisions of the Family and Medical Leave Act of 1993, as amended.

If Employee is on Leave of Absence from work with Policyholder under the FMLA, coverage may be continued as if Employee was Active at Work.

FMLA Continuation will end on the earliest of:

- the end of any 12 weeks which occur within 12 months of the date Employee's FMLA absence began;
- the end of the period for which premium is paid;
- the date Policyholder terminates coverage with Us for any reason; or
- the date the Policy terminates.

TCXXCI44701

STANDARD CONTINUATION

Policyholder may, at his option, choose to continue Voluntary Life coverage for Covered Persons, if Employee's Active Work has ended and he is no longer eligible for coverage due to:

- change to part-time status;
- approved Leave of Absence;
- temporary layoff; or
- in the case of Disability leave, Active Work has ended.

Policyholder must:

- act without individual selection between Covered Persons; and
- continue making premium payments for those Covered Persons.

The amount of Voluntary Life coverage that may be continued shall be the lesser of:

- the amount in force on Employee's last day of Active Work;
- the amount that would be in force if Employee were Actively at Work;
- when Employee reaches normal retirement age, the amount available on retirement, if any.

Standard Continuation will end on the earliest of:

- the end of the period for which premium is paid;
- the end of a 12 month period which began on the date Your Active Work terminated, except if the Covered Person has not exhausted all accumulated Sick Leave Days. If the Covered Person has such Sick Days available, coverage will continue until the Policyholder reports to Us that the Covered Person has exhausted all accumulated Sick Leave Days. During such continuation, the Covered Person shall be entitled to all benefits, rights, and privileges available to his Insurance Class, subject to all applicable terms and conditions of this Policy.
- as to any Dependent, the end of the month in which the Dependent ceases to qualify as a Dependent;
- the date Policyholder terminates coverage with Us for any reason; or
- the date the Policy terminates.

TCXXCI45104/LI

VOLUNTARY LIFE CONVERSION PRIVILEGE

Employee's Voluntary Life Benefit may be converted to an individual life insurance policy if coverage ends because:

- his employment terminates;
- waiver of premium under the Life Benefit waiver of premium provision ends; or
- any continuation of coverage ends and Employee does not return to Active Work for Policyholder.

Under the circumstances cited above, the individual policy will provide a benefit equal to that provided for Employee under the Employee Voluntary Life Benefit on the date his coverage ended. Premiums received for Continuation of Coverage when Employee's Active Work terminated due to disability leave will only be refunded when the Employee Voluntary Life Benefit Waiver of Premium is approved.

If Employee has had continuous coverage under the Employee Voluntary Life Benefit section, and any it replaces, for at least 5 Years, conversion may also be made if:

- Employee's Insurance Class terminates; or
- Policyholder terminates Life coverage with Us.

Under these circumstances the individual policy benefit will be the lesser of:

- \$2,000; or
- the amount in force for Employee at termination reduced by any amount for which Employee becomes eligible, within 31 days after termination, under any group Life coverage issued by Us or any other insurer.

Conversion may also be made if coverage reduces due to a change in Insurance Class or attainment of a specified age. The individual policy will not provide a benefit greater than the amount of the reduction.

Employee will be given notice of the right to convert at least 15 days before the end of the 31 day period allowed for conversion. If such notice is not given within the time required, Employee shall have an additional period of time to apply for conversion. This extra period of time will be 15 days after notice is given, but not longer than 60 days after the 31 days otherwise allowed for conversion.

The individual policy will be issued as follows:

- it will be any form of life insurance policy, except term insurance or a policy with Disability benefits, We then have available for conversion;
- Evidence of Insurability will not be required;
- the premium for the individual policy will be based on Employee's age at the time of conversion, and the form and amount of coverage provided;
- the individual policy will take effect at the end of the 31 day period for conversion;
- the individual policy shall be in place of all coverage under the Employee's Life Benefit Section.

You must take the following steps to convert:

- make written application to Us at Our Home Office within 31 days after the date coverage under the Employee's Voluntary Life Benefit section ends;
- pay, within such 31 days, the first premium for the individual policy.

Employee has coverage during the 31 day period for conversion. The amount of such coverage is the amount that can be converted. This amount will be paid as a Life Benefit if Employee dies during this 31 day period. Application for conversion need not have been made.

TCXXCI45703

DEPENDENT VOLUNTARY LIFE CONVERSION PRIVILEGE

Conversion to an individual life insurance policy may be made for a Dependent covered by the Dependent Voluntary Life Benefit if:

- Employee's employment terminates;
- the person is no longer a Dependent as defined above; or
- Employee dies while coverage is in force for the Dependent.

Under the circumstances cited above, the individual policy will not provide a benefit greater than that provided for the Dependent under the Dependent Voluntary Life Benefit on the date such coverage ended. Premiums received for Continuation of Coverage when Employee's Active Work terminated due to disability leave will only be refunded when the Employee's Voluntary Life Benefit Waiver of Premium is approved.

If Dependent has had continuous coverage under the Dependents Voluntary Life Benefit, and any it replaces, for at least 5 Years, conversion may also be made if:

- the Insurance Class of the Dependent terminates; or
- Policyholder terminates Life coverage with Us.

Under these circumstances the individual policy will be the lesser of:

- \$2,000; or
- the amount in force for the Dependent at termination reduced by any amount for which he becomes eligible, within 31 days after termination, under any group life coverage issued by Us or any other insurer.

Conversion may also be made if a Dependent's coverage reduces due to a change in Insurance Class. The individual policy will not provide a benefit greater than the amount of the reduction.

The new policy will be issued as follows:

- it will be any type of life insurance policy, except term insurance or a policy with Disability benefits, We then have available for conversion;
- Evidence of Insurability will not be required;
- the premium for the individual policy will be based on the age of the Dependent at the time of conversion, and the form and amount of coverage provided;
- the individual policy will take effect at the end of the 31 day period for conversion; and
- the individual policy shall be in place of all coverage under the Dependent Life Benefit section.

Dependent must take the following steps to convert:

- make written application to Us at Our Home Office within 31 days after the date coverage under the Dependent Voluntary Life Benefit Section ends; and
- pay, within such 31 days, the first premium for the individual policy.

A Dependent has coverage during the 31 day period for conversion. The amount of such coverage is the amount that can be converted. This amount will be paid as a Dependent Life Benefit if the Dependent dies during this 31 day period. Application for conversion need not have been made.

TCXXCI45903

CLAIM PAYMENT PROVISIONS

CLAIM PAYMENT - FOR LIFE BENEFITS

Voluntary Life Benefits

Benefits will be paid when We receive due proof of death. Interest will accrue beginning on the 20th day after proof of death is received. Benefits and any applicable interest due will be paid to the beneficiary. Employee will be the beneficiary for any Dependent Voluntary Life Benefits. Employee or an Eligible Retired Employee may designate, on a form approved by Us, the beneficiary for Your Voluntary Life Benefit. If there are two or more beneficiaries, Employee or an Eligible Retired Employee may specify their respective shares. Otherwise, they will share equally. If a beneficiary dies before Employee or an Eligible Retired Employee, his beneficiary interest ends unless Employee or an Eligible Retired Employee has made written request to the contrary. If there is no designated beneficiary, or if no beneficiary survives, benefits will be paid to the first of the following beneficiary classes in which there is a surviving person:

- Employee's or an Eligible Retired Employee's spouse;
- Employee's or an Eligible Retired Employee's children;
- Employee's or an Eligible Retired Employee's parents;
- Employee's or an Eligible Retired Employee's brothers and sisters;
- Employee's or an Eligible Retired Employee's executors or administrators.

We may require affidavits or statements We deem necessary in making payment under this provision. Our decision from such information will be final. We may, at Our option, first pay up to \$500 of any benefits to any person We deem to be entitled thereto by reason of having Incurred funeral or other expenses related to the last illness or death of the person insured.

WAIVER OF PREMIUM BENEFITS

Notice of Claim

Benefits will be considered when We receive due proof of disability. Written notice of claim should be given to Us after 9 months and before 1 Year after the date of disability begins. Failure to give notice within such time shall not invalidate or reduce any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was provided as soon as was reasonably possible.

The claim form is available from Your Policyholder, or can be requested from Us. If the claim form is not received from Us within 15 days of the request, send Us written proof of claim without waiting for the form.

Because provisions governing Waiver of Premium are different, it is not sufficient that Employee has filed a medical, disability or other claim under other coverage of the plan. Employee must notify Us immediately when he returns to work in any capacity.

Filing a Claim

Employee and Policyholder must fill out their respective sections of the claim form and then give it to Employee's attending Physician. Your Physician should fill out his or her section of the form and send it directly to Us.

Proof of Your Claim

The proof of claim, provided at Employee's expense, must show:

- that Employee is under the regular care of a Physician;
- the date Employee's disability began;
- the cause of disability;
- the appropriate documentation of Employee's basic monthly earnings;
- the extent of Employee's disability, including restrictions and limitations preventing him from performing any occupation; and
- the name and address of any Hospital or institution where Employee received treatment, including all attending Physicians.

Failure to provide notice to Us within such time shall not invalidate or reduce any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as reasonably possible.

We will request that Employee send proof of continuing disability indicating that he is under the regular care of a Physician. This proof, provided at Employee's expense, must be received in the required timeframes provided.

In some cases, Employee will be required to give Us authorization to obtain additional medical information, and to provide non-medical information as part of proof of claim, or proof of continuing disability. We will deny Employee's claim if the appropriate information is not submitted.

Beneficiary Designation - Prior Group Insurers

This provision applies if this Certificate replaces coverage of another insurer. We may, at the request of Policyholder, recognize beneficiaries in effect under such prior coverage as effective until a new designation is made.

Change of Beneficiary

Employee or an Eligible Retired Employee may change the beneficiary at any time. The consent of the beneficiary is not required. Notice must be given to Us in writing on a form approved by Us. The new beneficiary designation will take effect on the date the notice is signed by Employee or an Eligible Retired Employee. We are discharged of Our liability to the extent of any payment made by Us before notice of the change is received at Our Home Office.

TCLACP41007

Payment Error

Any benefit paid in error may be recovered from the person receiving the incorrect payment or from You. At Our option, We may offset the overpayment against future benefit payments. The acceptance of premium or paying other benefits shall not constitute a waiver of Our rights under this section. Recovery or offset shall be in addition to any other remedy available to Us at law or in equity.

TCLACP41505/LI

Discretion

Benefits under this Certificate will be paid only if We decide, in Our discretion, that the applicant is entitled to them.

Fraudulent Claim Submission

If any Covered Person knowingly submits or participates in the submission of a claim for benefits which contains false or misleading information that would have the effect of increasing the benefit payable, We shall have the right to revoke that person's coverage to the date the fraud was perpetrated. Such rescission is without prejudice to any other right or remedy which might be available to Us at law or in equity.

Facility of Payment

If benefits are payable to Your estate, We can pay up to \$1,000 of benefits to someone related to You by blood or marriage whom We deem to be entitled to the Benefits. If You, while living, are physically, mentally, or otherwise incapable of giving a valid release for any payment, We can pay up to \$1,000 of benefits to someone related to You by blood or marriage, or to any person or institution which has assumed financial responsibility for Your affairs.

TCXXCP42001/LI

GENERAL PROVISIONS

INCONTESTABILITY/TIME LIMIT ON CERTAIN DEFENSES

All statements made by Policyholder or by a Covered Person are representations and not warranties. No such statement shall be used to contest the validity of coverage or reduce benefits unless it is in writing, signed by Policyholder or by the Covered Person. A copy of such statement, if contested, will be furnished to Policyholder, or the Covered Person or his beneficiary, whichever applies.

After coverage has been in force during a person's lifetime for two years from his effective date:

- any Life coverage for such person will be incontestable except as related to eligibility or nonpayment of contributory premium.

Any increase in coverage or reinstatement of coverage, as requested by application from the Covered Person, shall begin a new two year contestable period for the amount of the increase or reinstated coverage from the effective date of such coverage.

Entire Contract

No agreement in conflict with, modifying, or extending the coverage of this Policy is valid unless it is in writing and physically made a part of the Policy or it is incorporated in the Policy by specific reference.

Any written agreement in conflict with, modifying, or extending the coverage of this Policy insurance will be deemed to be physically made a part of the Policy whenever such written agreement makes reference to the Policy and is sent to the Policyholder by United States mail, postage prepaid, at the Policyholder's last known address or is personally delivered to the Policyholder.

Expenses After Termination

Except as otherwise stated in the Certificate, the Company is not liable for expenses for losses occurring subsequent to termination of coverage due to the Policyholder's failure to pay required premium, or for termination of coverage due to a change in Your eligibility for coverage.

TCLAGP40504

RECORDS, PHYSICAL EXAMINATIONS, AND AUTOPSY

With written authorization, We may obtain a Covered Person's medical records. While a claim is pending, We have the right to have a Covered Person examined. The exam will be at Our expense and as often as reasonably necessary. We may also have an autopsy performed where allowed by law.

We have the right to require the Covered Person to provide Us information in addition to the proof of loss to determine benefits payable. Any cost associated with providing this information is the responsibility of the Covered Person.

LEGAL ACTION

No legal action may be brought to recover on this Certificate within 60 days after written proof of loss has been given as required herein. No such action may be brought after 3 years from the time written proof is required to be given.

CONFORMITY WITH STATE STATUTES

Any provision of this Policy which, on the date of issue, is in conflict with the statutes of the state in which the insured resides at the date of issue is understood to be amended to conform to such statutes.

CLERICAL ERROR

If a Clerical Error is made so that an otherwise Eligible Person's coverage does not become effective, coverage may be in effect if:

- the error is reported to Us within 60 days of the date the person's coverage would otherwise be effective;
- the person makes a written request for coverage on a form We approve; and
- any premium not paid because of the error is paid in full from the effective date of coverage.

If the error is reported to Us more than 60 days after the date the person's coverage would otherwise be effective:

- he must furnish evidence satisfactory to Us that he is insurable; and
- coverage shall become effective as provided in the provision Effective Date of Individual Coverage.

Clerical Error shall not prohibit Us from voiding coverage of a person not eligible. This includes errors in enrolling, recording or reporting for coverage purposes. Refund of premium paid for a non-Eligible Person will be limited to the premium paid for the 60 days immediately prior to the date the error is reported to Us. Interest will not be paid on returned premium. Policyholder shall reimburse Us for any claim overpayment made as a result of a Clerical Error. Any premium refund or credit due may, at Our option, be reduced by any payment made for claims.

TCLAGP41004/LI

**Summary of the Louisiana Life and Health
Insurance Guaranty Association Law and
Notice Concerning Coverage
Limitations and Exclusions**

Residents of Louisiana who purchase life insurance, annuities, or health insurance should know that the insurance companies licensed in this state to write these types of insurance are required by law to be members of the Louisiana Life and Health Insurance Guaranty Association (LLHIGA). The purpose of LLHIGA is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this happens, LLHIGA will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. However, the valuable extra protection provided by these insurers through LLHIGA is limited. As noted in the disclaimer below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

Disclaimer

The Louisiana Life and Health Insurance Guaranty Association provides coverage of certain claims under some types of policies if the insurer becomes impaired or insolvent. **COVERAGE MAY NOT BE AVAILABLE FOR YOUR POLICY.** Even if coverage is provided, there are significant limits and exclusions. Coverage is generally conditioned upon residence in this state. Other conditions may also preclude coverage.

Insurance companies and insurance agents are prohibited by law from using the existence of the association or its coverage to sell you an insurance policy.

You should not rely on the availability of coverage under the Louisiana Life and Health Insurance Guaranty Association when selecting an insurer.

The Louisiana Life and Health Insurance Guaranty Association or the Department of Insurance will respond to any questions you may have which are not answered by this document.

LLHIGA

P.O. Box 3337
Baton Rouge, Louisiana 70821

Department of Insurance

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The state law that provides for this safety-net coverage is called the Louisiana Life and Health Insurance Guaranty Association Law (the Law), and is set forth at R.S. 22:2081 *et seq.* The following is a brief summary of this Law's coverages, exclusions and limits. This summary does not cover all provisions of the Law; nor does it in any way change any person's rights or obligations under the Law or the rights or obligations of LLHIGA.

COVERAGE

Generally, individuals will be protected by the Louisiana Life and Health Insurance Guaranty Association if they live in this state and hold a covered life, health, or annuity policy or contract issued by an insurer (including a health maintenance organization) authorized to conduct business in Louisiana. The beneficiaries, payees or assignees of insured persons may also be protected as well even if they live in another state unless they are afforded coverage by the guaranty association of another state, or other circumstances described under the Law are applicable.

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EXCLUSIONS FROM COVERAGE

A person who holds a covered life, health, or annuity policy or contract is not protected by LLHIGA if:

- (1) He is eligible for protection under the laws of another state (This may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state.);
- (2) The insurer was not authorized to do business in this state;
- (3) His policy was issued by a profit or nonprofit hospital or medical service organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, an insurance exchange, an organization that issues charitable gift annuities as is defined in R.S. 22:952(A)(3), or any entity similar to any of these.

LLHIGA also does not provide coverage for:

- (1) Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- (2) Any policy of reinsurance (unless an assumption certificate was issued);
- (3) Interest rate or crediting rate yields, or similar factors employed in calculating changes in value, that exceed an average rate;
- (4) Dividends, premium refunds, or similar fees or allowances described under the Law;
- (5) Credits given in connection with the administration of a policy by a group contract holder;
- (6) Employers', associations' or similar entities' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them) or uninsured;
- (7) Unallocated annuity contracts (which give rights to group contract holders, not individuals), except unallocated annuity contracts and defined contribution government plans qualified under section 403(b) of the United States *Internal Revenue Code* (26 U.S.C. §403(b));
- (8) An obligation that does not arise under the express written terms of the policy or contract issued by the insurer to the policy owner or contract owner, including but not limited to, claims described under the Law;
- (9) A policy or contract providing any hospital, medical, prescription drug or other health care benefits pursuant to "Medicare Part A Coverage", "Medicare Part B Coverage", "Medicare Part C Coverage", "Medicare Part D Coverage" or "Medicaid" and any regulations issued pursuant to those parts;
- (10) Interest or other changes in value to be determined by the use of an index or other external references but which have not been credited to the policy or contract or as to which the policy or contract owner's rights are subject to forfeiture, as of the date the member insurer becomes an impaired or insolvent insurer, whichever is earlier.

LIMITS ON AMOUNT OF COVERAGE

The Louisiana Life and Health Insurance Guaranty Association Law also limits the amount that LLHIGA is obligated to pay out. The benefits for which LLHIGA may become liable shall in no event exceed the lesser of the following:

- (1) LLHIGA cannot pay more than what the insurance company would owe under a policy or contract if it were not an impaired or an insolvent insurer.
- (2) For any one insured life, regardless of the number of policies or contracts there are with the same company, LLHIGA will pay a maximum of \$300,000 in life insurance death benefits, but not more than \$100,000 in net cash surrender and net cash withdrawal values for life insurance.
- (3) For any one insured life, regardless of the number of policies or contracts there are with the same company, LLHIGA will pay a maximum of \$500,000 in health insurance benefits, and LLHIGA will pay a maximum of \$250,000 in present value of annuities, including net cash surrender and net cash withdrawal values.

In no event, regardless of the number of policies and contracts there were with the same company, and no matter how many different types of coverages, LLHIGA shall not be liable to expend more than \$500,000 in the aggregate with respect to any one individual.

Effective Date: August 2018

Certificate Effective Date: 05/01/26